

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 Inspection Report No:	MON-0026430
Name of Service Area:	Dublin South West Kildare West Wicklow
Date of inspection:	8, 9, 10 April 2019
Date of request of update	6 December 2019
Date of response:	

These requirements set out the actions that should be taken to meet the *National Standards*

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:

Individual referrals did not always receive an individual response through a unique preliminary enquiry.

The quality of screening in the area was varied and threshold levels were not consistently recorded.

The overall quality of preliminary enquiries carried out in the Dublin South West Kildare West Wicklow service area was poor.

The service area was not routinely notifying An Garda Síochána of suspected crimes of wilful neglect or physical or sexual abuse against children in a timely manner.

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:

2.2.3: All individual children who are referred will have an individual intake record completed as required on every referral. This action has commenced. From July 2019, a monthly audit will take place by the Intake Principal Social Worker on a random sample of referrals and preliminary enquiries to ensure that this is taking place;

Insert update here:

Monthly Audits are being conducted by the PSW for Intake/Child Protection and Welfare with respect to completed preliminary enquiries. These audits have shown that individual intake records are completed for each referral for a child. These PSW Audits have been verified by National Quality Assurance and further discussion also takes place at the monthly HIQA governance oversight meeting with the Regional Director, DML.

Where referrals are screened as 'inappropriate referrals' the PSW audit and QA verification has shown that the *Practice Matters* guidance issued by the COO in August 2019 is being implemented.

The verification report completed on a monthly basis by the National Practice Assurance and Service Monitoring Tea provides details on the audits conducted.

Insert timescale here:

Complete and ongoing. PSW Audits will continue on a monthly basis and QA verification of these audits will continue also throughout 2020

2.2.4: A briefing workshop will take place on 4th July 2019 with all intake staff with regard to screening and preliminary enquiries as per Tusla's Interim Practice Guide re Referral and Assessment Process (February 2018). A further date has also been scheduled in July to focus on using the Signs of Safety national practice approach with regard to questioning at Preliminary Enquiry and in line with the Standard Business Process;

Insert update here:

The workshops outlined above took place in July 2019 and were very well attended by teams.

Further to this there was a SOS intensive workshop for DSW/KWW in October 2019 which focused on Preliminary Enquiry. The learning from these workshops centered around the questioning approach of SOS and the use of the Harm Matrix at the front door, safety planning at preliminary enquiry, and decision making around identifying when we have enough information to make a decision about a file pathway for a referral.

A Signs of Safety Learning and Development Practice Lead has now been allocated to the area to support the implementation of SOS for 1.5 days per week.

A further SOS Intensive Workshop focusing on Initial assessment also took place within the Area from the 14th to the 16th Jan 2020.

Insert timescale here: Complete and further workshops in 2020

Briefing workshops completed in July 2019 and SOS Intensive Workshop on Preliminary Enquiries completed October 2019.

Dates for further Intensives on Preliminary Enquiries will be scheduled for the Area in 2020 and dates to be confirmed

2.2.5 From July 2019, the Principal Social Worker for Intake will carry out a monthly audit on a sample of referrals and completed preliminary enquiries to ensure that the quality of screening and preliminary enquiries improves. Any learning identified through this audit will be shared and a plan for implementation agreed at the Intake and Child Protection and Welfare Team meetings;

Insert update here: Complete and Ongoing

The monthly audit of new referrals and completed preliminary enquiries has been undertaken by the PSW. This has been verified by Quality Assurance. The Area Manager is updated on a monthly basis by the PSW and QA. The progress is discussed with the Regional Service Director at governance and oversight meetings. Learning from audits is ongoing and shared with team leaders through supervision and at team meetings

Insert timescale here:

On-going on a monthly basis and verification by the National Practice Assurance and Service Monitoring Team ongoing

2.2.8 The Quality Team Leader Post is currently in the process of being filled within the Area and part of the work plan at Intake will include a focus on routine auditing and feedback to Intake teams regarding consistency in recording of threshold levels;

Insert update here:

The Quality and Risk Team Leader post has been filled since October 2019. Currently the PSW for intake continues to do monthly audits on intake referrals. This team leader has not yet commenced routine audits and feedback to intake teams on threshold levels.

A decision to restructure the CPW pillar, in order to address the capacity issues in preliminary enquiries and ensure a more robust service at the front door. Since her appointment, the Quality Team Leader has carried out a full review of the workloads within the Pillar and made recommendations with regard to the process of restructuring. The Quality Team Leader is currently working with the Senior Management Team on the implementation of this restructuring, which is due to be finalized by the end of March 2020.

The PSW continues to audit a sample of files on a monthly basis and provide feedback on recording of threshold levels. This task will transfer to the Quality and Risk Team Leader in April 2020 once the restructuring has been completed.

In addition to this, the screening sheet used by Team Leaders has been updated to include categorization and threshold prompts. This has been verified by the National Practice Assurance and Service Monitoring Team.

Insert timescale here:

On-going. Quality and Risk Team Leader to take over this task from PSW in April 2020

2.2.10: To ensure oversight of implementation of the above action; ref: direction that Garda Notification needs to be completed at the point when there is a suspicion that child abuse may have occurred, the Principal Social Worker for Child Protection Conferences will audit on a monthly basis a sample of intake and child protection & welfare cases from July 2019. In addition to this, on an ongoing basis, the Principal Social Worker for Child Protection Conferences will have an oversight role in highlighting and reporting issues relating to the quality of intake records and initial assessments submitted for Child Protection Case Conferences. This will include ensuring Garda Notifications are completed in a timely way.

Insert update here:

A practice guidance issued from the Chair of the Regional Child Protection and Welfare forum to all staff in the region in Mid-2019 to direct that a Garda Notification needs to be completed at the point where there is a suspicion that child abuse may have occurred which includes at preliminary enquiry stage. This was implemented with immediate effect in DSW/KWW.

The PSW subsequently completed a review in Oct 2019 of notifications to AGS

The chair of CPC's has completed a review of Notifications completed on all children brought to CPC to ensure compliance with notifications. Thus a recent audit took place.

The PSW for Intake/ CPW completed monthly audits of preliminary enquiries to ensure compliance with the completion of notifications to AGS at that point.

This is verified on a monthly basis by the National Practice Assurance and Service Monitoring Team.

Insert timescale here:

Ongoing on a monthly basis

Standard 2.3

Non-Compliant Moderate

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

Safety plans were not being drawn up in a timely and consistent manner.

Plans to embed safety planning in practice were not implemented.

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: Guidance on immediate safety planning will be issued from Tusla's Policy and Transformation Directorate in the coming weeks and following the sitting of the National Policy Oversight Committee (NPOC) on 11th July 2019. This guidance will provide greater guidance and consistency relating to the standard required for safety planning;

Insert update here:

XXXX

Insert timescale here:

XXXX

2.3.2: The Signs of Safety Learning and Development Practice Leads that are assigned to DML will provide a training workshop with all staff in the Area with regard to the new guidance that will be issued. An initial meeting has been scheduled for 4th July and with a further date to be scheduled for the end of July also;

Insert update here:

The SOS practice leads for the Area met with Intake teams on the 18/7/2019, 7/08/2019, 23/08/2019 and 11/09/2019. The National Practice Assurance and Service Monitoring Team reviewed the minutes of these meetings on the 20th September 2019 for verification purposes.

The Signs of Safety Learning and Development Practice Lead for the area has completed group supervision with all teams on the 4th October 2019.

Group supervision takes place on a monthly basis between the two Intake teams to

ensure consistent learning and implementation of SOS across the area.

SOS intensive workshop for DSW/KWW took place on the 21st and 22nd October 2019, focused on preliminary enquiries, particularly identifying harm and safety planning at preliminary enquiry stage.

All staff are invited to attend call back days for learning re the use of SOS at regular intervals.

A SOS Intensive Workshop on Initial Assessment also took place in the Area between 14th and 16th January 2020 and focused on the rigorous analysis of harm and danger, strengths and safety and action planning focused on increasing child safety. The aim of the workshop was also to ensure that during the assessment immediate safety is being planned for and recorded explicitly and clearly on the file.

Insert timescale here:

Completed and further SOS Intensive Workshops to be scheduled for the Area for 2020 and dates to be confirmed

2.3.3: For all referrals, where there is an identified immediate safety concern for a child, this will be forwarded to the Social Work Team Leader for the Child Protection and Welfare Team that covers the geographical patch where the child resides. It will be responsibility of this Social Work Team Leader to ensure an immediate response and to ensure a safety plan is in place and reviewed as required. Where a threshold for an Initial Assessment is met, but where there is no identified immediate risk, this will also go to the Social Work Team Leader for the Child Protection and Welfare team where the child resides with the Safety Plan that has been put in place at Preliminary Enquiry;

Insert update here:

A review of the organizational structure of the area was completed by the service director, area manager and area senior management team in September 2019. This is resulting in a change to the structure of intake and CPW. This new structure will result in there being 4 teams at intake in the area instead of two. These teams will carry referrals from the receipt of the referral to the initial assessment.

This means that one team and one team leader will be responsible for ensuring an immediate response is provided where necessary and that safety plans are in place and monitored where appropriate.

To date the Quality and Risk Team Leader has reviewed a sample of Section 12's completed between June and October 2019, (11 files) for evidence of Safety planning.

Feedback was provided to the PSW and Team Leaders in respect of the findings.

SOS intensives took place on the 14th 15th and 16th of January 2016, with a focus on files awaiting Initial Assessment across the area. These intensives also focused on the trajectories for the referral including next steps and safety planning. This has provided clear guidance for staff on the implementation of safety planning at preliminary enquiry.

Group supervision is occurring within the CPW pillar, both within the Intake Teams and within the wider CPW pillar on a monthly basis, one focus of which is safety planning.

The PSW for Intake is undertaking a monthly audit of a sample of completed preliminary enquiries to seek evidence of safety planning as appropriate.

This is verified by the National Practice Assurance and Service Monitoring Team.

Insert timescale here:

Restructure by end of March 2020

SOS implementation is ongoing.

PSW Audits are on-going.

2.3.4: A visit will be undertaken to children and families by the Intake Social Work Teams for referrals where it is not possible from the preliminary enquiries to determine that there is sufficient safety for the child to allow the referral to be closed, but where it is not meeting a clear threshold for initial assessment. The purpose of a visit in these cases is to ensure that there is sufficient safety and supports for the child to close or divert the referral to family support services. If there is not sufficient safety identified, then a case will be forwarded to a social worker for initial assessment as per the national standard business process;

Insert update here:

A reconfiguration of the CPW pillar is currently underway and will be implemented in March 2020. This new structure will mean that there will be four teams at the front door in the area instead of two and these teams will carry referrals from the receipt of the referral to the end of preliminary enquiry and to the end of initial assessment if one is required. This means that one team and one team leader will be responsible for ensuring an immediate response is provided where necessary, that children are met and that safety plans are in place and monitored where appropriate. All Children will be met in the process of undertaking an initial assessment.

The PSW for Intake is completing monthly audits of a sample for completed preliminary enquiries. This includes a review of whether or not at this stage it was required to meet

the child and family as appropriate to the nature of referral.

This is being verified by QA.

Insert timescale here:

Restructure will occur by the end of March 2020.

PSW audits will continue with QA verification

Standard 2.4

Non-Compliant Moderate

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

Children did not have timely access to a child protection and welfare service.

The service had waitlists at the preliminary enquiry stage.

There were no systems in place to formally review cases on a waitlist for preliminary enquiry.

Some cases were closed to the service without the required checks and the rationale for closing either, completed or recorded on information technology systems.

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: In order to ensure timely access to the Child Protection and Welfare Service a review of capacity to respond to referrals within timeframes will be conducted by the Service Director and Area Manager. This review will be completed by September 2019 and support from a Lean Specialist from National Office will also be requested to inform this process;

Insert update here:

As part of reviewing the capacity of the system, the Service Director and Area Manager convened a strategic planning day with the management team at the end of September 2019. At this a new structure was opened including the reconfiguration to the Intake and CPW service. This new structure will mean that there will be four teams at intake in the area instead of two and these teams will carry referrals from the receipt of the referral to the end of preliminary enquiry and as required to the end of Initial Assessment. As part of the national CPW Strategy and the national unallocated project a national 'Lean' review report was completed on intake. In addition to this the lean review specialist is currently reviewing DSW/KWW processes.

The Quality Team Leader post has been filled since October 2019. Since her appointment the Quality Team Leader has carried out a full review of the workloads within the Child Protection and Welfare Pillar and made recommendations with regard to the process of restructuring in order to maximize the capacity of the area to respond to referrals within appropriate time frames.

Staff vacancies remains an issue in ensuring timely access to the service for children and

families. The area has been part of a Comprehensive Review of staffing completed by Workforce Planning and focused on resourcing and staffing within the area. Arising from this a bespoke recruitment campaign was launched. This is ongoing with a number of candidates for interview in the coming weeks. This bespoke campaign for social workers will issue every month until the end of May 2020 at which time it will be reviewed. This work is taking place as part of the national unallocated project. In 2019 the QRSI manager also carried out a review of a sample of exit interviews to identify reasons for staff leaving. In addition to this there is also a focus on staff retention. There is a national group established for this. Within the region there was a senior practitioner competition held in the second half of 2019 to support retaining experienced staff. Another campaign will be held in 2020.

Insert timescale here:

Restructuring of resources by end of March 2020

Ongoing recruitment of staff to the area and bespoke campaign to run monthly until the end of May 2019.

2.4.2: Since the time of the fieldwork inspection in April 2019, social work vacancies within the intake service have been filled. There remains 1 senior social work practitioner post vacant and there is currently a regional recruitment campaign in place for senior practitioner posts. It is anticipated that these posts will be filled by Quarter 3 2019;

Insert update here:

The area has not been successful to date in filling the vacant Snr Practitioner post that currently exists at Intake. As part of restructuring however the area continues to express these posts to the Panel. There however will be increase of staff allocation to intake as it moves to 4 teams instead of 2.

Insert timescale here:

On-going

2.4.3 A business case has also been submitted by the Senior Management Team with regard to increasing the staffing levels at Intake and to include 1 additional Social Work Senior Practitioner, 1 additional Social Care Worker and 1 additional Social Worker on each Intake team (total of 6 additional staff);

Insert update here:

3 additional posts were assigned to area as part of National unallocated project. It has not been possible to fill additional Senior Practitioner/ or Social Work vacancies. Three new Social Care Posts have been filled on a permanent basis from the National Transfer panel.

These are experienced social care workers coming from residential care which has positively impacted on the skills base of the teams.

The restructuring of the CPW pillar will facilitate larger teams at Intake and IA. These teams will have a variance in staff skills and experience which will positively impact the development of the teams and their Social Work practice.

In addition to this, it has been possible with the support of the PPFS pillar to align Domestic Violence workers to the Intake teams, which is an added support and will improve the quality and timeliness of a service to children who have experienced Domestic Violence. There are currently 2 domestic violence posts filled. Another post was approved in quarter 4 2019 and this is in process of being filled.

Insert timescale here:

December 2019

2.4.4: As a safeguarding measure, from 1st June 2019, Intake Team Leaders have revised the screening proforma at Intake to include an audit of outstanding Preliminary Enquiries. This audit will be completed by Intake Team Leaders on a monthly basis. The Principal Social Worker will review a sample of these on a monthly basis as part of her audit. Through the Regional Child Protection Forum, standard audit sheets will be devised for Preliminary Enquiries and the measure above will be used in the interim until there is an agreed national approach. The Intake Team Leader will review the cases awaiting on a monthly basis in order to reprioritize cases as required and this will be a standing item on supervision between the Team Leader and the Principal Social Worker. Also a report to the Area Manager on waiting times for children for Preliminary Enquiry will be provided on a monthly basis.

Insert update here:

The screening sheet has been amended to include an audit of files awaiting preliminary enquiry on a monthly basis. This has been verified by QA.

The PSW is reviewing a sample of these on a monthly basis as part of the audit.

The PSW is reporting to the Area Manager on a monthly basis as part of the report on the monthly audit.

There are a number of factors that are impacting on the capacity of the team leaders to review cases awaiting preliminary enquiry on a monthly basis.

These include the volume of referrals being received and the Senior Practitioner vacancies on the teams means that there is less support for team leaders in screening. There has also been a team leader vacancy on the Intake Team in DSW for the past two months, due to a maternity leave. This will be resolved on the 27th January.

All preliminary enquiries are being reviewed as part of the restructuring project by the Team Leader for Quality and the NCCIS Liaison Team leader. A written record of the review will be placed on the file and on NCCIS. This is in addition to the monthly audits by team leaders.

The addition of two extra team leaders to preliminary enquiries within Intake will create additional capacity for the reviews to take place.

Insert timescale here:

Monthly audits are ongoing.

2.4.5: The User Liaison Social Work Team Leader for the National Child Care Information System continues to do one to one sessions with all Intake and Child Protection and Welfare teams to ensure good quality records and clear recording of decision making on case closures. A monthly feedback report will be provided to the Principal Social Worker for Intake for the purpose of identifying areas of good practice and also areas that require improvement.

Insert update here:

This work has been ongoing throughout the Area and ongoing supports have been made available to staff in ensuring the quality of data recorded on NCCIS

Insert timescale here:

Monthly

Standard 2.10

Non-Compliant Moderate

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

Service planning was inadequate.

Referrals received were not being entered onto information technology systems in a systematic, consistent and appropriate manner.

Risk management in the area was not effective at identifying all risks and putting measures in place to mitigate them.

The oversight of child protection and welfare cases was poor in the area.

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

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:

2.10.2: A Service Plan for the Intake Service KWW/DSW was drawn up on 27th May 2019. A review of this Intake Service Plan is scheduled for 6th November 2019. A wider Area Service Planning Day is scheduled for the 3rd July 2019 and the objective is to develop a service plan for the Area in line with Tusla's National Business Plan and incorporating actions and targets set from this action plan;

Insert update here:

This action has occurred and Service Planning Days occurred as scheduled in 2019

Insert timescale here:

Completed

2.10.3: The Service Director and Area Manager will complete a review of the organisational structure in the Area with a view to increasing capacity for the intake service. This will be completed by September 2019 and will influence future service planning and delivery;

Insert update here:

This review has now been completed and restructuring is currently underway with a target date for completion of end of March 2020.

Insert timescale here:

Review completed

2.10.7 The NCCIS User Social Work Team Leader, in conjunction with the Social Work Team Leaders for Child Protection and Welfare is continuing to work towards cleansing the data on NCCIS so that the spreadsheets used with no longer be required. This will eliminate the duplication of work and improve the integrity of the data and as such the capacity of management to have oversight and governance of the service;

Insert update here:

This work has been ongoing and from the end of 2019 spreadsheets are no longer being used. All data will now be retrieved from NCCIS. Blitz days are scheduled for February and early March to maintain oversight on the quality and integrity of data.

Insert timescale here:

Completed

2.10.8: The Regional Quality, Risk and Service Improvement Manager will provide briefings across all teams in the area on Tusla's risk management policy for the purpose of ensuring that service risks are appropriately identified and responded to;

Insert update here:

Dates scheduled for early 2020

Insert timescale here:

To be completed by end of Quarter 1 2019

2.10.9 An audit schedule will be developed for the area by September 2019 for the purpose of reviewing the service and to identify areas of positive practice and also areas of significant risk. Risk Registers will be updated accordingly;

Insert update here:

An audit schedule has been developed for the Area in conjunction with the National Practice Assurance and Service Monitoring Team. The Risk Register remains as a standing item for Area Senior Management monthly meetings and oversight maintained

Insert timescale here:

Audit schedule completed and timescales set throughout 2020

2.10.10: A governance and implementation support group will be established with the first meeting planned being held in May 2019. This group will be chaired by the Regional Service Director and will be

attended by the Area Manager, the Area Management Team, monitoring officers from the Quality Assurance Directorate and the Regional HR manager. The purpose of this group is to oversee actions from this inspection, to support implementation and also to identify and respond to key risks within the service;

Insert update here:

This meeting continues to be held on a bi-monthly basis. There is a clear tracking document in place with regard to the action plans/progress made and these are monitored and discussed at the meeting. All information provided for these meeting is verified by QA. Key issues are discussed and actioned.

Insert timescale here:

Ongoing and dates scheduled until end of Qrt 2 2020 with provision to review.

2.10.12: An audit of supervision across the Area will be completed by the Principal Social Worker for Child Protection Conferences by September 2019. Areas for improvement will be identified from this audit and a plan put in place to address this. In the interim, each Principal Social Worker will be required to provide a standardized report to the Area Manager in advance of 1:1 meetings to ensure all key areas of work are discussed and recorded.

Insert update here:

This audit took place and was completed in October 2019. The outcome of the audit was that overall the Supervision policy was being followed within the area. Feedback and recommendations were provided to the Area Management Team.

Insert timescale here:

Recommendations have been implemented and a further review will be scheduled in 2020