

Risk-based Child Protection and Welfare and Foster Care Inspection Report

Name of service area:	Cork
Name of provider:	Child and Family Agency (Tusla)
Type of inspection:	Risk based
Fieldwork I.D.:	MON-0035198
Date of inspection:	14-17 February 2022
Lead inspector:	Sue Talbot
Support inspector(s):	Lorraine O'Reilly, Pauline Clarke-Orohoe, Olivia O'Connell, Sharron Austin, Niamh McGreevy, Erin Byrne, Susan Geary.

About monitoring of child protection and welfare and foster care services

HIQA (the Authority) is authorised by the Minister for Children, Equality, Disability, Integration and Youth under Section 8(1) (c) of the Health Act 2007 to monitor the quality of services provided by the Child and Family Agency (Tusla) to protect children and promote their welfare. In addition, HIQA has been given powers under Section 69 of the Child Care Act 1991 (as amended in 2011) to monitor foster care services.

Monitoring provides an important check of the leadership, capacity and capabilities of service providers in delivering safe and high quality services. Inspection reports highlight service provider's strengths and areas for improvement in meeting statutory and best practice guidance set out in child care legislation, regulations and the *National Standards for the Protection and Welfare of Children* (2012) and the *National Standards for Foster Care* (2003).

In order to promote continuous improvement in the quality and safety of child protection and welfare and foster care services, the Authority carries out inspections to:

- **assess** if all the required elements of service provision are in place to safeguard children and young people and promote their health and wellbeing
- **seek assurances** about the impact of work undertaken to safeguard children and deliver improvements to their welfare and outcomes
- **provide** service providers with the findings of inspections so that they can implement further improvements in service delivery
- **inform** the public and promote confidence through the publication of the Authority's findings.

How we inspect

As part of this inspection, inspectors spoke to children and young people, their families and foster carers. They also spoke to frontline staff and managers, and interviewed relevant senior managers in the service area and region. Inspectors reviewed a range of performance-related, service improvement and management plans and reports. They also sampled children, foster carer and staff records, and assessed the quality of care practices and systems in place for identifying and managing risk.

The key activities of this inspection included:

- speaking to a total of eight children and young people, nine parents and 14 foster carers about their experiences of services; what was working well, and their ideas for improvement
- review of a sample of 69 child protection and welfare records, 45 records of children placed in foster care, and 11 foster carer records
- review of 20 frontline and senior management staff supervision records
- analysis of a range of performance data, targets and trends
- interviews with senior managers and relevant regional managers
- review of a range of governance and management documentation including:
 - progress made against all service improvement and compliance plans,
 - actions taken to strengthen workforce and organisational learning,
 - use made of management trackers and audits in driving improvement activity across teams and social work departments.

Where an inspector identified a specific issue of significant concern or systems risk that presented an immediate and or serious risk to the health or welfare of children, then, in line with HIQA's Authority Monitoring Approach, these risks were escalated to the relevant local Tusla manager during the inspection fieldwork and following completion of the inspection fieldwork to the regional chief officer and area manager.

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

Child and family services are delivered by a single dedicated State agency called the Child and Family Agency (Tusla), which is overseen by the Department of Children, Equality, Disability, Integration and Youth. 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
- foster care services
- domestic, sexual and gender-based violence services.

Child and family services are organised into 17 service areas, managed by an area manager. The service areas have been grouped into six regions, each with a regional chief officer who reports to the Director of Services and Integration (the Deputy Chief Executive Officer). The regional chief officer for the South West (currently interim) is responsible for the service areas of Cork and Kerry.

Service area

Cork is the largest county in Ireland. It has a population of approximately 542,868 people¹. This includes 134,015 children and young people aged 0-17 years inclusive. This comprises 26% of the total child population of Ireland. The Child and Family Agency in Cork operates as four social work departments, with teams covering North Lee, South Lee, North Cork and West Cork localities. Each social work department has its own locality-based duty and assessment, child protection and welfare and children in care teams.

The area manager oversees a number of functions in relation to governance, commissioning, service delivery and partnership working. These include direct management of the following post holders (relevant to the scope of this inspection):

- Five principal social workers; whose roles span both child protection and children in care statutory work, and
- A Child Care Manager responsible for Alternative Care Services including fostering, aftercare and youth homelessness; who in turn manages a principal social worker for the Fostering Resource Unit (FRU).

At the time of the inspection, the area had 2,083 open children's cases. This included 679 children in foster care. A total of 437 children were open to the duty and assessment teams at the screening/intake stage of assessment. There were 206 children and families at the initial assessment stage where further intervention, including safety planning, was being undertaken.

A total of 451 children were placed in general foster carer households, as well as 31 children placed with private fostering agencies; and 197 children were placed with their relatives. Five children were placed at home with parents on a Care Order. The service area had 452 approved foster carer households, comprising 317 general and 135 relative foster carer households. A total of 17 general foster carer households were awaiting allocation for assessment, and 23 relative foster carers were in the process of assessment.

The duty and assessment service employed 5.4 whole time equivalent (WTE) social work team leader posts, and had no team leader vacancies at the time of the inspection. Team members included a total of 3.6 (WTE) senior practitioner posts,

¹ 2016 Census data

20.6 social work posts, and 3.19 social care posts. There was 1.6 WTE social work vacancies, with an additional 3.8 social work vacancies covered by agency staff. Nine new staff had completed an induction programme since 1 June 2021.

Cork had 10 WTE team leader posts for children in care, and no team leader vacancies at the time of the inspection. There were 3 WTE senior social work practitioner posts, 40.39 social work, and 4.72 social care posts. There were three social work vacancies, and an additional five social work posts were covered by agency staff. A total of 12 new staff had completed induction since 1 June 2021.

The Fostering Resource Unit (FRU) had two team leaders and 1.6 WTE senior social work practitioner posts. The team comprised 19.6 WTE social workers, and one social care post. It had one social work vacancy at the time of the inspection. One new member of staff had completed their induction since 1 June 2021.

The area also had two foster care committees (FCC); two independent chairs for reviews of foster carers, and a team of independent chairs for child-in-care reviews.

The Authority Monitoring Approach

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

- **Compliant:** A judgment of compliant means the service is meeting or exceeding the standard and is delivering a high quality service which is responsive to the needs of children.
- **Substantially compliant:** A judgment of substantially compliant means the service is mostly compliant with the standard, but some additional action is required to be fully compliant. However, the service overall is one that protects children.
- **Not compliant:** a judgment of not compliant means the service has not complied with a standard and that considerable action is required to come into compliance. Continued non-compliance, or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk-rated red (high risk) and the inspector will identify the date by which the provider must comply. Where the non-compliance does not pose a significant risk to the safety, health and welfare of children using the service, it is risk-rated orange (moderate risk) and the provider must take action within a reasonable time frame to come into compliance.

Inspection History

The inspection of the service provided to children in foster care in October 2020 found:

- Significant concerns about organisational capacity to provide effective governance and assurance of social work practice.
- Improvements were needed in the collection and management of data, performance reporting and analysis of trends.
- Team leaders did not provide sufficient case direction and ensure child care regulations were consistently met.
- Child-in-care reviews did not have the level of scrutiny, challenge and support that was required; with significant backlogs, dating back several years, in some cases.

The inspection of the child protection duty and assessment arrangements in April 2021 found:

- Inadequate leadership and governance across the four social work departments, with weak regional and national oversight of performance.
- A significant number of children had not been allocated to a caseworker for assessment in line with Tusla's standard business processes; with lengthy delays and drift in some children being seen, or their assessments completed.
- Poor identification and management of operational risks including the quality and safety of children who were unallocated.
- Variable levels of management oversight and support for frontline staff, including case management and supervision.
- Lack of a cohesive service improvement drive and planning to strengthen organisational capacity and capabilities.

Following both inspections, HIQA met with Tusla's senior managers, including regional and national managers; to discuss the nature and extent of these concerns and the work required to bring the service area back into compliance. In response, the service area developed six service improvement plans targeted to areas of organisational risk, with timeframes from June 2021 to December 2022.

The child protection and welfare plans highlighted actions to strengthen staff supervision and ensure social work practice complied with Tusla's standard business process timeframes.

Plans for foster care services focused on compliance with child care regulations for statutory visits, child-in-care reviews, the recruitment and retention of foster carers, including matching arrangements and reviews of foster carers. A new Cork Oversight and Governance Group was established, chaired by the interim regional chief officer. Management trackers were developed to provide a clear structure for monitoring progress.

In order to summarise inspection findings and to describe how well a service is performing, the inspection report sets out the service area's performance against national standards under two dimensions:

1. Capacity and capability of the service

The first section of the report focuses on the service area's overall leadership, governance and management of its child protection and welfare and foster care services. It provides an overview of inspection findings, including how the service provider ensures:

- There are effective leadership and governance structures in place.
- There are clear systems for accountability, decision-making, risk management and performance assurance which are underpinned by effective communication and review.
- There are effective service plans and management arrangements to enable relevant staff and support services to be available at the right time to meet the identified needs of children and their families.
- There is effective support and challenge in working together to make best use of available resources.

2. Quality and safety of the service

The quality and safety dimension relates to:

- The experiences of children, their families and foster carers.
- How services promote and ensure their safety and wellbeing.
- How frontline staff and their managers are supported to do their jobs well.

Service performance in key areas such as building relationships, communication, and the responsiveness and quality of social work interventions is considered in relation to impact in ensuring children are safe and appropriately cared for.

The inspection was carried out on the following dates and times:

Date	Times of inspection	Inspector	Role
14/02/2022	09.00-17.00	Sue Talbot Lorraine O'Reilly Olivia O'Connell Susan Geary Sharron Austin Niamh Greevy	Inspector Inspector Inspector Inspector Inspector Inspector
14/02/2022	11.00-17.00	Pauline Clarke-Orohoe	Inspector
15/02/2022	09.00-17.00	Sue Talbot Lorraine O'Reilly Olivia O'Connell Pauline Clarke-Orohoe Susan Geary Sharron Austin Niamh Greevy	Inspector Inspector Inspector Inspector Inspector Inspector Inspector
16/02/2022	09.00-17.00	Sue Talbot Lorraine O'Reilly Olivia O'Connell Pauline Clarke-Orohoe Susan Geary Erin Byrne Niamh Greevy	Inspector Inspector Inspector Inspector Inspector Inspector Inspector
17/02/2022	09.00-17.00	Sue Talbot Lorraine O'Reilly Olivia O'Connell Erin Byrne Sharron Austin Niamh Greevy	Inspector Inspector Inspector Inspector Inspector Inspector
17/02/2022	09.00-14.00	Pauline Clarke-Orohoe	Inspector

The views of people who use the service

Inspectors spoke to three children and nine parents who were in receipt of a child protection and welfare service. The children said they felt respected and were listened to. They spoke about how the *Three Houses*² tool had helped them to share their feelings and worries. However, they said they did not always know what was happening next.

- *'The social worker was friendly and very nice. I understood why they were there.'*
- *'They listened to me and I was able to talk about everything. Things are better now.'*

Parents mostly gave positive feedback about the child protection and welfare service and the additional support they had received:

- *'The social worker is very professional - the kids get on well with them. They have taken everything on board, and are really nice to deal with.'*
- *'They are great, they explained to me what was going on, and they keep me up to date. They have helped put me at my ease.'*
- *'No one wants a call from a social worker. They were professionally warm and had my children's best interests at heart. I appreciated the care shown.'*
- *'I am pleased with my new social worker. She is open and thorough in her approach. She phones me back when I have a query.'*

Feedback from a few parents was less positive:

- *'I felt they did not listen to me. I have been struggling a lot.'*
- *'They said someone would be in touch in the next few weeks. I have not heard anything since then. It's a fairly slow process.'*

Inspectors also spoke to five children and young people in foster care, including two members of the young person's fora; and 14 foster carers; individually, and as part of a foster carer focus group. Children reported they felt happy and settled in their foster care placements. Their feedback included:

- *'I feel very fortunate to be living with my foster family.'*
- *'My social worker takes the things I say on board, and if things can't happen, they explain why.'*
- *'My social worker listens, does his best, and he does what he can.'*

Issues raised by children included:

- *'There have been a lot of changes of social worker. We need a consistent social worker we can rely on.'*

² Assessment tool for children used within the national *Signs of Safety* safeguarding approach.

- *'My social worker is not good at keeping up with my culture'.*

All foster carers reported they had a fostering link social worker at the time of this inspection, but there were a few occasions over the past year where they did not have one. In these cases, foster carers reported that interim arrangements had been satisfactorily managed by the Fostering Resource Unit (FRU) duty system:

- *'I had no link worker for a few months, but I could pick up the phone, and was assisted by the duty team. I also had good support from the children's social worker'.*

Foster carers reported *'big changes for the better'* in relation to improvements made since the last inspection. They highlighted the value of their local support group; alongside regular visits and telephone contact from their fostering link social worker. The majority of foster carers said they felt respected in their role. Comments included:

- *'The support that I have had over many years has been excellent. They work professionally with us to resolve issues'.*
- *'They are always very willing to listen and take our point of view on board'.*
- *'They cannot always answer our queries, but if something is urgent, they will get back to us straight away'.*

Foster carers praised the support children placed with them had from their social worker or social care worker. They highlighted some gaps in the availability and levels of contact children had, and the frequency of visits made by social workers given staff turnover. Foster carers reported positively on the new child-in-care review arrangements, saying that there was now significantly less drift in progressing care plan actions; with good challenge and oversight by the chair.

Foster carers provided positive feedback on improvements made to children's participation:

- *'Reviews are great since x has started attending herself. She feels much more involved'.*

Foster carers also spoke highly of the specialist trauma informed training they had received and highlighted there were recent gaps in the availability of training whilst awaiting new staff being appointed.

- *'Trauma training is the reason I still feel able to foster. It gets you into the right frame of mind to help you deal with what the child is going through'.*

Some foster carers said they would have liked more involvement in helping to develop the service; stating they had not been asked to give feedback or contribute to learning and development programmes. Foster carers were aware of the

complaints process should they need to raise any issues of concern. They highlighted increased attention had been given to the promotion of enhanced rights; and wanted to have further information about the process, including timeframes and support for funding additional legal costs.

Overall, children, their families and foster carers reported positive professional relationships with Tusla staff; underpinned by a shared commitment to deliver the right support in the best interests of children. While such feedback provided evidence of tangible improvements in the frequency and quality of child-in-care reviews; some remaining gaps in workforce capacity continued to lead to children in foster care not having an allocated social worker, with incidences of reduced contact with children, and ongoing delays in undertaking statutory visits.

The next section of the report focuses on actions the service area had taken to strengthen leadership and governance across child protection and foster care services. It provides an overview of progress made, ongoing service development activity, and outlines areas where targeted improvement work is still required to provide consistently high quality and sustainable service delivery to all children and their families in Cork.

Capacity and Capability

Overview of improvement actions

This risk based inspection took place at a time of significant change and challenge for the service area. A very new senior management team was working to deliver a comprehensive change programme that included work to both address a substantial, though now reducing, backlog of work; and embed new systems to deliver the expected standards of practice set out in legislation, regulations, policies and standards. All managers and staff spoken to demonstrated a strong commitment to organisational learning and improvement.

Overall, inspectors found that senior managers provided clear leadership and were working closely with frontline teams to map out and implement their service improvement plans. Priority had been given to addressing areas of poor compliance with statutory regulations and national standards; and to continuously strengthening organisational capacity and capabilities. Systems of governance, management accountabilities and oversight of practice were developing well; and being further refined to help support service improvement. There was evidence of tighter management tracking and reporting of performance, with clear recognition of the further work needed to embed shared approaches across the whole service area. The four social work departments, whilst having a shared direction, were at different stages in delivering improvements. Senior managers recognised that additional time and resources was required to address ongoing waiting lists and delays in responding to local need in order to achieve a consistently high standard of practice, organisational stability and sustainability.

Inspectors assessed the level of progress the service area had made in delivering its service improvement plans following the 2020 and 2021 inspections. Inspectors found the Cork Governance and Oversight Group chaired by the regional chief officer, was helping to strengthen the strategic direction and governance of the service area. Its work was informed by improvements in the collection and analysis of service performance data. There remained some areas however, where the pace, level or impact of change was relatively slow. These included children in care not having an allocated social worker and ongoing delays in allocating or progressing child protection and welfare assessments. There was evidence of variable practice in statutory visiting with recognition of ongoing work needed to comply with child care regulations. Further improvement was required to ensure a consistently high standard of supervision and performance development of staff at all levels, and to embed systems of audit and assurance to effectively manage and reduce risks to children and the wider organisation.

Since the last inspection, additional social work and social care worker posts had been recruited to help strengthen the capacity of duty and intake teams. This was helping to progress the assessment and closure of what had previously been a high number of open cases that had not been actively worked; where risks to children had not been adequately identified or managed. In addition, since the 2020 inspection, the service area had secured additional resources to establish a county-wide child-in-care review team, led by a designated team leader. There was evidence of the positive impact of these additional resources in reducing what had been a lengthy and significant backlog of child care reviews.

The service area continued to experience high levels of demand for child protection and foster care services. There was a lack of sustained progress yet evident from management actions to improve the timeliness of assessment activity in line with Tusla's standard business processes. There remained ongoing gaps in service capacity to provide a suitable range of placements for children with high and complex needs. The service area continued to have difficulties in recruiting to some posts, and staff retention remained a concern. These issues were clearly recorded on local and regional risk registers, and increasingly informed national development programmes.

Regional and local managers were working to a clear, jointly owned change programme; that was underpinned by the area's service improvement plans. There were a range of management trackers in place to support ongoing monitoring of progress and operational challenges. The Cork Governance and Oversight Group, included senior managers from the service area along with representatives from the region's Quality Risk and Service Improvement (QRSI) and HR teams. The focus of its monthly meetings aimed to build an integrated approach to the management of performance, risk and workforce recruitment. Records of governance meetings reviewed by inspectors indicated the chair was provided with assurances of the management oversight of children on waiting lists. The Group's work ensured open discussion of significant events and changes in the profile of organisational risk, including risk escalation and '*Need to Know*'³ issues.

Other governance groups such as the area management meetings, principal social workers' meetings and team meetings were aligned to the work of the Cork Governance and Oversight Group and supported good two-way discussion in implementing priority actions. A '*One Cork*' approach was increasingly visible in the leadership provided by the new area manager and principal social workers, with shared recognition of their individual and corporate priorities and accountabilities for ensuring that all children received an equitable service, irrespective of where they

³ Tusla's system of risk escalation to inform senior managers about significant risk to children or organisational failures.

lived. This denoted a positive cultural shift since the last inspection, and one which staff spoke of positively.

The service area's governance arrangements ensured regular review and learning from complaints. Complaints reviewed by inspectors indicated good compliance with Tusla's *Tell us* policy and procedures, with effective oversight by the service area's complaints officer and area manager. Child protection allegations within complaints were appropriately considered in line with Children First procedures. Complaints reports provided clear actions to support improvements in communication and information-sharing. The service area recorded a complaint as closed on its complaints tracker once it had been handed over for resolution to the local social work department. However, there was a need for managers to ensure follow up work was promptly undertaken, as one complaint reviewed by inspectors indicated the work had not been completed some months later.

The service area had experienced significant change and turnover in its workforce at all levels during 2021. Managers had provided additional guidance and support to help frontline staff address ongoing challenges arising from the COVID-19 pandemic and the cyber-attack. Staff absence levels in 2021 had been high, estimated at 11%. Some senior managers had been appointed to their roles only very recently; and were working to strengthen their awareness, knowledge and expertise to enable them to effectively discharge their responsibilities. Good attention was paid to promoting staff wellbeing and morale, with positive caring gestures and social activities encouraged to help keep the workforce safe and valued.

Front line child protection staff told inspectors that their caseloads were now more manageable and that they felt well-supported. Social workers for children in care reported ongoing challenges in managing their caseloads to ensure statutory regulations were consistently met. One social work department indicated that 10 of its practitioners had unmanageable caseloads due to the significant challenges it faced in recruiting staff, combined with levels of turnover in the past year. Other departments had not formally flagged practitioner caseloads as unmanageable. However, two other departments continued to lack capacity to allocate all new referrals in a timely manner. These teams had a high number of cases which were designated as 'awaiting allocation'; with some children waiting many months before any direct work was done with them and their families. While decisions about de-allocation of children-in-care were informed by management analysis of risk, including the stability of their placement; children in these circumstances experienced different social workers; often on an issues or short term basis, which inevitably detracted from the provision of a child-centred service.

Leadership and Governance of Child Protection and Welfare Services

The service area had prioritised its performance in two key areas to help strengthen the quality, responsiveness and overall performance of its Duty and Intake teams. These included:

1. A work stream aimed at strengthening systems and processes for the screening and timeliness of case allocation, with regular management review and audit of unallocated work, with identified actions to prevent drift and delay in the completion of preliminary enquiries and initial assessments.
2. Strengthening workforce capacity and capabilities through enhanced management challenge and support in supervision, as well as improvements to the recording of supervision sessions. (This will be considered later in the section of this report on workforce management and development).

Training for principal social workers and team leaders in November 2021 on the use of 'advanced finds' within NCCIS⁴ provided them with the knowledge and skills required to effectively monitor and report on their team and department's performance. The service area's standard operating procedure for unallocated cases/management of waiting lists also required all such cases to be routinely discussed in supervision. Inspectors found that this approach was not yet fully embedded. Managers acknowledged further work was required to fully implement the system and ensure effective tracking and discussion of unallocated work or delays in completing assessments.

The April 2021 inspection had found significant concerns in relation to drift and delay in the progression and completion of preliminary enquiries. At that time HIQA inspectors highlighted concerns about unknown and un-managed risk in relation to 416 children who were awaiting completion of preliminary enquiries. Addressing this backlog of work had been a critical priority for the service area. Improvement plans set clear milestones for the completion of key pieces of audit work in conjunction with Tusla's practice assurance and service monitoring team (PASM). All legacy preliminary enquiries that pre-dated 2021 were completed by September 2021. A review of all high priority cases was completed in August, and medium and low priority cases in October 2021. The PASM audits found similar issues to HIQA's earlier inspection report findings, indicating a continued lack of management oversight of preliminary enquiries, with excessive delays in the completion of Intake Records; gaps in recording, and inconsistent engagement with Signs of Safety National Approach to Practice and national practice guidance.

⁴ Tusla's electronic case management system

A key feature of the service improvement plan was to strengthen local processes for risk escalation for high priority cases that could not be allocated, to provide early warning of increased pressures in the system. While two social work departments evidenced good quality and timely management of preliminary enquiries; there were ongoing delays in the allocation and completion of intake records in the two other departments. The required systems for management oversight, review and audit of unallocated cases were generally appropriately managed in three departments. However, not all case records reviewed by inspectors contained a case note to indicate monthly management review or three monthly case audit as set out in the area's standard operating procedure. Inspectors found significant weakness in the governance of unallocated work/waiting lists in one area. Further work was required to embed the service area's approach to the management oversight of caseloads.

Managers sought to make effective use of their staffing resource. One social work department had undertaken detailed analysis of referral and case management activity over a six month period from April to November 2021. While this had led to greater efficiencies in managing the throughput of referrals; it had not impacted on the continued high levels of referral demand. This risk had been escalated to senior managers. As a result, a post was re-assigned to enhance the duty and assessment team's capacity to divert lower priority cases.

The service area had a strategic objective to strengthen family support services, and recognised the need to improve access to early intervention and prevention services. Capacity was not sufficient to meet the levels of need. The service area reported that it was aware of 220 children on a waiting list; 114 were awaiting access to Tusla's Prevention, Partnership and Family Support Programme (PPFS) and 106 children were awaiting a Méitheal⁵ service. Although there were quarterly commissioning meetings with providers, the service area did not yet have sufficiently robust systems to track outcomes including assessing the impact of such services in reducing levels of risk or re-referral rates. There were gaps in management information about the impact of such delays for children and their families. For example, records of review, evaluate and divert (RED) meetings in one area indicated that while 50 children had been allocated, a further 50 children were awaiting a Méitheal service. The recent appointment of a PPFS manager aimed to strengthen performance in this area.

The work of the area's Complex Cases Forum was clear and well-structured, with records reviewed by inspectors indicating good consideration and analysis of a range of risk factors. Oversight by principal social workers and the area manager was well-managed. The service area had taken learning from previous inspections and

⁵ Méitheal is a case co-ordination process for families with additional needs who require multi-agency intervention but who do not meet the threshold for referral to the Social Work Department under Children First.

significant event notifications and had established a '*Dissemination of Learning*' Group. This provided an effective forum for senior managers to identify organisational risk and areas for improvement in practice. Recent '*Seven Minute*' briefings and associated team learning and development events supported reflective practice about actions needed to strengthen support to children with mental health needs or disabilities. Learning from child death and serious incidents was increasingly being used to help strengthen partnership working and review of the effectiveness of the joint protocols with local health services and An Garda Síochána.

The service area was also seeking to strengthen joint leadership and partnership arrangements with the Health Service Executive (HSE) and other partners through the work of inter-agency liaison meetings and the integrated children's services forum. There were programmes of work recently commenced to engage the local hospital, child and adolescent mental health (CAMHS) and disability services to share joint learning from the management of complex cases and map current gaps in capacity or resources.

Leadership and Governance of Foster Care Services

The service area had also developed service improvement plans to help strengthen the quality of services and its capacity and capabilities to meet statutory regulations for children in foster care. These plans focused on the areas of non-compliance found in the 2017 and 2020 inspections of foster care.

The service area had recently concluded its restructuring work to establish a Cork Area Child in Care Review team for all social work departments to enhance support and oversight of the needs and experiences of children in care. Some gaps remained in frontline posts, or posts were covered on an interim basis by agency staff.

The four service improvement plans covered:

1. Statutory visits to children in care
2. Child-in-care reviews
3. Foster carer reviews
4. Foster carer recruitment and retention.

At the time of the 2020 inspection, the service area reported it had no children in care without an allocated social worker. However, at that time, over one in five children had not been visited in line with the *Child Care (Placement of Children in Foster Care) Regulations, 1995*. Recent performance data indicated 265 children had not been visited by a social worker in line with regulations; indicating a deterioration in the frequency and/or recording of statutory visits. There were also now 48 children who did not have an allocated social worker. Children remained unallocated for

various periods of time. In one case sampled, this was for a sustained period of nine months.

Despite the workforce capacity challenges highlighted above; inspectors mostly found good management scrutiny and oversight of unallocated child-in-care cases. Audits were found on case records of children that had been unallocated for three months or longer. Management vigilance ensured cases were temporarily assigned to another social worker or team leader when high priority pieces of work were required, including court work, statutory visits or child-in-care reviews. Managers sought to ensure required actions in relation to a child's legal status or changes in their circumstances were followed up. They also recognised the impact on children in having to meet a number of different workers, over what in some cases, was a relatively short period of time. Cases that had been de-allocated were identified as low risk with appropriate consideration given to their relationships and placement stability.

Inspectors generally found that records of unallocated children in care had been audited by principal social workers in line with the area's 'unallocated cases standard operating procedure'; with action taken to ensure any overdue statutory visits and reviews were prioritised. Family support workers were on occasion delegated statutory visiting activity in the absence of an available social worker. Service plans and management audits highlighted work was required to support a cultural shift in practice to ensure children were seen at home, including in private, by their social workers; in line with the standards set out in regulations and local guidance.

Since the last inspection, the service area had further reviewed and strengthened its practice guidance for statutory visiting. Team briefings set out the expected standards in the frequency of visits and quality of records, including reinforcing use of Tusla's naming convention to provide enhanced scrutiny of individual and team performance. The service improvement plan highlighted the need to ensure statutory visits were discussed as a standing item within supervision; with checks made to ensure children newly admitted to care as well as those in long term care were visited in line with statutory regulations. The sample of case records and supervision records reviewed by inspectors indicated variable standards of management oversight of statutory visits. More recent records evidenced improvements in scrutiny.

The service area aimed to prioritise quarterly audits of records of children newly admitted to care. This system was not yet embedded, given stretched management capacity. The service improvement plan had set targets for audit of 10% of child-in-care records for quality and consistency in the first quarter of 2022, and review of 5% of care plans by the end of January 2022. The review of care plans had been

completed and the service area was seeking additional support to audit children's records for quality and consistency at the time of this inspection

Inspectors reviewed a sample of case audits undertaken by principal social workers during 2021. Those reviewed provided clear feedback to frontline practitioners and their respective managers on areas of good practice and areas for further improvement. The template used included checks of the frequency and quality of statutory visits, coverage of child-in-care reviews and whether the child's care plan was up to date. It also focused on ensuring all relevant documentation, including complaints and supervision case notes was in place on NCCIS. The themes for improvement mostly related to gaps in the completion and or recording of statutory visits, and reflected gaps in management oversight and case direction. Inspectors' review of children's records found the need for further improvement in these areas.

The service area had developed its 'Advanced Finds' function within NCCIS to help improve recognition of children newly admitted to care and track the number of statutory visits that had taken place in the previous six months. Management action sought to improve alerts about cases where there had not been any record of contact/interaction with a child for a defined period of time. Senior managers were aware of ongoing poor performance in the completion of statutory visits and had put in place weekly reporting to enable follow up checks of those undertaken, due or scheduled. Local teams were provided with protected time called 'shut down' days to enable them to catch up with case recording.

The 2020 inspection found a sizeable backlog of children awaiting a child-in-care review; estimated at 270, affecting over one in three children. Some reviews had been overdue for a number of years. At that time, there were different arrangements in place in each social work department; with a lack of consistency in planning, recording and management oversight of care plans and reviews. This led to inequitable experiences for children. At the time of this inspection, the service area reported 94 children's reviews were overdue. Of these, two were overdue by more than 12 months, 23 between six and 12 months, 13 were between three and six months, with 56 children less than three months overdue. Whilst this denoted steady improvement in performance over the past year; some capacity challenges remained.

Additional social work posts, including clerical support, had been appointed to establish a county-wide child-in-care review team. The work of the team was underpinned by a clear set of priorities aligned to the levels of vulnerability and risk to children. Action had been taken to ensure children recently placed in care, those who had experienced placement disruption, or where there were allegations about foster carers received a timely review of their care.

Overall, inspectors found the service area was making good progress in addressing its backlog of child-in-care reviews; and was working to embed ownership of practitioner and manager accountabilities. A range of review guidance, checklists and report templates had been prepared to support a consistent child-centred approach. There was a strengthened focus on promoting permanency planning for children. The area was also seeking to ensure timely review and sign off of care plans by team leaders, within 15 days of the review. However, the service area did not provide for separate child-in-care review minutes, and suggested the child's care plan was used instead to provide relevant information of meeting discussions and agreed actions. Practice in this area was not aligned to national or best practice guidance.

The review team leader had put in place a management tracker that provided good oversight of reviews due, those undertaken or cancelled. Inspectors reviewed the first three quarterly reports for 2021 and found these provided a comprehensive analysis of progress, risk and areas for further action.

The service area had sought to improve its focus on the cultural and other diverse needs of children in care. There had been an agreement to progress this work in partnership with local advocacy organisations. Although funding had been secured; there had been a lengthy delay in this work commencing. This now needed to be progressed with urgency. The fostering resource unit had recently conducted a training needs analysis of foster carers' knowledge, skills and experience in meeting the needs of children from other racial backgrounds, cultures or faiths. Training for the area workforce, including its foster carers; remained an area for improvement.

Good attention was paid to strengthening the engagement of children in their review. This now included strong promotion of their right to complain. The area's Complaints Officer had undertaken a survey of children, and reported improvement in their awareness of how to use the complaints procedure. Inspectors reviewed two complaints made by foster carers, and found that they had been appropriately managed and responded to. The child's best interests had been prioritised, with actions aimed at promoting future stability and safety for the child.

Inspectors reviewed a sample of records where there had been allegations about foster carers. When concerns were reported; assessments of the capacity of foster carers and of the safety of children were undertaken in line with Children First. Safety plans were developed, and additional support or alternative placements found as required. Safeguarding processes included regular support and supervision, strategy discussions and joint professionals meetings to assess the best interests of children. Records denoted good analysis of risks, including of the ongoing viability of the placement. Action had been taken when required to refuse the approval of foster carers or remove them from the panel when concerns were founded.

Following the last inspection, the service area had scoped the number of children in long term foster care, estimated at over 380 children, whose foster carers met the criteria for enhanced rights. This had been raised by foster carers in the previous inspection as an area for development. The service area had consulted with relevant stakeholders, including parents and foster carers; and had prepared information leaflets to help explain the process. This issue was now routinely discussed in child-in-care reviews and foster carer reviews. Feedback given by foster carers to inspectors indicated a good start in promoting awareness; but that further work was needed to support its wider implementation, pending the introduction of new child care legislation in Ireland.

The 2017 foster care inspection found a number of areas of non-compliance with the National Standards for Foster Care (2003). These included long delays in the assessment and approval of relative foster carers, not all foster carers had an allocated fostering link social worker, and there were delays in foster carer reviews taking place. This inspection found the service area was working through its backlog of relative foster carer assessments; having appointed additional staff to help progress this work. Some foster carers had experienced delays from the point of their enquiry to the assessments commencing and being concluded. Only one of the six relative carer assessments reviewed by inspectors met the required timeframes. The area had completed a total of 51 foster carer assessments during 2021 (19 general foster carers and 32 relative foster carers). This included foster carers whose initial expressions of interest and applications dated back to 2020.

The Safeguarding Governance Oversight Group provided effective management oversight of the risks to, and needs of children placed in unapproved relative foster care arrangements. The risks to children so placed, often in an emergency, with relatives were clearly understood by frontline staff and managers. Key safeguards in relation to Garda vetting, health checks and references were undertaken pending full assessment. At the time of this inspection, the service area had 23 relative foster carers with children placed with them for more than 12 weeks; the assessments of 20 of these were in progress.

Management trackers and audits provided oversight of the progress of foster carer assessments and the scheduling of reviews. Foster carer reviews generally took place at the required frequency set out in fostering regulations. At the time of this inspection, the reviews of 25 foster carer households were over-due, but dates had been set for them. The management tracker provided alerts when reviews were overdue; including the need for special reviews following the outcome of an investigation into allegations about foster carers. The development of independent chairs for foster carer reviews provided appropriate scrutiny and challenge of practice.

The foster carer review service improvement plan highlighted there had been further review and updating of the service area's fostering standard operating procedures. A new matching standard operating procedure, guidance note and template had been developed to strengthen the matching and placement planning process. Management audits of the foster carer records highlighted a high number of gaps in the required documentation that had led to delays in reviews being presented to the foster care committees. Management analysis of this risk evidenced the need for additional clerical support to enable efficient administration of the Foster Care Committees (FCC's) work. This was being addressed at the time of this inspection.

The area had two Foster Care Committees that effectively worked together. The area manager had delegated oversight of the work of the FCCs to the Child Care Manager. A schedule of monthly meetings was in place to enable forward planning of the committees' work. Additional FCC meetings had been scheduled during 2021 to deal with the increased volume of assessment activity. Quarterly governance meetings involving FCC chairs and area senior managers provided ongoing oversight and review of the committees' work; including progress of allegations about foster carers, training and membership of the FCC's.

The 2020 inspection identified gaps in the sufficiency of an appropriate range of suitably skilled foster carers, particularly for children with complex needs and young people presenting in crisis. The service area did not have any special foster carers, although foster carers were effectively supporting children with disabilities and those who had experienced significant trauma prior to their admission to care. The trauma-informed training and consultation support provided by the service area was highly valued by foster carers. However, there was a gap in training capacity at the point of this inspection whilst the service area was working to appoint a new trainer.

This inspection identified two children who had been placed within a household that had not been approved to provide foster care. This breach of fostering regulations was escalated to senior managers and is discussed in a later section of this report. Foster carer capacity to respond to children newly admitted to care or manage risks arising from foster care disruptions continued to be challenging given the lack of service capacity. The service area had only four foster care placements available at the end of December 2021, with just one emergency placement. The service area reported it had a total of 31 children awaiting a foster care placement and nine children who would have benefitted from a foster care placement. Some of these children subsequently found a foster care placement and others were admitted to residential care in the absence of a family-based alternative.

The service area reported it had five children placed at home with parents on a Care Order at the time of this inspection. Review of these children's records indicated

appropriate reunification planning, pending discharge of their Care Order. Regular monitoring and support was available. Casework provided for a strong focus on safety planning.

The availability of suitable care placements remained a significant area of risk for the service area. Four young people were placed in unregulated care settings, including hotels, at the time of this inspection. Inspectors raised concerns about the lack of suitable alternatives with senior managers. Senior managers were aware of the risks to these children having been alerted through Tusla's 'Need to Know' process. All young people in these circumstances had an allocated social worker, an up-to-date care plan that recognised placement deficits, and were discussed at weekly professionals meetings. They were also subject to weekly monitoring at Tusla's Chief Officer level. One child's case record highlighted the need to strengthen recording of the experience of children in these circumstances, including making better use of chronologies to help map placement changes and analysis of safeguarding risks.

The Cork service area did not prepare an *Annual Adequacy of the Child Care and Family Support Services report* in line with the requirements set out within the *National Standards for Foster Care (2003)*. It relied on the Foster Care annual report to provide analysis of service capacity and effectiveness. While the 2020 report (latest one available) provided an overview of the recruitment and retention of foster carers, and of representations and complaints received; it did not provide sufficient information about the outcomes for children to promote organisational learning. There were gaps in the provision and analysis of key performance data in relation to the number of placements made, breaches of the number of children in placements above those foster carers were approved for, the number of children in need of placements, and the appropriateness of current placements. This did not support effective service planning.

The foster care recruitment and retention service improvement plan aimed to strengthen organisational capacity and capabilities. The area hosted regular and effective recruitment campaigns and information-sharing events for prospective foster carers. It is of note that an additional 14 foster carer households were recruited in 2021 over the numbers of foster carers exiting. This is to be commended given the ongoing operational challenges faced due to the COVID-19 pandemic. Review of recently approved foster carer records indicated they benefited from thorough assessments, good ongoing advice and support, training and supervision. Improvement actions included targeted campaigns to encourage awareness amongst Cork's new and diverse communities and to promote interest from prospective foster carers for children with disabilities. The service area also paid good attention to supporting the birth children of foster carers through the work of its *Kidz* and *Teenz Connect* programmes; recognising the importance of the whole family approach.

The Alternative Care Governance Group had established specific working groups to help develop its communication strategy and its approach to the expansion of enhanced payments for foster carers. The Group was also working to develop a standard operating procedure for emergency foster care (in draft at the time of the inspection). Managers had identified further work was needed to improve understanding of the pressures foster carers faced, including those who were caring for more children than they were approved for.

Young people who participated in the Young Persons Fora told inspectors they welcomed the opportunity this gave them to be involved in shaping the development of local services. They said they valued the opportunities they had to share their experiences and come up with solutions. They felt well-supported in talking to managers and others about the issues that mattered to children in care.

Management and Workforce Development

The absence of 1:1 supervision, challenge and oversight of the accountabilities of senior managers had been flagged as an area for urgent improvement in previous inspections. Strengthening practice in this area formed an essential element of Cork's approach to strengthening its governance arrangements. The service area had undertaken a re-audit of supervision practice in August and September 2021. The findings of each team's audits had been shared by principal social workers with their respective team leaders to highlight priority improvements required. A learning event was scheduled to promote shared understanding of the expected standards of supervision practice.

The new area manager was working to ensure regular structured 1:1 supervision was provided for principal social workers to support them in developing their competencies and leadership functions. However, not all senior staff reporting to the new area manager had received supervision by the time of the inspection. The capacity of the area manager to progress and sustain this work remained an area of significant risk given she had 23 direct reports; which was acknowledged to be an impossible task. Further consideration was being given in conjunction with the regional chief officer to reducing the number of reporting lines to the area manager to enable ongoing prioritisation of management support and development activity.

The service area had recently commenced an induction programme for its new principal social workers. Further work was being planned, including the provision of mentoring support. The service area did not yet have an agreed performance development and appraisal framework. Managers advised they were awaiting feedback from Tusla nationally to inform their next steps in relation to implementation. This remained an area for action in strengthening organisational capabilities.

Management supervision records clearly focused on their roles and accountabilities; and included discussion of workforce capacity challenges, non-compliance with statutory regulations and review and audit of unallocated cases. Discussion also focused on the effectiveness of actions taken to protect children exposed to high levels of risk or harm escalated to regional and national directors through the '*Need to Know*' process. Increased attention was given within 1:1 supervision to strengthening processes for monitoring the performance and promoting the welfare of frontline staff; with the induction of new team members taking place over two days. There was work in progress to formalise local induction arrangements to ensure effective coverage of mandatory training and awareness of the expected standards of practice.

Evidence of training completed by staff was not consistently found within staff supervision records. Each social work department maintained a separate registration and training tracker that highlighted their annual re-registration with CORU⁶ and updates of mandatory training. Training priorities for 2021 included introduction and advanced training in the national safeguarding children approach, compliance with standard business process timescales, General Data Protection Regulation (GDPR), the Joint Working Protocol with the HSE, solution-focused practice and health and safety. Reasons for absence were recorded to ensure ongoing monitoring of gaps in core knowledge and skills.

Some supervision records of frontline practitioners indicated regular meetings were held, with more recent records indicating increase in frequency in line with Tusla's guidance. These records generally evidenced a good level of support and management oversight in checking for changes in risks to children or progress on key pieces of work to inform decisions about next steps or case closure. Supervision records in these cases evidenced child-centred, robust case discussion with clear actions. There were gaps however in the effectiveness of supervision as demonstrated by issues escalated by inspectors as outlined at the end of this section of this report.

Individual supervision was also supplemented by group supervision, with evidence of guidance and support from principal social workers to new social work team leaders through regular email exchange. This evidenced good shared oversight of the progress of high priority cases, including any issues impacting on delays in completing initial assessments.

Overall, supervision required improvement to ensure thorough management oversight that policies and procedures were being consistently implemented and to address the continuous professional development needs of staff at all levels in the organisation.

⁶ the regulator for health and social care professionals

The quality of the supervision and how supervision was recorded appeared to inspectors to be largely dependent on who the supervisor was, leading to unwarranted variability in the quality of practice. Inspectors also found the caseload management tool was not routinely used to provide regular scrutiny of practitioners' capacity and of those who experienced ongoing challenges in discharging their statutory responsibilities.

Areas for Urgent Action

Following the inspection, HIQA issued the service area with an urgent compliance plan highlighting three areas of significant risk found on this inspection. These included:

1. Gaps in case recording, governance and review of child protection and welfare cases within the duty/intake system in one department, resulting in lack of recognition and responsiveness to escalating concerns about the safety of children.
2. A breach of fostering regulations in the placement of two children within a household that had not been assessed or approved as general foster carers.
3. Ongoing significant shortfalls in the responsiveness and availability of suitable placements for children in an emergency, or following a placement breakdown; with particular concerns about the safety and welfare of four children placed in unregulated settings.

Following the inspection, the regional chief officer provided HIQA with assurances that all cases on the duty and intake team's waiting list escalated by inspectors were allocated. The service area conducted an immediate audit of all the remaining unallocated cases to provide further assurance of the management of risk and case prioritisation. The regional chief officer also requested a report in relation to lack of compliance with the waiting list standard operating procedure to help prevent recurrence.

The service area sought to use learning from this inspection to further strengthen its governance systems and the accountabilities of managers; recognising additional work was required to fully embed a shared practice culture. This included actions to strengthen performance review and increase levels of scrutiny by the Cork Oversight and Governance Group in assessing the impact of key actions, processes and systems in driving improvement. This aimed to provide earlier identification of organisational barriers and risks. The systems of support and supervision of principal social workers would also be strengthened to ensure unallocated cases and any associated risks were routinely discussed with the area manager; enabling open discussion and joint scrutiny of unallocated work.

In addition, there were plans to further strengthen governance and oversight of practice. Tusla's PASM team would undertake a quarterly review of a random sample of 25% of all the service area's unallocated cases to provide ongoing assurance of the effective management of risk. The regional chief officer also approved the appointment of an additional six social work posts to help address the ongoing capacity challenges faced by all four social work departments. The approval of additional resources aimed to promote further reduction in the service area's waiting lists by August 2022.

In relation to the breach of fostering regulations, senior managers requested an immediate audit of the fostering database to ensure that no other children had been placed with unassessed or unapproved general foster carers; including for respite. The audit submitted to HIQA following the inspection provided assurance that there were no other children placed with unapproved general foster carers. Alternative arrangements had been made for the children previously placed.

The service area had continued to experience significant challenges in finding suitable placements for children with complex needs. The use of unregulated settings, including hotels, in the absence of any other alternatives; was recognised as a major organisational risk. In response to the concerns raised by inspectors, senior managers took immediate action to strengthen oversight of the management of risk, and conducted further searches to try and find appropriate care placements. Longer term actions required strengthening of regional and national capacity. Plans in progress, included the appointment of a regional residential placement co-ordinator to oversee the quality of care to children placed in unregulated settings from April 2022. Tusla's national office recognised the lack of specialist placements as a critical priority and was working to produce a three year strategic plan to address current gaps in its specialist provision.

Child Protection and Welfare

Standard 3.1

The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.

Judgment

Not compliant
(Orange)

The expected standards of governance had not been embedded across all the service area's duty and intake teams. Although management accountabilities for children on waiting lists for allocation were clearly set out in standard operating procedures; the level of oversight, review and audit required was not effectively managed across the whole service area.

<p>Child Protection and Welfare Standard 3.2 Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.</p>	<p>Judgment Not compliant (Orange)</p>
<p>Services were not sufficiently responsive to the levels of demand and complexity of children’s needs; leading to ongoing delays in case allocation and compliance with agreed performance standards. There was a lack of specialist care placements for children in crisis leading to use of unregulated settings which did not meet their individual needs.</p>	
<p>Child Protection and Welfare Standard 3.3 The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.</p>	<p>Judgment Substantially compliant (Yellow)</p>
<p>While the service area had strengthened its performance reporting arrangements and introduced a number of management trackers to help improve identification of risk; its management assurance and monitoring systems did not consistently provide effective feedback about the quality and impact of improvement actions taken. There was a need to further strengthen its systems for review and audit to provide ongoing scrutiny of progress and sharing of learning about what works.</p>	
<p>Child Protection and Welfare Standard 5.3 All staff are supported and receive supervision in their work to protect children and promote their welfare.</p>	<p>Judgment Not compliant (Orange)</p>
<p>Not all staff had benefited from effective supervision and managerial support that addressed their professional role and accountabilities for the discharge of their statutory responsibilities. The service area did not have a formal performance management and appraisal system to support the development of the competencies of frontline staff and managers.</p>	

<p>Foster Care Standard 19 Tusla has effective structures in place for the management and monitoring of foster care services.</p>	<p>Judgment Not compliant (Orange)</p>
<p>Some children in care did not have an allocated social worker or were subject to a number of different social workers for specific pieces of work. This detracted from the provision of child-centred practice. There remained significant gaps in the availability and capability of care placements for children with complex needs. Monitoring and quality assurance systems had not been fully implemented or were not yet effective in driving service improvements to ensure compliance with statutory regulations. In particular, the coverage and recording of statutory visits to children remained a key deficit. The service area did not provide an annual <i>Adequacy of Child Care and Family Support Services</i> report or have an equivalent service plan that provided a clear strategic direction for the service.</p>	
<p>Foster Care Standard 21 Tusla is actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of children and young people in their care.</p>	<p>Judgment Not compliant (Orange)</p>
<p>While the service area had well-developed recruitment and retention strategies; there remained gaps in its capacity to provide a sufficient number of foster care placements to meet the diverse needs of children. The breach of fostering regulations indicated failures of governance in monitoring the existing panel of foster carers; with particular deficits in the organisation's capacity to respond to children who needed an emergency placement and those with complex needs.</p>	

Quality and Safety

Child Protection and Welfare

Overall, the progress made by the service area indicated a mixed picture in relation to the quality and safety of child protection and welfare services. While inspectors found marked improvement in the screening of referrals; additional management action was required to further reduce waiting lists and to improve service performance to ensure an effective response in meeting the needs of all children and their families.

Work undertaken by the service area in conjunction with the PASM team sought to address the root causes of previous significant delays in key tasks being completed; and to support organisational learning to prevent recurrence and further build-up of unallocated work. New guidance and standard operating procedures set clear accountabilities for practitioners and team leaders in relation to the management of intake processes and manager sign-off. While there was evidence of increased management scrutiny and vigilance to risk of delay; inspectors also found examples of ongoing drift in the management of both allocated and unallocated cases, with delays in closure following decision to close.

While high priority cases were generally assessed in a timely manner; two social work departments continued to have significant waiting lists for medium and low priority cases, and were challenged by their capacity to respond to the continued high rates of referrals. In one department, inspectors found duty records where new information had not been reviewed in the context of what was previously known about risks to children; leading to a failure to recognise and respond to escalating risks. Inspectors sought assurances of the safety of these children and were advised that they had been allocated for priority action.

Overall, inspectors found continuous improvement in the service area's arrangements for information sharing and joint working with An Garda Síochána. All closed cases reviewed by inspectors had been appropriately closed. All referrals reviewed by inspectors had evidence of being screened within 24 hours. A new system of weekly checks, combined with the use of a management tracker provided good assurance that intake records were promptly launched on NCCIS following allocation to a duty social worker. Improvement work had positively impacted on the service area's performance; with the service area reporting 87.5% of referrals were screened within 24 hours, up from 75% in the previous inspection.

All areas made appropriate use of the Cork screening form to assess whether the threshold for a response from the child protection and welfare service had been met.

There was evidence of due consideration being given to the potential impact of ongoing and or long-term abuse or neglect on children. The vast majority of cases reviewed by inspectors were correctly categorised and prioritised, with a few minor areas identified for further practice improvement.

The service area had taken learning from a recent significant event and sought to ensure all relevant checks were routinely undertaken prior to case closure. Inspectors found just one record that did not evidence sufficient checks had been made to support effective assessment of risk. Where referrals had been screened out, children had been referred to more appropriate services. Appropriate feedback was provided to referrers as required. Inspectors found however, that the screening tool had not been fully completed in managing the re-referral of cases already open to the department. This meant there was not always a formal record of review of the category of abuse or case priority in line with Tusla's guidance. It was evident however, that most new or additional information relating to open cases was being addressed or had been considered through on-going preliminary enquiries.

Preliminary enquiries were carried out where appropriate, to clarify the nature of the concerns; and all further information was documented. The service area reported it had 114 children on a waiting list for preliminary enquiry at the time of this inspection. This included four high priority cases, 57 medium and 53 low priority cases. Frontline duty and intake staff said they felt supported in relation to the number of cases allocated to them. This meant that when a team had no capacity to take on new work; children were placed on a waiting list 'allocated to the team leader' pending additional capacity being identified. In reviewing a sample of these cases, inspectors found that no work had been undertaken for a substantial period of time in some cases. In others, there was a lack of progress on follow-up actions highlighted as important within previous management review or audit of the waiting list.

Due to the high numbers of cases on waiting lists and the inability for the service area to manage the volume of referrals, delays and drift were evident in many cases. Inspectors found two cases well outside the expected timeframes for preliminary enquiry, at 267 and 203 days respectively. There was no evidence on these children's files that their records had been audited, with a lengthy delay in a home visit taking place; six months following receipt of the referral in one case. Some case records evidenced notes of discussion within supervision highlighting that *'the case had not been worked by the duty social worker, due to other cases on their caseload'*. In other case records examined, delays in completing preliminary enquiries were relatively minor, and often related to delays in sign-off of the intake record by team leaders.

While there was clear management decision-making about cases that required allocation for an initial assessment; there remained drift and delay in the work commencing or being completed. At the time of this inspection, the service area had 35 children on a waiting list for initial assessment. This included eight high priority cases, five medium priority and 22 low priority. In two case records reviewed, six months and four months respectively had lapsed from the point of the initial assessment commencing, and they had not been completed at the time of the inspection. In other cases, it was evident that work associated with the initial assessment was ongoing; but this had not been reflected in updated case recording on NCCIS.

The quality of initial assessments overall indicated a satisfactory standard of practice. Good practice included clear actions that evidenced effective exploration of risk with children and their families. In these cases, children were appropriately involved, and good use was made of child-centred assessment tools to explore their experience of home life and the relationships that mattered to them. There was effective analysis of the impact on children's behaviour and presentation. Completed initial assessments outlined next steps as well as outcomes. Where children were deemed to be at ongoing risk of significant harm, a request for a child protection conference was promptly made, and parents were appropriately informed. Inspectors identified some areas where longer term work required further development particularly in relation to ensuring consistent recording of follow-up network checks and inter-agency contact and network supports.

Inspectors also reviewed records for the quality of safety plans given the finding in the previous inspection that not all children who required a safety plan, had one in place. Case records did not always provide evidence of an up-to-date safety plan or review of a safety plan. In some cases, while it was clear from discussion with front line practitioners and team leaders that safety plans were in place and effective; they had not always been written up in a timely manner. Interpreters were used as necessary to promote shared understanding of the safety plan with families who required help with translation.

Most high and medium priority allocated cases gave appropriate consideration to safety planning and inspectors found some examples of excellent work in engaging young people in shaping their safety plan. Other records contained clear actions in relation to the responsibilities of network members. However, this high standard of practice was not consistently evidenced. The practice of de-allocating cases following the completion of initial assessments (which appeared to relate to staff turnover in some cases) was leading to delays in the development and ongoing monitoring of safety plans. This risked reducing the impact of the earlier safeguarding approach. Inspectors found examples where there had been delays, in one case a five month

delay and in another a three month delay, from the point of completion of the initial assessment to the safety plan process commencing.

Immediate action, including home visits, was appropriately undertaken in response to significant concerns about the safety and welfare of children. The duty team appropriately notified An Garda Síochána of cases of suspected physical, sexual abuse and or wilful neglect in all cases reviewed. Records indicated effective information-sharing and joint working of cases with An Garda Síochána at relevant points in the assessment of risk. Records of strategy discussions and joint action meetings supported clear priorities and a shared direction for child protection investigations with appropriate reference to the accountabilities of each agency. However, one case record reviewed indicated a three month delay in the duty team making contact An Garda Síochána following receipt of a notification from them.

The quality of case records overall was variable; with evidence of ongoing gaps or delays in uploading key documents on NCCIS. Front line staff and managers told inspectors that staff turnover and other competing pressures had led to delays in meeting timeframes for writing up case notes or closing cases. Given the ongoing gaps and stretched workforce capacity; this meant workers were not always equipped with all the relevant information they needed when covering the work of a colleague. This risk had been escalated by staff to senior managers and included in the area's risk register.

Social work support for children in foster care

Overall, inspectors also found a mixed picture in relation to the quality of social work practice for children in care and the area's compliance with statutory regulations. Ongoing vacancies and turnover in the capacity of the frontline teams impacted on the area's performance in achieving the expected standards of practice. Frontline child in care and fostering link social workers reported having high caseloads. They were not always able to complete key pieces of work, including assessments and case recording; in a timely manner. Although the service area did not have any dual unallocated cases⁷; one social work department had faced significant challenges in allocating its child-in-care cases, dating back to January 2021. Work was required to ensure effective prioritisation of statutory visits to children in care as an important safeguard in monitoring their safety and wellbeing.

Social workers understood their professional accountabilities for the co-ordination of care to children in foster care placements, and case records evidenced good inter-agency working to support children with additional needs. The quality of children's case records varied overall. Inspectors identified some examples of high quality direct

⁷ Incidences where the child and their foster carer did not have an allocated social worker

work to support children to understand their care history, family relationships or prepare them for transition to a long term placement. These records also provided a clear record of discussions with children and those that supported them, sensitive to their age, stage of development and any additional needs they had. Other records however, did not provide a clear or up-to-date record of children's care experiences.

Data provided by the service area indicated that a significant proportion of children in foster care (265 children) had not been visited in line with regulations. The issues covered and the quality of statutory visiting records overall required further improvement to meet the standards of practice set out in statutory regulations and the service area's own guidance. Some practitioners did not use the prescribed guidance document which led to gaps in their case records. Other records did not provide clear actions in relation to matters that required follow up following the statutory visit. In other circumstances, it was not clear if the child had been seen, including on their own; and their personal bedroom space had not been checked.

While there was evidence of the area's improved performance in providing child-in-care reviews at the frequency set out in regulations, with significantly less drift and delay evident at the time of this inspection; further work was needed to maintain and consolidate the quality of its performance and ensure a well-coordinated approach across the service area. A number of improvement actions were in progress to help embed a consistent standard of practice and ensure progress being made was sustained. The timelines for sign-off of care plans by team leaders however, continued to be an area for further improvement. There also remained two key areas of practice where local arrangements were not in line with the expectations set out in Tusla guidance. These included not having in place separate placement plans alongside care plans and the lack of provision of separate meeting minutes of discussions within the child in care review.

Additional training had been provided to the child-in-care review independent chairpersons that clearly set out the expected standards of practice, and sought to align the respective accountabilities of the case holder and review chairperson. Management attention had been given to ensuring children's care plans were of good quality and up to date. Inspectors found care plans overall were comprehensive and child-centred. The service area had strengthened its approach to the participation of children and inclusion of relevant others to support a shared direction and provision of support in their best interests.

The area's child-in-care review service improvement plans sought to strengthen learning from children's feedback and to enable them to be more actively involved in decision-making about their care. Accountabilities for giving feedback to children who had chosen not to attend their reviews were clearly outlined in their action plan. This

enabled care plans to be used as living documents and helped children understand what the plans for their care were. Children were encouraged to give their feedback on what was working well, what they would like to change and were routinely advised of their right to complain and how to make a complaint.

Following the last inspection the Complaints Officer surveyed 143 children who had a review since January 2021. Out of 69 respondents, 55% of children and young people said they had attended their review, 58% were aware of the complaints policy, and 83% said they understood how to make a complaint. This indicates significant improvement in the engagement of children and promotion of their rights since the last inspection. The service area intended to further review performance in the area at the end of 2022.

**Child protection and welfare
Standard 2.2**

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

Judgment

Not compliant
(Orange)

All child protection and welfare concerns were appropriately screened; but there continued to be delays in the completion of preliminary enquiries; with a lack of capacity to ensure all children were promptly allocated, or able to access services in a timely manner if diverted to another agency.

**Child protection and welfare
Standard 2.3**

Timely and effective action is taken to protect children.

Judgment

Not compliant
(Orange)

There were delays in safety planning on some unallocated cases, including delays in reviewing safety plans and ensuring prompt follow up action in response to identification of escalating risk. There were also delays in making contact with/completing assessments of risks to children even when cases had been allocated.

<p>Child protection and welfare Standard 2.4 Children and families have timely access to child protection and welfare services that support the family and protect the child.</p>	<p>Judgment Not compliant (Orange)</p>
<p>There had been a lack of review and follow up action in relation to some unallocated cases, following receipt of additional information of concern that indicated a lack of recognition and responsiveness to escalating risk. Case records did not provide sufficient assurance of monthly review and quarterly audits of unallocated cases by managers in line with the service area's waiting list standard operating procedure.</p>	
<p>Child protection and welfare Standard 2.5 All reports of child protection concerns are assessed in line with Children First and best available evidence.</p>	<p>Judgment Not compliant (Orange)</p>
<p>There were ongoing delays in the commencement and completion of initial assessments; with some gaps in the ongoing recording of inter-agency and follow up network checks.</p>	

<p>Foster Care Standard 5 There is a designated social worker for each child and young person in foster care.</p>	<p>Judgment Not compliant (Orange)</p>
<p>Not all children in foster care had a designated social worker. The standards of practice set out in regulations and local guidance had not been met; with further improvements required in the frequency of visiting and quality of recording.</p>	
<p>Foster Care Standard 7 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.</p>	<p>Judgment Substantially compliant (Yellow)</p>
<p>Some children were overdue their child-in-care review. Review minutes were not available or effectively captured and recorded on the child's file.</p>	

Compliance Plan

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

Provider's response to Inspection Report No:	MON-0035198
Name of Service Area:	Cork
Date of inspection:	14-17 February 2022
Date of response:	26/04/22 & 05/05/22

These requirements set out the actions that should be taken to meet the *National Standards for the Protection and Welfare of Children* (2012).

Theme 2: Safe and Effective Services

Standard 2.2

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

Not compliant

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

- Some children were not able to access help in a timely manner. They remained on a waiting list before they could be allocated a social worker.
- Some children and their families experienced delays in receiving support when they were referred on to another agency.
- Preliminary enquiries were not undertaken in a timely manner in line with Tusla’s standard business processes; with some intake records taking too long to complete.

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:

Actions:

- The action plan developed following the review and audit of cases awaiting allocation carried out in March 2022 will be implemented (in progress).
- All high priority cases on the waiting list at the time of inspection have been allocated (completed).
- Principal Social Workers will review with Team Leaders on monthly basis cases on the unallocated list including focusing on those outside timelines up to and including Initial Assessments (ongoing).
- Team Leaders will on review of cases ensure attention is paid to the prioritisation and categorisation of cases at screening and at preliminary enquiry stage (ongoing).
- Team Leaders will continue to use the advanced finds on NCCIS to assist with having oversight of all cases awaiting allocation (ongoing).
- The Senior Management Team will review trends including timelines on a quarterly basis in line with the Service Improvement Plan (next review due Q3).
- The newly appointed PPFs Manager will review waiting lists for cases once diverted to PPFs (in progress since Q2).
- A national group has been established to review timelines for assessments under the standard business processes in recognition they are not achievable (ongoing).
- The duty subgroup and Duty Social Workers are engaging in the consultation process about timelines, to inform the review (ongoing).
- Six additional social work posts have been approved to address the waiting lists (Q3 subject to recruitment process).
- PASM will on a quarterly basis select and review a random sample of 25% of unallocated cases in Cork to ensure that these cases are being managed in line with the Cork area service improvement plan and standard operating procedures. On completion of each audit, a report will issue to the Chief Officer and Area Manager through the Cork Oversight and Governance group (ongoing).

Proposed timescale: Final completion date: 30 September 2022.	Person responsible: Principal Social Workers Social Work Team Leaders Business Information Unit Area Manager Regional HR
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Standard 2.3

Timely and effective action is taken to protect children.

Not compliant

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

- There were delays in putting in place safety plans on some unallocated cases and delays in review of some safety plans.
- There were delays in making contact with some children and their families and in completing assessments of risk, even when the cases had been allocated.

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:

Actions:

- As per the Area Standard Operating Procedure for cases awaiting allocation: On completion of Initial Assessment cases that require safety planning or CPC safety planning will be waitlisted if there are insufficient resources to meet the demand.
- Cases will be reviewed in accordance with the priority, high priority cases will be reviewed weekly and all other cases monthly. If at any time whilst on a waiting list a new referral is received, the case will be reviewed to assess if the priority level has changed to merit immediate allocation.
- This desktop review will include a review of the interim safety plan to ensure it is sufficiently robust.
- Cases waiting CPC safety planning are all high priority and will be prioritised for allocation at the first opportunity and via adjustment of caseloads if possible.
- This review of the status and priority of the case will be recorded via a case note on NCCIS using the subject matter: TL Unallocated case review.
- A safety planning workshop for Team Leaders will be facilitated by the Training and Development Officer, Signs of Safety (Q2).
- A quarterly review of the service improvement plan, standard business process, will be undertaken (ongoing).
- The Cork area Signs of Safety learning plan will be updated to reflect an increased focus on safety planning and consistency and quality in practice (Q4).
- The Joint Practice Review (JPR) workshop will be implemented across the Area (completed). Each duty and child protection and welfare Team Leader will review two initial assessments with each social worker across their teams (in progress). PASM will be reviewing the roll out of the JPR. Q1/2023
- The Cork area reviewed low harm/high need cases awaiting allocation in March 2022 (completed). When the report is finalised the PSW Group will consider its findings and agree a plan of action (Q3).

- An Inter-Agency Steering Group has been established in the Cork Area, to consider how the Area can work in a more integrated way to support families awaiting allocation to access services in a timelier manner. (ongoing)
- Team Leaders will continue to use the advanced finds on NCCIS for cases awaiting an initial assessment as well as where there has been no interaction on NCCIS for over three months to identify delays in case progression (ongoing).
- Timelines for the completion of the initial assessments will continue to be monitored quarterly to identify trends and to establish if further actions are needed (ongoing).
- Six additional social work posts have been approved to address the waiting lists (Q3 pending recruitment).
- The Social Work Graduate panel will be open to Cork to access posts considered unable to fill (Q3 pending recruitment).

Proposed timescale:

See final Completion date:31/12/22

Person responsible:

Principal Social Workers
 Social Work Team Leaders
 Business Information Unit
 PPFS Manager
 Training and Development
 Officer, Signs of Safety
 Area Manager

Standard 2.4

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

Not compliant**The provider is failing to meet the National Standards in the following respect:**

- Some children on waiting lists had not been reviewed or concerns had not been promptly followed up when additional information indicated risks to their safety or welfare were increasing.
- Case records did not provide sufficient assurance of monthly review or quarterly audits of unallocated cases by managers in line with the service area's waiting list standard operating procedure.

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:**Actions:**

- The six cases identified during the inspection relating to cases where additional referrals were received but not appropriately followed up have all been allocated to a social worker (completed).
- Standard operating procedure for cases awaiting allocation will be discussed as part of a management day for all Team Leaders in the Cork area (Q2).
- The Area will pilot on one team a tracker system to increase oversight of the waiting list on the Child Protection and Welfare team post Initial Assessment (ongoing).
- A social work team is piloting monthly meetings taking place between the Principal Social Worker and Team Leaders to review the cases awaiting allocation (ongoing).
- PASM will on a quarterly basis select and review a random sample of 25% of unallocated cases in Cork to ensure that these cases are being managed in line with the Cork area service improvement plan and standard operating procedures. On completion of each audit, a report will issue to the Chief Officer and Area Manager through the Cork Oversight and Governance group (ongoing).

Proposed timescale:

See above

Completion date: 30/06/2022

Person responsible:

Principal Social Workers

PASM

Standard 2.5

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

Not compliant

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

- There were delays in the commencement and completion of some initial assessments.
- Some case records contained gaps in the ongoing recording of inter-agency working and network checks.

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:

Actions:

- Six additional social work posts have been approved to address the waiting lists (Q3 pending recruitment).
- The Social Work Graduate panel will be open to Cork to access posts considered unable to fill (Q3 pending recruitment).
- There will be a conversion of agency staff and specified purpose posts to permanent status (Q2 pending recruitment).
- Social Work Team Leaders will continue to use the advanced find on NCCIS to review and prioritise intake records and initial assessments outside of timelines (ongoing).
- Any potential delay in casework being completed will be reviewed by Social Work Team Leaders on individual caseloads in supervision every 4-6 weeks (ongoing).
- The rationale for delays will be recorded on the supervision file or on the referral page on NCCIS (ongoing).
- Supervision workshop undertaken in February 2022 highlighted the importance of recording delays in timelines (ongoing).
- The Area will pilot a programme of assigned administration days to facilitate the improvement of recording on case files (Q2).
- A meeting will be held with PASM to discuss how best to support the Area to develop a plan for Social Workers to self-audit casework to promote high quality and up to date case records.
- An induction programme is being developed within the Cork area and will include a module on the importance of recording on case files (Q4).
- The importance of recording will be a standard agenda item in supervision and at team meetings (ongoing).
- Social Work Team Leaders will discuss delays in timelines in supervision with the Principal Social Worker (ongoing).
- Social Work Team Leaders will highlight any concerns about individual staff performance with the Principal Social Worker and appropriate support/actions agreed (ongoing).
- The PPFS manager in conjunction with the Senior CFSN Coordinator will participate in the RED process to strengthen and promote inter agency working. Any identified needs or increased risks for families will be identified and additional supports put in place via the areas commissioned services. (ongoing)

Proposed timescale:

See above

Person responsible:

Principal Social Workers

Final Completion date: 31/12/22	Social Work Team Leaders Regional HR
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Theme 3: Leadership, Governance and Management

Standard 3.1
The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.

Not compliant

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

- Governance and management oversight of the work of duty and intake teams was not fully embedded across the service area. Some children on waiting lists for allocation did not have the levels of management scrutiny, review and audit that was required as set out within organisational policies, procedures and practice.

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:

Actions:

- At the time of inspection there was a wait list of 74 referrals on one team. 13 cases were allocated by the 7th of March 2022. An Audit of the remaining cases, totalling 61 cases by the Senior Management team was completed on the 7th of March 2022 (completed).
- A report was completed and submitted to the Chief Officer and Area Manager with recommended actions for this Team and also the Cork area to strengthen Governance (completed).
- PASM will on a quarterly basis select and review a random sample of 25% of unallocated cases in Cork to ensure that these cases are being managed in line with the Cork Area service improvement plan and standard operating procedures. On completion of each audit, a report will issue to the Chief Officer and Area Manager through the Cork Oversight and Governance group (ongoing).
- This will assist the Area Manager and Chief Officer in strategically improving and building upon the governance culture and leadership required to ensure same. The Senior Management Team will review this as a lead area target for 2022 (ongoing).
- One additional Principal Social Worker has been approved and will be appointed to one team (Q3).

Proposed timescale: Final Completion date: 30/09/2022	Person responsible: Principal Social Worker PASM
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	Area Manager Chief Officer
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Standard 3.2

Children receive a child protection and welfare service, which has effective leadership, governance and management arrangements, with clear lines of accountability.

Not compliant

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

- Some duty and intake teams were not able to effectively respond to the ongoing levels of demand or complexity of children's needs; which led to delays in case allocation and lack of compliance with agreed performance standards.
- The availability of care placements for children in crisis was inadequate and led to the use of unregulated settings that did not meet their individual needs.

Action required:

Under **Standard 3.2** you are required to ensure that:

Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.

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

- Allocation of six new social workers to the area which will increase our capacity to respond to this (Q3 pending recruitment).
- One additional Principal Social Worker has been approved and will be appointed to one team (Q3).
- The Cork area will continue to embed the standard operating procedure for cases awaiting allocation and this will be discussed as part of a management day for all Team Leaders in the Cork area (Q2).
- A proposal has been developed to increase capacity to respond to the shortage of emergency foster carers in the area. This involves issuing a letter to all eligible foster carers to ascertain if they would be willing to provide emergency placements to children. This was presented to the Foster Care Committee Governance Group (completed 12/04/2022).
- Following approval and acceptance at Foster Care Committee Governance meeting, a letter will issue to Foster Carers (completed 26/04/2022).
- A number of options are being explored to respond to the existing demand for placements for young people in Cork. One of these includes the commissioning of a Community & Voluntary Provider to commence a pilot project to provide short term stabilisation placements to better support young people to access mainstream residential/semi-independent living arrangements. (Q2)
- A Governance and Oversight Group encompassing senior managers within the area has been established to ensure oversight of the special arrangements in place (ongoing).
- All children in special arrangement placements have an allocated social worker and care plan and these are reviewed regularly at professional's meetings (ongoing).
- A Regional Residential Placement Co-ordinator has been approved to manage and oversee these special arrangement placements (subject to recruitment process).

- The Child and Family Agency has developed a 3-year strategic residential care plan which aims to increase capacity, improve efficiency and enable better outcomes for children and young people (published March 2022)

Proposed timescale:

Final Completion date: 30/09/2022

Person responsible:

Principal Social Workers

Social Work Team Leaders

PASM

Area Manager

Child Care Manager

Professional Support Manager

Standard 3.3

The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.

Substantially compliant

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

- Management assurance and monitoring systems did not consistently provide effective feedback about the quality and impact of improvement actions taken.
- Systems for review and audit were not sufficiently embedded to provide ongoing scrutiny of progress and sharing of learning about what works.

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:

Actions:

- A post has been approved for the appointment of a designated Principal Social Worker for Quality Assurance in the Cork Area to maintain focus on continuous service improvement (Q4).
- The Area is developing a monthly performance dashboard which will be used by the Principal Social Workers to review progress against the SIP and to consider remedial actions such as re-allocation of resources, training or other strategies. (Q2)
- Audits conducted on the teams will be discussed at each management meeting by Principal Social Workers and Team leaders. The scope of the audit, the findings and the action plan pertinent to each team will be created in accordance to that teams specific need/focus (ongoing).
- A final report will be compiled from the outcomes of the four area audits completed and agreed actions will be formulated. This will be disseminated to the Area Manager to ensure oversight and governance (ongoing).
- Where relevant the findings of the audits will be shared with the Dissemination of Learning group. The Group will consider if there is learning to be taken from these findings which would benefit other services in the wider Cork area (ongoing).
- PASM will continue to attend the monthly Governance Group and provide feedback from audits they conduct. This will identify areas that are working well on the teams and areas that require improvement for Principal Social Workers to progress (ongoing).
- The Senior Management Team will meet with PASM to identify priority areas for reviews and audits. An audit plan will be developed in consultation with PASM and approved by the Chief Officer (Q2).

- Service improvement and audit priorities will also continue to be discussed at Regional Management meetings and RORMSIC meetings (ongoing).
- The QRSI manager will provide feedback to the governance group about these meetings (monthly).

Proposed timescale:

Final Completion date: 31/12/2022

Person responsible:

Principal Social Workers
 Regional HR
 Area Manager
 Chief Officer
 PASM
 Business information Unit
 QRSI Manager

Theme 5: Workforce

Standard 5.3

All staff are supported and receive supervision in their work to protect children and promote their welfare

Not compliant

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

- Not all staff benefited from effective supervision and managerial support that helped to strengthen their professional role and accountabilities.
- The service area did not have a formal performance management and appraisal system to support the development of workforce competencies at all levels within the organisation.

Action required:

Under **Standard 5.3** you are required to ensure that:

All staff are supported and receive supervision in their work to protect children and promote their welfare.

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

Actions:

- The Child and Family Agency manages employee performance in line with existing policies including caseload management, Supervision policy, training for Signs of Safety, Managing Attendance Policy, First Time Manager Training, and Regional HR Briefings on HR Policies (ongoing).
- Currently, the People and Change Strategy 2022-2024 is due to be implemented nationally by the Child and Family Agency in 2022. The Cork Area will develop personal development plans in accordance with this strategy.
- A workshop took place with Team Leaders on the 24/02/2022 to embed the standard operating procedure on supervision. Further workshops will be facilitated as required with the next scheduled date arranged for the 30/06/2022.
- The Business Information Unit will provide a quarterly report detailing the date that supervision was inputted to NCCIS to highlight gaps to the Principal Social Workers where supervision has not been recorded on the case file (ongoing).
- All high priority cases that cannot be allocated and managed by the team will continue to be escalated (ongoing).
- Audits will continue to take place on supervision files to review the quality of supervision being provided. This will be verified by PASM. An audit report will be compiled and shared with Team Leaders. The next audit on supervision files is scheduled for June 2022 (Q2).
- The pro forma form will continue to be used across the area encompassing the four functions of supervision (ongoing).
- Supervision records will continue to include discussion, decisions/actions, review and timelines. Previous agreed actions will also be discussed from the previous supervision

this is in line with the Cork area service improvement plan and standard operating procedure for supervision (ongoing).

- Schedule of supervision including cancellations will continue to be contained on all supervision files and contracts will be updated as per the Supervision Policy.
- An Induction programme is being developed within the area and will incorporate a module on Supervision (Q4).
- PASM will carry out a verification review of adherence to the standard operating procedure on supervision (Q3).

Proposed timescale:

Final Completion date: 31/12/2022.

Person

responsible:

Principal Social
Workers Workers
Business
Information Unit
Social Work Team
Leaders
PASM

Theme 2: Safe and Effective Services

Standard 5

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

Not compliant

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

- Some children in foster care did not have an allocated social worker and other children had different social workers undertaking time-limited or specific tasks. A few children did not have a social worker for lengthy periods of time.
- There were significant gaps in the frequency and recording of statutory visits to children in foster care.

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:

Actions:

- Standard operating procedure for cases awaiting allocation is implemented within the Cork area and includes the management of children in care without an allocated social worker (ongoing).
- There continues to be difficulties in social work recruitment and retention which is being worked on at a National Level (ongoing).
- The area is developing a monthly performance dashboard which will be used by the Principal Social Workers to ensure compliance with the standard operating procedure for cases awaiting allocation (Q2).
- The area has a standard operating procedure which supports the prevention of dual unallocated cases and this continues to be implemented (ongoing).
- The Social Work Graduate panel will be open to Cork to access posts considered unable to fill (Q3 pending recruitment).
- There will be a conversion of agency staff and specified purpose posts to permanent status (Q2 pending recruitment).
- An induction programme is being developed in the Cork area and it will incorporate a module on statutory visits for children in care (Q4).
- The area will pilot a programme of assigned administration days to facilitate the improvement of recording statutory visits (ongoing).
- The area has developed a tracker for statutory visits for children in care which highlights all overdue statutory visits, this ensures governance by the Principal Social Workers and Team Leaders (ongoing). Team Leaders will address overdue statutory visits in supervision
- PASM will undertake a review of 10% of children in care for quality and consistency of recording of statutory visits (Q2).

- Supervision workshop for Social Work Team Leader's was completed in February 2022 and emphasised the importance of governance and oversight of statutory visits. A focus was on timelines, quality and recording on NCCIS. Further workshops will be undertaken as required with the next scheduled date the 30/06/2022.
- The area will present the guidance on statutory visits at team meetings at regular intervals to further embed their importance (ongoing).

Proposed timescale:

Final Completion date: 31/12/2022

Person responsible:

Principal Social Workers
Regional HR
Business Information Unit

Standard 7

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.

Substantially compliant

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

- There were some children who were overdue their child-in-care review.
- Child-in-care review minutes were not available, nor were review discussions consistently recorded on children's files.

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:

Actions:

- Two additional Child in Care Review Chairs have been approved: one permanent post and one for a six-month specified contract to address the backlog of Child in Care Reviews (Q3 pending recruitment).
- Once the additional Child in Care Review Chairs are in post the capacity of the team will have doubled from the time of the inspection. Out of date reviews can be addressed quickly at this point in time (Q3 pending recruitment).
- A second clerical officer has been appointed to the Child in Care Review team (completed, Q1).
- The note taking form which the Chair utilises at the Review meeting will be strengthened. The Chair will record an overview of key points of discussion and any dissent or disagreement at the meeting. (Q2)
- This form is scanned up as part of the review pack following the review meeting to the child's file on NCCIS (ongoing).
- Care plans are posted to the relevant people in the child's life. Additionally, those who do not receive the full care plan, receive a letter including the actions pertaining to their service (ongoing).
- Participation in the reviews has grown significantly for children and the Cork area will endeavour to expand and promote this participation for the children and their families. As part of the Child in Care Review Service Improvement Plan the Child in Care Review team will develop feedback forms for children and parents following the Child in Care Review. The Children in Care Fora will be consulted about the feedback forms from these children (Q3).
- As a decision and action of the care plan a person is identified to give feedback to the child following their review (ongoing).
- The Child in Care Review Team will continue to provide quarterly reports to the PSW group on metrics and trends or themes emerging from reviews (ongoing).

Proposed timescale:

Final Completion date: 30/09/2022

Person responsible:Principal Social Workers
Child in Care Review Team
Leader
Area Manager
Regional HR**Theme 3: Leadership, Governance and Management****Standard 19**

Tusla has effective structures in place for the management and monitoring of foster care services

Not compliant**The provider is failing to meet the National Standards in the following respect:**

- There remained ongoing gaps in the Area's child-in-care workforce which impacted on the Area's capacity and performance in meeting its statutory regulations.
- Significant gaps remained in the coverage and recording of statutory visits.
- There remained significant gaps in the availability and capability of care placements for children with complex needs.
- Monitoring and quality assurance systems had not been fully implemented or were not yet effective in driving service improvements.
- The Area did not produce an *Adequacy of Child Care and Family Support Services* report or have an equivalent service plan to provide a clear strategic direction for the service.

Action required:Under **Standard 19** you are required to ensure that:

Tusla has 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:

- One additional Principal Social Worker has been approved and will be appointed to one social work team (September 2022).
- One additional Principal Social Worker, Quality Assurance has been approved for the Area (Q4).
- Two additional Child in Care Review Chairs have been approved, one permanent and one six month specified contract (Q3 pending recruitment).
- The Social Work Graduate panel will be open to Cork to access posts considered unable to fill (Q3 pending recruitment).

- There will be a conversion of agency staff and specified purpose posts to permanent status (Q2 pending recruitment).
- The area has developed a tracker for statutory visits for children in care which highlights all overdue statutory visits, this ensures governance by the Principal Social Workers and Team Leaders. Team Leaders will address overdue statutory visits in supervision (ongoing).
- A practice guidance was implemented in the Cork area to address the frequency and quality of statutory visits. This guidance includes the following: exploration of family and friends, cultural religious and social needs, health and educational needs and children's rights including complaints. The area will present the guidance on statutory visits at team meetings at regular intervals to further embed their importance (ongoing).
- The Business Information Unit send the Principal Social Workers weekly updates with all visits recorded on NCCIS to ensure compliance with the naming convention for statutory visits (ongoing).
- For children admitted to care the statutory requirements of statutory visits will continue to be discussed and planned during the first supervision (no later than 6 weeks post admission). The timeframes for these will be recorded in the supervision record (ongoing).
- A supervision pro forma form has been developed for children in care. This will continue to be embedded in the Cork area (ongoing).
- A supervision workshop for Social Work Team Leaders was completed in February 2022. Further workshops will be undertaken as required with the next scheduled date the 30/06/2022.
- An Induction programme is being developed in the Cork area which will incorporate a module on statutory visits for children in care (Q4).
- The area will pilot a programme of assigned administration days to facilitate the improvement of recording statutory visits (ongoing).
- PASM have committed to undertake a review of 10% of children in care for quality and consistency of recording of statutory visits (Q3).
- The Child and Family Agency has devised a National Strategy for Foster Care and it is due to be implemented in 2022.
- The Fostering Resource Unit in the Cork area has engaged in radio interviews with a view to recruiting foster carers for children with complex needs including those with a disability. The initial interviews took place on the 19/04/2022 and the 20/04/2022 and will continue for a further six weeks.
- Information sessions locally tailored to recruit general foster carers to include culturally diverse, emergency foster carers, and foster carers with the skill set to care for children with a disability for the Cork area have been scheduled for the 18/05/2022.
- Regular audits and PASM Verification completed in area, for 2021. The Area requires time to embed the practice and learnings from the audit since HIQA came into the departments on their last inspection (ongoing).
- The Fostering Resource Unit continues to provide reports to the Cork Governance Group, Alternative Governance Group and Foster Care Committee Governance Group (ongoing).
- Audits will continue to take place on supervision files to review the quality of supervision on children in care files. This will be verified by PASM. An audit report

will be compiled and shared with Team Leaders. The next audit on supervision files is scheduled for June 2022 (Q2).

- There are a number of groups convened in the Cork area which ensures governance and monitoring of service improvement including Principal Social Work Team meetings, Foster Care Management Team meetings, Foster Care Review Governance Group, Foster Care Committee Governance Group, Alternative Care Governance Group, Area Management Meetings, Cork Governance Group, Regional Governance Group (ongoing).
- An audit was undertaken by PASM to verify that there are no children currently in unassessed and unapproved general foster care placements (completed 04/03/2022).
- An audit schedule has been devised by the Fostering Management Team which includes auditing the implementation of the standard operating procedures for supervision and support of foster carers (May 2022).
- The Area will develop a Service Plan for its fostering services to provide strategic direction regarding strengthening capacity within the service. (Q3)

Proposed timescale:

Final Completion date: 31/12/2022

Person responsible:

Principal Social Workers
 Area Manager
 Chief Officer
 Child Care Manager
 Team Leaders
 Business Information Unit
 Regional HR
 PASM

Standard 21

Tusla is actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of children and young people in their care.

Not compliant

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

- There were not enough foster care placements available to meet the diverse needs of children; including children who required an emergency placement and those with complex needs.
- The breach of fostering regulations indicated a failure of governance in monitoring the existing panel of foster carers.

Action required:

Under **Standard 21** you are required to ensure that:

Tusla is actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of children and young people in their care.

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

Actions:

- The Child and Family Agency has devised a National Strategy for Foster Care and it is due to be implemented in 2022 (Q4).
- The Fostering Resource Unit in the Cork area has engaged in radio interviews with a view to recruiting foster carers for children with complex needs including those with a disability. The initial interviews took place on the 19/04/2022 and the 20/04/2022 and will continue for a further six weeks.
- A proposal has been developed to increase capacity to respond to the shortage of emergency foster carers in the area. This involves issuing a letter to all eligible foster carers to ascertain if they would be willing to provide emergency placements to children. This was presented to the Foster Care Committee Governance Group (completed 12/04/2022).
- Following approval and acceptance at Foster Care Committee Governance meeting, a letter will issue to Foster Carers (completed 26/04/2022).
- A project is being developed to target people from the Roma and Traveller communities to become foster carers, the business case for this project will be completed in Q2 with the rollout of the project beginning in Q3.
- The service improvement plan for the fostering service continues to be reviewed monthly at the fostering management team meetings (ongoing).
- Currently, the Cork area are unable to respond to the existing demand for placements for young people. As a result, a Governance and Oversight Group encompassing senior managers within the area has been established to ensure oversight of the special arrangements in place (ongoing).
- All children in special arrangement placements have an allocated social worker and care plan and these are reviewed regularly at professional's meetings (ongoing).
- A Regional Residential Placement Co-ordinator has been approved to manage and oversee these special arrangement placements (subject to recruitment process).
- The Child and Family Agency has developed a 3-year strategic residential care plan which aims to increase capacity, improve efficiency and enable better outcomes for children and young people (published March 2022).
- An audit was undertaken by PASM to verify that there are no children currently in unassessed and unapproved general foster care placements (completed 04/03/2022).
- The Fostering Management Team have scheduled an audit of all 361D referrals received to ensure timelines are being adhered to and that the criteria for these referrals have been met (May 2022).
- PASM will verify the findings of the audit of 361D referrals (Q3).

Proposed timescale:

Final Completion date: 31/12/2022

Person responsible:

Principal Social Workers
Fostering Management Team
Child Care Manager
PASM

