



Report of an inspection of a Child Protection and Welfare Service

Name of service area:	Dublin South West Kildare West Wicklow
Name of provider:	Child and Family Agency, Tusla
Type of inspection:	Child Protection and Welfare Risk based
Date of inspection:	03-06 April 2023
Lead inspector:	Mary Lillis
Support inspector(s):	Susan Geary Sabine Buschmann Caroline Browne Saragh McGarrigle
Fieldwork ID	MON-0039225

About monitoring of child protection and welfare services

The Health Information and Quality Authority (the Authority) monitors services used by some of the most vulnerable children in the state. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer services.

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 service provided by the Child and Family Agency to protect children and to promote the welfare of children.

The Authority monitors the performance of the Child and Family Agency against the *National Standards for the Protection and Welfare of Children* and advises the Minister for Children and Youth Affairs and the Child and Family Agency.

In order to promote quality and improve safety in the provision of child protection and welfare services, the Authority carries out inspections to:

- **assess** if the Child and Family Agency (the service provider) has all the elements in place to safeguard children and young people
- **seek assurances** from service providers that they are **safeguarding children** by reducing serious risks
- **provide** service providers with the **findings** of inspections so that service providers develop action plans to implement safety and quality improvements
- **inform** the public and **promote confidence** through the publication of the Authority's findings.

The Authority inspects services to see if the National Standards are met. Inspections can be announced or unannounced. This inspection report sets out the findings of an announced risk based inspection.

How we inspect

As part of this inspection, inspectors met with social work managers and staff. Inspectors observed practices and reviewed documentation such as children's files, policies and procedures and administrative records.

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager
- interview with one principal social worker
- interview with the Prevention Partnership and Family Support (PPFS) manager
- focus group with social work team leaders
- focus group with social workers
- the review of local policies and procedures, minutes of various meetings, supervision files, audits and service plans
- observation of a Review Evaluate and Direct (RED) meeting
- the review of 49 children's case files.

The aim of the inspection was to assess compliance with national standards regarding the service delivered to children who are referred to the service, up until the commencement of an initial assessment. Given the risks identified in this area, the focus of this inspection was on cases awaiting preliminary enquiries and initial assessments, and cases on a waiting list for a service.

Acknowledgements

The Authority wishes to thank staff and managers of the service for their cooperation.

Profile of the child protection and welfare service

The Child and Family Agency

Child and family services in Ireland 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
- existing Family Support Agency responsibilities
- existing National Educational Welfare Board responsibilities
- pre-school inspection services
- domestic, sexual and gender-based violence services.

Child and family services are organised into 17 service areas and are managed by area managers. The areas are grouped into six regions, each with a regional manager known as a regional chief officer. The regional chief officers report to the national director of integration and services, who is a member of the national management team.

Child protection and welfare services are inspected by HIQA in each of the 17 service areas.

Service area

Dublin South West Kildare West Wicklow (DSW/KWW) is a diverse area. It comprises of four county boundaries: County Kildare, Wicklow, South Dublin and Dublin South City with a wide range of needs reflected across the area. The area comprises a mix of rural communities (such as Balltinglass Wicklow), large rural towns (such as Naas Kildare), commuter belt towns (for example Leixlip) and Dublin south city areas (such as Crumlin and Tallaght). It is the 2nd largest of the 17 Tusla areas.

The overall population for the entire area was 402,436 people, with 27% of the population under 18 years inclusive, totalling 108,186 children and young people (Source: CSO 2016 & AIRO 2017). Of the service areas in Dublin Mid Leinster, this area has the highest number of every age range of children including highest number of 0-4s, 5-12's, 13-17s, under 18's and under 24's.

Of the 17 Tusla areas, this area had the 3rd highest level of deprivation (Pobal HP Deprivation Index (Haase and Pratschke, 2012). 11,788 people were residing in areas classed as most disadvantaged in 2016, which was 10.8% of the area's population. Of this group, 29.2% or

3446 were under age of 18. There was one area of extreme disadvantage (Athy West Urban) and 39 small areas that are very disadvantaged, including Crumlin, Athy, Tallaght and Newbridge. Unemployment rates for the area exceed the national average with 13% of the population were unemployed in 2016.

The service area is under the direction of the regional chief officer for Tusla Mid-Leinster region. There is an area manager and three principal social workers with the responsibility for the delivery of child protection and welfare services. There is also a senior manager in place for Prevention Partnership and Family Support (PPFS).

At the time of the inspection there were two principal social workers posts for the four intake and assessment teams and one principal social worker post for four child protection and welfare teams. Each of these teams comprised a combination of social workers, senior social work practitioners, social care leaders, social care workers and family support practitioners. They were each managed by social work team leaders who reported to their respective principal social worker.

At the time of the inspection the area was carrying a large number of vacancies across all pillars – child protection and welfare, intake and assessment, children in care, fostering, aftercare and business support teams. The number of whole time equivalent (WTE) vacancies totalled 53.74. Specific to the intake and assessment team there were 15.8 WTE vacant posts, which was broken down into:

- two social work team leader posts
- six social worker posts
- three senior social work practitioner posts
- 4.8 social care worker posts.

These posts were vacant for various lengths of time with the longest vacant for more than one year at the time of the inspection. The 15.8 WTE vacancies equated to the loss of 553 hours of work per week for the intake and assessment team alone. While the total of 53.74 vacancies equates to the loss of 1,880.9 hours of work per week across the whole area.

Background to this inspection:

This inspection was conducted as a risk-based inspection of the child protection and welfare service in Dublin South West Kildare West Wicklow. This inspection focused on the management of child protection and welfare referrals from the point of receipt of the referral to the allocation of the referral to a social worker for the completion of a preliminary enquiry or initial assessment.

This area has been a service area of concern to HIQA since 2019, when an inspection found the area to be non-compliant with all four standards inspected against.

A further service area inspection in December 2020, found that of the nine child protection standards inspected against the service area was compliant in one standard, and substantially compliant in two standards. However three standards were non-compliant moderate, and three standards were non-compliant major.

Another inspection was carried out in September 2021 of both the child protection and welfare and foster care services. In relation to the child protection and welfare standards, the 2021 inspection found the area to be substantially compliant with one standard, and three standards had moved from major non-compliance to moderate non-compliance, indicating some level of incremental improvement. They still however were assessed as non-compliant with six standards.

These standards related to:

- the leadership, governance and management of the service
- the systems in place to review the effectiveness of service delivery
- whether all concerns relating to children were screened and appropriately directed
- whether timely action was taken to protect children
- whether children and families had timely access to support services
- whether child protection concerns were assessed in line with *Children First: National Guidance for the Protection and Welfare of Children (2017)*.

Following the inspection in September 2021, assurances were sought from the area manager. A satisfactory compliance plan was provided by the area's management team in January 2022. This plan addressed the risks identified in the inspection, including the use of additional resources to reduce the risk associated with unallocated cases.

In April 2022 an inspection focusing on the Child Protection Notification System (CPNS) was carried out, and there were mixed findings. As per Children First (2017), when concerns of ongoing risk of harm are identified during the assessment and intervention with children and families then Tusla is required to organise a Child Protection Conference (CPC). In circumstances where a child has been identified as being at ongoing risk of significant harm at a CPC, their name is listed on the Child Protection Notification System (CPNS). These had not been inspected during the previous inspection in the service area. Of the six standards inspected against, two were compliant, three were substantially compliant and one was non-compliant. Therefore there was evidence of improvements in the service area in relation to this cohort of children. The non-compliance related to the leadership, governance and management of the service.

An update to the January 2022 compliance plan was requested and provided by the area in September 2022. This response indicated satisfactory progress with the actions. However, the metrics (the publically available statistics provided by Tusla on their activity) identified continued risks in relation to the number of unallocated cases (cases that require but do not have a social worker assigned). In October 2022, the metrics confirmed this trend of increasing numbers of unallocated cases. These figures were as follows:

Period	Number of Unallocated Cases	Percentage of open cases
Quarter 1 (Jan - Mar) 2022	507	29.3%
Quarter 2 (Apr - Jun) 2022	707	38%
Quarter 3 (Jul - Sep) 2022	755	42.5%

In November 2022 HIQA held a meeting with the area manager and the regional chief officer of Tusla to discuss and seek assurances regarding the identified risks. Following this meeting, written assurances were sought and provided by the area in December 2022. Some of the verbal assurances provided at the meeting were noted to be absent from the written assurance. These assurances were found to not adequately address the risks identified.

A warning letter was issued to the service area in January 2023 and a subsequent warning meeting was held between HIQA and the Regional Chief Officer and the National Director of Services and Integration for Tusla in February 2023. Further assurances were received in relation to the risks. In brief these assurances included:

- all high priority referrals are allocated on receipt
- all urgent referrals are responded to immediately through a duty system
- a standard operating procedure was in place for the management of unallocated referrals and overseen by principal social workers
- an unallocated referral is responded to as required by the duty and intake team
- there is a system in place to implement and follow up on cases that require immediate and or interim safety planning
- there is a system in place to ensure that children are diverted to community services in a timely fashion
- monthly audits of unallocated cases are carried out by principal social workers and a report provided to and discussed with the area manager
- quarterly review weeks, focused on the completion of intake records, were taking place.

In February 2023 following the additional assurances, the Chief Inspector of HIQA wrote to the Assistant Secretary General of the Department of Children, Equality, Disability, Integration and Youth to outline the risks identified in relation to the child protection and welfare service in Dublin South West Kildare West Wicklow.

A decision was taken to conduct a risk based inspection of the child protection and welfare service to confirm that the assurances (outlined in bullet points above) were being actioned, and were keeping children that were waiting for a social worker to be assigned, safe.

In March 2023 a service improvement plan was received from Tusla.

Compliance classifications

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 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.

In order to summarise inspection findings and to describe how well a service is doing, standards are grouped and reported under two dimensions:

1. Capacity and capability of the service:

This dimension describes standards related to the leadership and management of the service and how effective they are in ensuring that a good quality and safe service is being provided to children and families. It considers how people who work in the service are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

The quality and safety dimension relates to standards that govern how services should interact with children and ensure their safety. The standards include consideration of communication, safeguarding and responsiveness and look to ensure that children are safe and supported throughout their engagement with the service.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
03 April 2023	09:15 – 17:00	Mary Lillis	Inspector
		Susan Geary	Inspector
		Caroline Browne	Inspector
		Saragh McGarrigle	Inspector
	10:45 – 17:00	Sabine Buschmann	Inspector
04 April 2023	08:45 – 16:45	Mary Lillis	Inspector
		Susan Geary	Inspector
		Caroline Browne	Inspector
		Saragh McGarrigle	Inspector
		Sabine Buschmann	Inspector
05 April 2023	09:00 – 17:00	Mary Lillis	Inspector
		Sabine Buschmann	Inspector
		Caroline Browne	Inspector
		Saragh McGarrigle	Inspector
	09:00 – 14:00	Susan Geary	Inspector
06 April 2023	09:00 – 13:00	Mary Lillis	Inspector On-site
	12:00 – 13:00	Susan Geary	Inspector Remote
		Saragh McGarrigle	Inspector Remote

Views of people who use the service

Hearing the voices of children and their families is at the heart of understanding how a service is meeting their needs and improving their lives. However, this inspection focused on the management of child protection and welfare referrals waiting for a preliminary enquiry and or an initial assessment to be carried out. This meant that the children and families referred had not yet received a service, about which they could share their experiences. More importantly, inspectors were conscious that contacting families where the risk to the child is relatively unknown, may have placed some of those children at increased risk of harm. As a result, contact was not made with the children and families awaiting a service.

However, from a review of files, examples of the potential impact on children who were on a waiting list are outlined below.

- A four year old who had alleged inappropriate contact by an older child remained on the waiting list five months later – given the age of this child, their ability to recount the incident months later may not be reliable.
- A teenager who alleged sexual assault 14 months ago, was still on a waiting list.
- Another teenager who also alleged sexual assault eight months ago, remained on the waitlist with no direction to support services evidenced on file.
- A teenager was removed from their home following an alleged assault. A message was left with the department to say they had been taken to another country, no contact had been made with the parent or the child to establish their whereabouts or their safety. This was brought to the attention of the service during the inspection.
- Children were referred due to concerns regarding their contact with a person of concern. No action had been taken to establish if these children did have contact, or if they were at risk, and the case remained on the waitlist at the time of inspection, over four months later. Inspectors brought this to the attention of the service during the inspection. The social work department was unsuccessful in contacting the family during the inspection timeframe. Therefore the risk to these children remained unknown, however assurances were provided that the service area would continue to follow this up after the inspection.
- Children under the age of eight were referred because they were found home alone. The case was on a waiting list for four months. While attempts were made to contact the family these were not successful. This was brought to the attention of the area during the inspection, however they were unable to determine if the children were still residing at the address provided. These children therefore may have moved to another area, and the risks to them remained unassessed and unaddressed.

- Delays of over four months from date of referral to the allocation a social care worker to assess the safety of a child where there were allegations of serious domestic violence.
- 11 cases were brought to the attention of the service area during the inspection, as inspectors could not be assured of the children's safety, because basic preliminary enquiries and or initial assessments had not been completed. All highlighted cases were followed up on. Six of the cases brought to the attention of the area were allocated immediately to either a social worker or social care worker. However, at that time they had already been on a waiting list for several months.

Tusla therefore were not fulfilling their statutory duties under Section 3 of the Child Care Act, 1991, to '*promote the welfare of children in its area who are not receiving adequate care and protection*', nor were they taking steps to identify children who are not receiving care and protection and co-coordinating information from all relevant sources.

Capacity and capability

This was a risk-based inspection which focused on the management of child protection and welfare referrals from point of receipt to the allocation of the case to a social worker for completion of the assessment process.

Overall, this inspection found that management systems at all levels could not ensure that all children and families received a timely service and could not provide adequate assurances of the safety of the service. There was a chronic shortfall in resources to meet the demands of the service. There were gaps in the monitoring and oversight of waitlisted cases, including the completion of safety planning. Many children and families were waiting prolonged periods for preliminary enquiries and initial assessments to take place. The management in the service did not have the necessary staffing resources to effect change and in the absence of this inadequate alternatives had been put in place. The inspection found the area to be non-compliant with all three standards inspected against. Moreover the findings reflected the findings previously outlined in HIQA's inspection report of the area four years ago, in 2019.

The service was managed by an experienced area manager. The area manager articulated a clear vision for the service and was committed to implementing service improvements to achieve better outcomes for children, within a very challenging context. The area manager clearly outlined the challenges being faced by the area

and their vision for the service. Challenges included the area's size and large population, the complexity of intergenerational deprivation common in some parts, the increasing number of referrals and staffing and resources that did not match these needs. The vision for the area was to fill vacant posts and reduce the waiting time for preliminary enquiry and initial assessment. In interview the manager reported that the management and staff in the area were "firefighting" and that the nine months prior to inspection had been "the most challenging" period they had experienced.

There were clearly defined governance arrangements and lines of responsibilities and accountability. These structures were well understood by staff and managers interviewed by inspectors. However, there were often gaps in the management structures with examples of social work team leader posts being vacant for months, in the year prior to inspection. Efforts were being made to strengthen the oversight and governance in the area, these efforts had been slow to take effect. As of January 2023 there was an additional principal social worker assigned to the intake and assessment teams. The restructuring of the intake and assessment teams was in progress. This restructuring was to be achieved through the addition of two new social work team leaders' posts and realigning current social worker and social care worker staff members. It was anticipated that this would provide additional oversight of waitlisted cases. However, these plans were not achieved in a timely fashion. The increase in the number of team leaders was outlined as part of the compliance plan following the September 2021 inspection with a deadline for implementation of March 2022. These new posts were in the process of being filled at the time of the inspection, with one team leader recently taking up the post and one having accepted the post but was awaiting "back fill" (the recruitment and filling of the post they were vacating) before being able to take up the team leader post. This action had yet to be fully realised a year after its original deadline. Management reported that this was due to staff turnover at that grade.

The area management faced many competing demands and were required to prioritise the risks they were able to address within their existing resources. As a result the area management was unable to direct adequate resources for the care and protection of all children. Governance meeting minutes demonstrated the challenges facing the entire area in particular in relation to staffing, which amounted to the equivalent of 1,880 hours lost per week across the area. It was evident that the area was focused on the risk due to staffing vacancies in the child-in-care pillar. The minutes of area management and senior management team meetings, clearly outlined how they were trying to mitigate the risk of unallocated children in care within their existing resources. The mitigation of that risk had knock on effects on the child protection and welfare (CPW) service. Child protection and welfare staff were

included in the duty rota for the children in care teams and also worked cases, sometimes for as long as nine months, of children in care who could not be allocated a child-in-care social worker. This meant a longer waiting time for children and families who required a child protection and welfare service. The area manager described the situation simply as “robbing Peter to pay Paul”.

The area manager maintained a risk register for the area, in total there were 16 risks on the register. The main risks relevant to this inspection included the inability to fill vacant posts and the high number of unallocated cases awaiting CPW service. Both of these risks were opened in March 2022, were reviewed regularly and continued to be risk rated high or very high in March 2023. Some controls were identified on the register, such as rolling bespoke recruitment campaigns and the screening of all referrals within 24 hours, however neither risk had any additional actions identified to mitigate against them.

While efforts were being made locally and regionally to address the immediate gaps in service as a result of the staffing crisis, these were inadequate. In an effort to ensure some referrals would not remain on the waitlist indefinitely, a decision was made to allocate referrals that were categorised as child welfare concerns and of low priority to social care workers. The social care worker would then carry out the preliminary enquiry or initial assessment. Funding was also used to buy in external services to provide family support services. While this was supportive of families who needed those services, neither steps addressed the need for a social worker to carry out a child protection assessment as set out in Children’s First.

Regionally it was organised that seven children in care, whose cases were being held by the CPW pillar, were to be transferred to the child-in-care team in a neighbouring Tusla service area, and this was in progress at the time of inspection. However considering that 36 children were being held by the CPW pillar, and over 500 hours of work was being lost weekly in the intake and assessment team alone from unfilled posts, this step was unlikely to have a large impact on the waiting times experienced by children who were referred for assessment of child protection and welfare concerns.

There was operational and service improvement plans in place for 2023, however many of these plans were dependent on adequate staffing. The operational plans focused on the development, retention and recruitment of staff and was linked with Tusla’s People Strategy. The management in the area focused on developing a supportive work culture and developing retention strategies to help prevent further staff vacancies. In focus groups social workers, social care leaders and team leaders all spoke about a ‘pull together attitude’ on the ground. The service improvement

plans contained 13 actions and details of how the action will reduce unallocated cases along with a specific timeframe. Examples of actions outlined in the service improvement plan included, review of the regional and area boundaries, development of a workforce plan, implementing the "low harm high need team", which is explained further on in the report. Many of the actions were not due for completion at the time of the inspection. One action which had commenced was the review of business support structures to increase efficiency, this had resulted in administrative tasks associated with cases requiring redirection to community services being overseen by the review evaluate direct (RED) meeting and completed by the business support for RED.

There was a need for increased capacity to ensure adequate oversight and monitoring of the unallocated cases awaiting preliminary enquiries and initial assessment. Principal social workers were carrying out and presenting monthly audit reports to the area manager on unallocated cases. These audit reports included the review of five randomly selected files from each intake and assessment team waiting list, a discussion of the numbers awaiting allocation, and an analysis. The audit reports reviewed by inspectors indicated a good analysis of the situation on the ground. However their effectiveness in leading to change for children on the waitlist was limited given the area-wide demands. These reports consistently identified that the majority and or all intake and assessment teams did not have the capacity to comply with the area's standard operating procedure (SOP) for managing of unallocated cases, since August 2022. Meaning that cases waiting allocation for preliminary enquiry and initial assessment were not consistently being reviewed by the social work team leader as outlined in the SOP. The monthly audit reports often identified staffing and or gaps in team leader posts, as the reason this was not achievable. This was contrary to the assurances provided to HIQA previously regarding their adherence to this SOP as a system of oversight for unallocated cases.

This inability to adhere to the area's standard operating procedure was confirmed in the file reviews by inspectors. Of the 49 cases reviewed, the SOP for managing unallocated cases should have been applied to 42 cases. The SOP stated that all referrals awaiting allocation categorised as abuse should be reviewed monthly by managers, while all welfare referrals should be reviewed quarterly. There were however, only 16 cases with reviews on file. Of the reviews noted on files, seven were only carried out the week before or during the inspection. There were only two examples of cases where there was more than one review completed on the file. This meant 72% of cases looked at by inspectors, where the SOP applied had no oversight by management. When capacity arose to complete reviews the area did take action, for example the reviews that took place the week before the inspection were carried out by a team leader who had returned to their post that week.

There was often a lack of analysis and decisive action being taken when reviews were being carried out. This led to little or no change for the children whose files were reviewed and did not shorten waiting time. In one example a child who was waiting 14 months for the completion of an initial assessment from time of referral was reviewed by managers three times in that period. Two of the three reviews stated "remain on waiting list", while the other had no clear actions. This child was safe but had experienced trauma which led to the referral. At the point of the inspection, it was questionable whether an assessment so long, 14 months, after the event would be re-traumatising for the child. They had not received the right service at the right time. This child remaining on a waiting list for so long, meant that it was possible if not likely they would age out (turn 18) before receiving a service. Inspectors found a similar concern in a case of a preschool aged child, too much time may have passed for the child to possibly remember the detail of the traumatic event, and again this child went without a service. Despite this the review by managers, in both cases, indicated they should remain on the waiting list, instead of being offered an alternative service and closed. There were a further four cases reviewed by inspectors similar to these examples.

The establishment of Tusla's "low harm high need" team, was identified as one of the actions in the service improvement plan and was in the process of being progressed. This team would consist of a social work team leader, three social care leaders and a senior social work practitioner. This team would focus on intervening with high need families but who were low risk of harm. It was anticipated that this would reduce the number of referrals and result in a 60% reduction in unallocated cases over a 12 month period. However, not all posts were filled to enable the team to commence at the time of the inspection.

The management team had good oversight of and close links with the funded services to which they referred families and children. The area management had annual or twice yearly meetings with these services. The meetings included performance reviews, waiting list analysis, safeguarding measures (for example garda vetting checks and safety statements) and service level agreements.

There was clear and consistent communication between staff on the ground through to the area manager and above. This was achieved through regular meetings and supervision and the "need to know" process. The area's senior management team met monthly, these meetings were attended by the area manager, PPFS senior manager, all principal social workers (PSWs) and business support manager. Every three months area management meetings took place, which social work team leaders also attended. The agenda for these meetings covered child protection, children in care and aftercare services. The records of these meetings showed they were used to

discuss topics such as the risk register, staffing, changes to the information management system and funding for services.

Communication between the area manager and regional chief officer was reported to be very good. Risks were communicated upwards through supervision, the need to know process and the area risk register. The Tusla "need to know" (NTK) process was used to appraise the area manager and the regional chief officer of any significant issues. There were six NTKs in 2023 relevant to this inspection. Five NTKs related to children in care whose cases were being held by the intake and assessment team. One related to staffing which clearly stated that "the staffing crisis in the child-in-care pillar is impacting significantly on the capacity of the child protection and welfare pillar to provide a safe and effective child protection and welfare service". These measures kept the area management and regional management apprised of the area's needs. However, had not led to timely action to address the significant risks.

Social workers and social care workers were supervised by team leaders, who in turn were supervised by principal social workers. The area manager provided supervision to the PSWs. This allowed issues on the ground to be fed upwards. Supervision took place approximately every four to six weeks. Supervision records between PSWs and the area manager demonstrated clear comprehensive discussions of the challenges facing the intake and assessment teams along with their efforts to manage the demands. However, there was rarely actions or next steps associated with discussion points.

The monitoring and oversight of the service area at a national level required improvement. Tusla national office monitors activity through the use of its national metrics, however the effectiveness of this monitoring in improving a service as well as the accuracy of figures was questionable. The area's validated quarterly metrics clearly demonstrated a trend of increasing number of unallocated cases. With unallocated cases rising from 29% of open cases at the end of quarter one 2022 to 43% of open cases at the end of quarter three 2022. In quarter two and three of 2022 this area had the highest number of unallocated cases of all 17 Tusla areas. This area also consistently had either the highest or second highest referral rate in the country, during that period. These figures clearly demonstrate the pressure the area was under and the demands on their service. This did not however, appear to result in changes in terms of internal monitoring from Tusla's national office.

In addition there was a difference between the on-the-ground definition of allocated cases and the national Tusla definition. Tusla metrics account for the "number of children allocated to a social worker". While in Dublin South West Kildare West

Wicklow a child is marked allocated on the system when allocated to a named person be that a social worker or a social care worker. At the time of the inspection there was an additional 229 cases in the area which by Tusla definition would be considered unallocated as they were not allocated to a social worker. Thus increasing the number of actual unallocated cases. Inspectors were told that social care workers received supervision from the social work team leaders, who provided oversight of these cases.

There was no internal monitoring report or audit carried out by Tusla's practice assurance and service monitoring team in the 12 months before this inspection. So the differences in definitions for metrics was likely unknown by the national office. It was also unclear how the national office were assured that there was good quality practice in the area and that the compliance plan set out after the 2021 inspection was being achieved.

Standard 3.2

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

There were clear lines of governance and accountability. The competing demands on the service and shortfall in resources in particular staffing, resulted in the risk for children waiting for a child protection service not being managed. There was insufficient resources and governance structures in place to ensure adequate oversight of children on the waitlisted cases. There was a lack of independent auditing and Tusla national oversight of the service.

Judgment: Not compliant

Health and Safety

Overall, the quality and safety of the child protection and welfare service required significant improvement to ensure it meets the needs of all children and their families who require the service. The majority of referrals were screened in a timely fashion and were of good quality. Inspectors found that referrals that identified immediate or high risk to children were responded to quickly. There were no high priority cases awaiting allocation, however, the priority was based solely on the screening of the referral, therefore it was not completely reliable. Referrals identified as low risk or not meeting the threshold for Tusla service were often well managed through diversion systems. The area was not in compliance with Tusla's standard business processes and there was an unacceptably long wait time for preliminary enquiries especially for cases prioritised as low or medium risk at screening. As enquiries did not take place in a timely fashion, the risk to these children was largely unknown. Children and families were not receiving the right service at the right time. Many children remained on waitlists for extended periods without being directed to or provided with relevant supports. In essence, an emergency service was provided to those with greatest need but a child welfare service was not available to a large number of children and families who needed it.

In data provided by the area prior to the inspection (mid-March 2023) there were 1,084 cases open to CPW, of which 477 or 44% were awaiting allocation to a social worker. Of those waiting 361 (33% of all open cases) were waiting for the completion of a preliminary enquiry and intake record. The unallocated cases figures did not include cases allocated to social care workers for completion of preliminary enquiry or initial assessment, which on day one amounted to a further 229 cases. While this a positive move by the service area to ensure more children received a service, these children were not reported as unallocated in line with Tusla's definition of unallocated cases.

When a referral is made to Tusla child protection and welfare services, it proceeds through a number of steps and each step has an identified time line for completion in accordance with Tusla's standard business process. Screening is the first step taken by a child protection and welfare service to establish the appropriateness of the referral to the service, and to identify children that require a service in a timely manner including those at immediate risk. If the referral does not meet the threshold for a Tusla service, it can be directed to an alternative service if appropriate, and closed to Tusla. Where referrals meet the threshold, a prioritisation category is applied to the case as well as a category of the abuse based on the information provided in the referral. Tusla has a 24 hour time frame for the completion of screenings.

Once the referral is screened and deemed to meet the threshold for a Tusla service, then preliminary enquiries are carried out. The purpose of preliminary enquiries (PE) is to gain further information in order to determine what action is required to address the needs of and risks to the child. Tusla has a five-day timeframe for the completion of this work and for an intake record to be signed off by the social worker and the team leader.

Staff were alert to the signs that children may need immediate help or protection. The area reported that there were no high priority cases awaiting allocation and this was borne out in the files reviewed by inspectors. Where required the service took urgent action to protect children. The referrals reviewed by inspectors were, in the majority, screened within 24 hours, which is the target set out in Tusla's standard business process. Those sampled were generally appropriately categorised and prioritised. It was noted that screenings were of good quality and took into account when multiple referrals were received about the same child or family. Clear, well documented actions were identified as next steps to take following screenings, as part of the preliminary enquiry.

However, following screening there were unacceptably long delays in the completion of preliminary enquiries (PE) for those referrals identified as medium or low risk. In data provided by the area of the 1039 referrals that had a PE completed in the 12 months before the inspection only 34 or 3.2% were completed within the five day target set out by the standard business process. Of the 18 cases awaiting PE reviewed by inspectors, the average wait time was 4.5 months. 13 were waiting between three and six months for a PE, two were waiting eight and nine months and three were waiting less than three months. This is unacceptable, given that the risk to a child cannot be adequately and properly determined, without basic enquiries being made.

Efforts were being taken by the area to reduce the number of unallocated cases awaiting PE through the implementation of what was known as a "blitz" in the area. This is a period of time, usually lasting one day, or up to one week, when priority is given to the completion of certain work, in this case completion of PEs. However, these were being hampered by lack of resources. The latest "blitz" took place in March in three of the four intake and assessment teams. The principal social worker informed inspectors that 167 referrals were closed across the three teams who had sufficient staff to implement this approach. One team was unable to carry out a "blitz" because of lack of available staff. These "blitz" periods were planned to take place every three months in 2023.

Next steps which were identified at screening, and should have formed part of the PE, were not carried out in a timely fashion and placed some children at increased risk. For example, in the case of a referral for two young children (under eight years) who were found home alone. The referral was received and screening was completed within 24 hours in 2022. The referral was prioritised as medium risk. The screening form identified next steps required including, contacting the referrer, contacting the children's parents, and developing a safety plan. Attempts were made to contact parents five months after the referral was received. These attempts were not successful. Inspectors sought assurances on this case at the time of the inspection and further unsuccessful attempts were made to contact the family. By the end of the inspection there no up-to-date information on file to indicate if these children were safe or not. This was not an isolated case, and inspectors brought others like this to the attention of the area during the inspection.

While inspectors found examples of good practice at screening where the child's safety was confirmed and or immediate safety plans implemented, this was not consistent. Inspectors identified seven files that required safety plans that did not have them in place. Five of these cases, as in the example in the paragraph above, had been identified at screening as requiring safety plans but continued to wait months for this to be implemented. The shortest time waiting for an immediate or interim safety plan was one month and the longest was nine months at the time of the inspection. In one case, where there were concerns a child may be a risk to others, a draft safety plan was on file but it was unclear if this had been discussed with the child or their parents. The impact of this was that not all children who needed safety plans had them in place to help keep them safe. Due to the lack of capacity to carry out reviews of waitlisted cases, the area and regional management were unaware of this risk and had assured HIQA that all cases that required safety planning had it in place, which was not what was found on inspection.

Another impact of the wait time for preliminary enquiries, was that notifications to An Garda Síochána about suspected abuse or welfare concerns were sometimes delayed. There were five cases, of the cases inspectors sampled, which identified the need to notify the Gardaí. The average time since referral for these cases was four months. This meant that the Gardaí were unaware of these concerns and this lack of knowledge may have an impact on how a reported incident would be responded to and investigated. The lack of review and audit of unallocated cases also meant that the area were not identifying these cases themselves.

Children and families whose referrals met the threshold for requiring a Tusla service but did not warrant immediate action, remained on the waitlist for months without any supports in place. At times the wait was so long that it was questionable if there was any value to intervening at this point in time. During file review, inspectors came across three examples of teenagers who alleged sexual assault. They were on the waiting list for services for five, eight and 14 months respectively from time of referral. There was no evidence on two of these files that the young people or their families had received information regarding community or voluntary based services which could have provided much needed support. In another example, inspectors reviewed the file of a young person whose file was recently closed to Tusla following an initial assessment. Their family identified the need for supports and was provided information on services they could access in the community at the point of completion of the initial assessment and closure of the case. This young person waited two years for completion of the initial assessment of a child welfare concern. It is not possible to determine the impact of the delay of receiving information on support services on a family. While some families may never have contacted those services, the absence of this information may have caused others to miss the opportunity to act quickly to address their child's needs.

Referrals that did not meet the threshold for a Tusla service or were low priority were diverted or signposted to other agencies or Prevention Partnership and Family Support (PPFS) services after screening. When these steps were actioned in a timely manner the system in place in the area worked well. However, some children and families whose needs could be met by these services remained on the waitlist for periods of time, with no referral and no supports.

The redirect evaluate and divert (RED) and COMHAR meetings were used as a forum to discuss referrals that were identified as low priority. Comhar services are services for families who identified themselves as requiring support but are not at risk. These families consent to their information being shared at RED meetings to identify appropriate support services. The RED meetings were attended by PPFS social care leaders, social work team leaders, social workers and were chaired by either a principal social worker or the senior PPFS manager. Clear and comprehensive discussions of referrals took place at these meetings which included consideration of cumulative harm. Cumulative harm is greater harm to a child that can build up over time when they experience repeated lower harm events or circumstances. These discussions, actions and people responsible were well documented. A broad range of agencies and services were identified to support the unique needs of the families and children discussed. This appeared to be working well and helped families' access support services. However, some children and families identified as requiring diversion to other agencies remained on the waiting list for PE and initial assessment for considerable lengths of time and were not referred to these outside agencies. In addition, it was apparent from minutes of meetings between Tusla and the outside agencies that families often faced waiting times to access these services when referred, as the external services themselves did not have sufficient capacity to meet demand.

Another notable issue for the area in relation to the provision of services that support the family and protect the child, was the difference in variety and number of services commissioned by the provider, across the area. There was a notable difference between the services in the Dublin area that families had access to compared to families in the Kildare area. There were far fewer options available to those living in Kildare. The management in the area were actively working to address this within their current capacity, for example management examined and decommissioned some services in order to provide funding for school aged counselling in Kildare, which did not have any such service. A business case had also been made by management within the area to look for funding to commission a new child and family resource service in Kildare. In interview managers reported that the disparity between commissioned services within and between areas has long been established and Tusla had been slow to address this issue.

Following preliminary enquiries, a child and family may require an initial assessment of the concern. The target for this assessment of the concern to be completed is 40 working days (eight weeks) from completion of the PE. On the first day of inspection there were four children awaiting allocation for the commencement of their initial assessment. These children were waiting long periods of time, three of these children were waiting 12 months or more since the time the referral was made. However, this figure was misleading, as cases cannot be identified for initial assessment until the PE has been completed. Given that there were 361 children awaiting PE (in mid-march), then the number of children potentially requiring an intake assessment was likely to be considerably higher. Inspectors also reviewed two cases which were recently closed following the completion of the initial assessment. From the time of their referrals one case had waited 16 months, while the other waited two years for the completion of the IA. This means children who are medium priority are waiting between 6 and half and 13 times longer than the recommended period.

All of the cases reviewed by inspectors were prioritised as medium or low. However this categorisation was based on the screening only, which can be an incomplete picture of the harm posed to the child. In addition unaddressed harm can increase as time passes. Over the course of the inspection, 49 files were reviewed by inspectors. There were 11 cases (22%) about which inspectors asked for clarifications or assurances. Of these six were allocated to either social care workers or social workers on foot of inspectors questions, two were contacted and the child's safety was established and information was provided to inspectors on the others. However, three of the cases were not contactable during the time of the inspection and their location and safety was unknown. The need to allocate cases highlighted by inspectors and the fact some families could not be located, demonstrates that the risk to these children was higher than initially determined.

Standard 2.3

Timely and effective action is taken to protect children.

While timely action was taken to protect children in immediate risk, those in medium or low risk situations often experienced unacceptable levels of delay and the true nature of the risk was often unknown as preliminary enquiries were not completed in a timely fashion. Efforts to reduce waiting times were hampered by the lack of resources.

Judgment: Not compliant

Standard 2.4

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

The provider did not ensure that all children and families received timely access to support services.

Judgment: Not compliant

Compliance Plan for Dublin South West Kildare West Wicklow Child Protection and Welfare Service

OSV – 0004419

Inspection ID: MON-0039225

Date of inspection: 03-06 April 2023

Introduction and instruction

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for the Protection and Welfare of Children 2012 for Tusla Children and Family Services.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which Standard(s) the provider must take action on to comply.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider has not complied with a standard and 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 have identified the date by which the provider must comply. Where the non-compliance does not pose a 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 timeframe* to come into compliance.

Section 1

The provider is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Standard Heading	Judgment
<p>Standard 2.3</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Standard 2.3 Timely and effective action is taken to protect children.</p> <p>Area and Regional Actions: Additional capacity will be created to allow for greater oversight, monitoring and governance across the Intake and Assessment Teams in KWW/DSW by implementing the following;</p> <p>Two new Intake Teams will be established in the area increasing the number from 4 to 6 (3 in KWW and 3 in DSW). The two new Team Leaders for these teams commenced in post in April and June 2023. The additional intake teams will be established by realigning current staff from 4 to 6 teams and the new team leaders will be assigned to one of these additional teams. This will result in team leaders at intake managing and supervising smaller teams. It is anticipated that this will increase their capacity to have greater oversight generally. It will also create greater oversight on unallocated referrals and will improve timeliness of completion of assessments on allocated referrals. Full integration into the 6 teams on both sides of the area is anticipated by the end of September 2023 and other plans to use the additional team leader resource in the intervening period are outlined below.</p> <p>Responsible: Principal Social Workers and Area Manager Completed by: 30 September 2023</p> <p>The appointment of an additional Principal Social Worker post for Intake and Assessment has been approved for an initial period of 10 months from January to October 2023 with a planned review of its impact by the Area Manager and Regional Chief Officer in October 2023. Given the number of referrals and throughput of cases this will allow for greater oversight and governance at senior management level and will enhance supports and oversight provided to team leaders. The additional PSW post enhances capacity to provide greater resource for screening, decision making and improved governance of unallocated cases.</p> <p>Responsible: Regional Chief Officer and Area Manager Completed by: 31 October 2023</p> <p>The new graduate campaign has resulted in 3 new Professionally Qualified Social Workers accepting positions in the area and start dates are currently awaited and pending CORU Registration. One Social Care Worker has also been hired on a temporary basis for the summer period.</p> <p>Responsible: Principal Social Workers and Recruitment Completed by: 30 September 2023</p>	

An intermediate response has been devised which aims to reduce all referrals awaiting preliminary enquires (PE) across the area. This is a targeted response for the set period of July to September 2023. The Intermediate Response Team will consist of one team leader (using one of the new Team Leaders who commenced in post in June 2023) and 5 workers (achieved by reassigning current social work and social care resources).

Responsible: Social Work Team Leader and Principal Social Worker

Completed by: 30 September 2023

Targeted timeframes for the completion of preliminary enquiries on each of the Intake Teams will be as follows: (i) All Medium PE being completed in 20 days and Low PE in 25 days: Target October 2023, (ii) all Medium PE being completed in 15 days and Low PE in 20 days: Target December 2023. The QRSI TL will assist in the verification of the compliance with timeframes above and report back to PSWs on this. Current staffing vacancies in the area are acknowledged. However, the area has developed this intermediate response which is a trajectory towards meeting Tusla timelines. This is phase one while acknowledging that the trajectory needs to move towards achieving the timelines and when posts are filled this will assist. The area is also seeking to employ staff via recruitment agencies. While the target for this phase is December 2023 work on this will continue into 2024.

Responsible: Principal Social Workers

Completed by: 31 December 2023

Following the implementation of this phase of the intermediate response, quarterly review weeks will take place should referrals be awaiting allocation for preliminary enquiry for longer than 3 months. One SWTL managing several named staff from each of the teams will lead out on a review week each quarter as required. This will allow for sufficient staff to complete PEs.

Responsible: Team Leader and Principal Social workers for Intake and Assessment

Completed by: Ongoing from quarter 3 2023

The second SWTL (of the two new SWTL posts as referred above) has been assigned to manage a project actioning referrals awaiting intake under the category sexual abuse. A review day will take place on 29th June 2023 with the SWTL, both Intake and Assessment PSWs and the SWTL for Service Development. The purpose is to review all CSA referrals and complete necessary actions. This is to provide assurances to the PSW and Area Manager that children have been referred to supports services as required. The SWTL will also establish a system where a worker sends information on all supports available to parents of children open and awaiting allocation for CSA concerns, as appropriate. The SWTL will be responsible for setting up this project and ensuring that it is in place and working on all teams by September 2023.

Responsible: Team Leader and Principal Social Workers for Intake and Assessment

Completed by: Implementation by 30 September 2023

The Regional Chief Officer has requested PASM to conduct an audit relating to referrals of sexual abuse. This was to identify areas of good practice but also any identified risk and required service improvements. This audit will be completed by 31st August 2023.

Responsible: Practice Assurance and Service Monitoring (PASM) Regional Review Team

Completed by: 31st August 2023

SWTL for Intake & Assessment is holding a workshop for all staff on 5th July 2023. This workshop will focus on referral pathways for children open to the social work teams. This will ensure improved consistency and responses relating to referrals to support services.

Responsible: Social Work Team Leader, Intake and Assessment

Completed by: 5th July 2023

SOS Practice Intensives for all staff across the Intake and Assessment Pillar are scheduled for the 16th and 17th of August 2023. The focus of these intensives is the timeliness of completion of PE and Initial Assessments on all teams. The focus will be on reducing the length of time spent completing preliminary enquiries and also to increase timely decision making regarding the outcome of assessments and the provision of supports. Quicker diversion to RED & COMHAR for referrals remaining on the existing Intake and Assessment teams to be prioritised for low and medium referrals, at the point of screening but also following PE.

Responsible: Practice Lead for Signs of Safety

Completed by: 17th August 2023

All referrals have been audited in line with the SOP. The SOP contains an escalation process which will be clearly adhered to in terms of escalating any issues arising. This is a standing item on each SWTL's supervision. It is also recorded in each monthly PSW audit report to Area Manager.

Responsible: Principal Social Worker and Area Manager

Completed by: Completed and ongoing

PSWs to hold a practice intensive on 6th July 2023 with Intake & Assessments SWTLs and Senior Practitioners to review how next steps are recorded on screening forms. Practice Intensives will focus on consistency in categorisation and prioritisation of all referrals. PSW also holds quarterly workshops on Screening and Thresholds and attendance is open to all social work teams. The purpose of the workshop is to ensure that everyone is clear of thresholds and in turn all children at risk are responded to in a timely and effective manner. This also allows for consistency across the area.

Responsible: Principal Social Worker for Intake and Assessment

Completed by: 6th July and quarterly thereafter.

Quality Risk and Service Improvement (QRSI) SWTL has audited cases where multiple referrals were received with a focus on ensuring the Cumulative Harm SOP is being adhered to. QRSI also completed audits on closed referrals. Learning from this will be fed back to SWTLs by PSWs at the upcoming practice intensive on 6th July 2023.

Responsible: QRSI Social Work Team Leader

Completed by: 6th July 2023

The establishment of the Low Harm/High Need team has been delayed as the 3 SCL posts accepted had to be assigned to one of the front door Intake and Assessment teams due to lack of staff on that team. The SWTL is in post since the end of March 2023 and is currently supporting the other Intake and Assessment teams by completing preliminary enquiries, screening, approving assessments etc. This is ensuring greater oversight of referrals across the area and means that in total 3 new team leaders have commenced in post at Intake and Assessment this year and all in post from June 2023. New staff from the graduate campaign will assist in creating capacity overall and will allow for the Low High/High Need staff to come out of their temporarily assigned roles and for their team to be established proper by October 2023.

Responsible: Principal Social Worker for Intake and Assessment

Completed by: 31 October 2023

National Strategic Actions - Structural Reform:

- As part of the Tusla Reform Programme (Practice, Culture, Structure), Structure 2 ++ is focused on examining the existing structures of 17 Areas and using a data informed approach (rate of referral, number of children in care, number of open cases and number of children on the CPNS), to map smaller population-based Networks, as the proposed new unit of service delivery. The purpose of this is to deliver a more equitable structure reflective of the need and demand for Tusla services.
- The design phase is due to be completed by June 20th 2023 and then an extensive engagement process is required with staff and staff partners. The proposed draft design for population-based networks would result in Dublin Mid Leinster being managed through 8 networks.
- Once agreement has been reached on this proposed reform, a time lined implementation will be developed, with a preferred commencement date of early 2024.
- The proposal is that there will be a service network per 50,000 children, which will be managed by a Network manager. The number of integrated teams and number of staff associated should be a direct reflection of the level of need and demand.
- Evidence for the number of integrated teams within a network will be based on criteria including rate of referral, existing demographics including deprivation/poverty and other Tusla data, including number of children in care, no of children on CPNS.
- The impact of this for DSW KWW is that the area organisational structure (currently child population of 116,408) will change with the aim of improving equity of service provision and by reducing the span of control for governance and oversight. This strategic action will improve the capacity of the service area to provide more timely and effective action to protect children.

Responsible: A/CEO and Regional Chief Officers

Completed by: 20th June for Design Stage. Completion date dependent on extensive engagement process with commencement anticipated in Quarter 1 2024

Practice Reform:

- Alongside the strategic action above, a project is underway regarding the pathways for services within Tusla (at the front door) with a focus on greater integration of service delivery from all Tusla services, including family support, TESS, CASP, DSGVB services, child protection and welfare services.
- This will aim to reduce duplication with an increased focus on the right response at the right time, from the right service for each child.
- Both these strategic objectives will impact on DSW KWW in enhancing capacity to provide a more timely and effective service to children. Timeframes are linked as above to the structural reform.

Responsible: A/CEO and Regional Chief Offices

Completed by: Completion date dependent on extensive engagement process with commencement anticipated in Quarter 1 2024

Standard 2.4

Not Compliant

Outline how you are going to come into compliance with Standard 2.4

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

Area and Regional Actions:

Review of Business Support at Intake completed and current resources to be aligned in terms of presenting need and demand on Intake by 30 June 2023.

Responsible: Regional and local Business Support Manager

Completed by: 3th June 2023

Of the unallocated numbers, there are approx. 20 referrals active on duty on each team at any given point. These cases receive a social work response required e.g., home visits, office visits, safety planning meetings, Garda notifications completed etc. The SWTL will decide at screening if a referral needs to go onto active on duty (if there is no capacity to allocate). Active on duty is consistently monitored by the SWTL to ensure all required work is completed in a timely and effective manner. This also assists in terms of allocating the referral to a Social Worker based on prioritised need.

Responsible: Social Work Team Leader

Completed by: Ongoing

With the planned establishment of a 3rd intake team in KWW and a 3rd team in DSW there will be smaller case lists and a smaller number of workers to supervise and this will increase the scope of SWTLs to have greater oversight of unallocated referrals and will improve timeliness of completion of assessments on allocated referrals and overall governance.

Responsible: Principal Social Workers and Area Manager

Completed by: 30th September 2023

Meeting being facilitated by PSW for Intake and Assessment and PPFS on 28th June 2023 to explore how to further strengthen the relationship between both pillars with a view to providing a quicker turnaround time for referrals going to RED.

Responsible: Principal Social Workers for Intake and Assessment and Senior Manager for PPFS

Completed by: 28th June 2023

An intermediate response has been devised which aims to reduce all referrals awaiting preliminary enquires (PE) across the area. This is a targeted response for the set period of July to September 2023. The Intermediate Response Team will consist of one team leader (using the new Team Leader who commenced in post in June 2023) and 5 workers (achieved by reassigning current social work and social care resources).

Responsible: Social Work Team Leader and Principal Social Worker

Completed by: 30 September 2023

Targeted timeframes for the completion of preliminary enquiries on each of the Intake Teams will be as follows: (i) All Medium PE being completed in 20 days and Low PE in 25 days: Target October 2023, (ii) all Medium PE being completed in 15 days and Low PE in 20 days: Target December 2023. The QRSI TL will assist in the verification of the compliance with timeframes above and report back to PSWs on this. Current staffing vacancies in the area are acknowledged. However, the area has developed this intermediate response which is a trajectory towards meeting Tusla timelines. This is phase one while acknowledging that the trajectory needs to move towards achieving the timelines and when posts are filled this will assist. The area is also seeking to employ staff via recruitment agencies. While the target for this phase is December 2023 work on this will continue into 2024.

Responsible: Principal Social Workers

Completed by: 31 December 2023

National Strategic Actions - Structural Reform:

- As part of the Tusla Reform Programme (Practice, Culture, Structure), Structure 2 ++ is focused on examining the existing structures of 17 Areas and using a data informed approach (rate of referral, number of children in care, number of open cases and number of children on the CPNS), to map smaller population-based Networks, as the proposed new unit of service delivery. The purpose of this is to deliver a more equitable structure reflective of the need and demand for Tusla services.
- The design phase is due to be completed by June 20th 2023 and then an extensive engagement process is required with staff and staff partners. The proposed draft design for population-based networks would result in Dublin Mid Leinster being managed through 8 networks.
- The proposal is that there will be a service network per 50,000 children, which will be managed by a Network manager. Number of integrated teams and number of staff associated should be a direct reflection of the level of need and demand.

- Evidence for the number of integrated teams within a network will be based on criteria including rate of referral, existing demographics including deprivation/poverty and other Tusla data, including number of children in care, no of children on CPNS.
- The impact of this for DSW KWW is that the area organisational structure (currently child population of 116,408) will change with the aim of improving equity of service provision and by reducing the span of control for governance and oversight. This strategic action will improve the capacity of the service area to provide more timely and effective action to protect children.

Responsible: A/CEO and Regional Chief Offices

Completed by: 20th June for Design Stage. Completion date dependent on extensive engagement process with commencement anticipated in Quarter 1 2024.

Practice Reform:

- Alongside the strategic action above, a project is underway regarding the pathways for services within Tusla (at the front door) with a focus on greater integration of service delivery from all Tusla services, including family support, TESS, CASP, DSGVB services, child protection and welfare services.
- This will aim to reduce duplication with an increased focus on each child’s right response at the right time, from the right service.
- Both these strategic objectives will impact on DSW KWW in enhancing capacity to provide a more timely and effective service to children. Timeframes are linked as above to the structural reform.

Responsible: A/CEO and Regional Chief Offices

Completed by: Completion date dependent on extensive engagement process with commencement anticipated in early 2024

Standard 3.2

Not Compliant

Outline how you are going to come into compliance with Standard 3.2

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

Regional and Area Actions:

As above, additional capacity has been created with an increase of 3 new SWTL’s and an additional PSW at intake and all in place from June 2023.

Responsible: Area Manager

Completed by: June 2023

Each team has a dedicated Social Care Worker who works all referrals that are diverted to RED. The same workers on the DSW teams also work referrals diverted to COMHAR. These referrals are allocated to the SCW on TCM and so there is only ever a very small waiting list for RED/COMHAR. The benefits of having a dedicated Social Care Worker allocated to these cases is that it ensures children and families receive timely and effective access to support services when it has been assessed that they don’t require a social work assessment. By ensuring this timely action, the children and family’s needs are met and this prevents an escalation in risk and concern for the children.

Responsible: Principal Social Workers for Intake and Assessment

Completed by: In place and ongoing

The appointment of an additional Principal Social Work post for Intake and Assessment has been approved for an initial period of 10 months from January to October 2023 with a planned review of its impact by the Area Manager and Regional Chief Officer in October 2023. Given the number of referrals and throughput of cases this will allow for greater oversight and governance at senior management level and will enhance supports and oversight provided to team leaders. The additional PSW post enhances capacity to provide greater resource for screening, decision making and improved governance of unallocated cases.

Responsible: Regional Chief Officer and Area Manager

Completed by: 31 October 2023

The establishment of the Low Harm/High Need team has been delayed as the 3 SCL posts accepted had to be assigned to one of the front door Intake & Assessment teams due to lack of staff on that team. The SWTL for this team is in post since the end of March 2023 and is currently supporting the other Intake and Assessment teams by completing preliminary enquiries, screening, approving assessments etc. This is ensuring greater oversight of referrals across the area and means that in total 3 new team leaders have commenced in post at Intake and Assessment and all in post from June 2023. New staff from the graduate campaign will assist in creating capacity overall and will allow for the Low Harm/High need Team to be established by October 2023.

Responsible: Principal Social Worker for Intake and Assessment

Completed by: 31 October 2023

Smaller case lists/teams allow for an increase in scope of TLs to have greater oversight on unallocated referrals and improve timeliness of completion of assessments on allocated referrals. With the planned establishment of a 3rd team in KWW and a 3rd team in DSW there will be smaller case lists and a smaller number of workers to supervise and this will increase the scope of SWTLs to have greater oversight of unallocated referrals and will improve timeliness of completion of assessments on allocated referrals.

Responsible: Principal Social Worker for Intake and Assessment

Completed by: 30th September 2023

National Strategic Actions - Structural Reform:

- As part of the Tusla Reform Programme (Practice, Culture, Structure), Structure 2 ++ is focused on examining the existing structures of 17 Areas and using a data informed approach (rate of referral, number of children in care, number of open cases and number of children on the CPNS), to map smaller population-based Networks, as the proposed new unit of service delivery. The purpose of this is to deliver a more equitable structure reflective of the need and demand for Tusla services.
- The design phase is due to be completed by June 20th 2023 and then an extensive engagement process is required with staff and staff partners. The proposed draft design for population-based networks would result in Dublin Mid Leinster being managed through 8 networks.

- The proposal is that there will be a service network per 50,000 children, which will be managed by a Network manager. Number of integrated teams and number of staff associated should be a direct reflection of the level of need and demand.
- Evidence for the number of integrated teams within a network will be based on criteria including rate of referral, existing demographics including deprivation/poverty and other Tusla data, including number of children in care, no of children on CPNS.
- The impact of this for DSW KWW is that the area organisational structure (currently child population of 116,408) will change with the aim of improving equity of service provision and by reducing the span of control for governance and oversight. This strategic action will improve the capacity of the service area to provide more timely and effective action to protect children.

Responsible: A/CEO and Regional Chief Offices

Completed by: 20th June for Design Stage. Completion date dependent on extensive engagement process with commencement anticipated in early 2024

Practice Reform:

- Alongside the strategic action above, a project is underway regarding the pathways for services within Tusla (at the front door) with a focus on greater integration of service delivery from all Tusla services, including family support, TESS, CASP, DSGVB services, child protection and welfare services.
- This will aim to reduce duplication with an increased focus on each child's right response at the right time, from the right service.
- Both these strategic objectives will impact on DSW KWW in enhancing capacity to provide a more timely and effective service to children. Timeframes are linked as above to the structural reform.

Responsible: A/CEO and Regional Chief Offices

Completed by: Completion date dependent on extensive engagement process with commencement anticipated in early 2024

Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The provider has failed to comply with the following standards(s).

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Standard 2.3	Timely and effective action is taken to protect children.	Not Compliant	Red	31/08/2023
Standard 2.4	Children and families have timely access to child protection and welfare services that support the family and protect the child.	Not Compliant	Red	31/08/2023
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	Red	31/08/2023