



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

**Health Information and Quality Authority (HIQA) Regulation
Directorate monitoring inspection report of Tusla social work
role under the Child Care (placement of Children in Residential
Care) Regulations, 1995 (22 – 25)**

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|---------------------|-----------------------------|
| Name of provider: | The Child and Family Agency |
| Tusla Region: | South West |
| Tusla Service Area: | Cork |
| Type of inspection: | Announced |
| Date of inspection: | 23-25 November 2022 |
| Fieldwork ID: | Mon_0037863 |

About this inspection

HIQA is authorised by the Minister for Children, Equality, Disability, Integration and Youth under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011 to inspect children's residential centres provided by the Child and Family Agency (Tusla)¹ and to report on its findings to the Minister for Children, Equality, Disability, Integration and Youth.

This inspection relates specifically to the statutory duties of Tusla social workers in the monitoring of placements for children in residential care, to which the Child Care (Placement of Children in Residential Care) Regulations 1995 (22, 23, 24 and 25), apply.

¹ Tusla was established 1 January 2014 under the *Child and Family Agency Act 2013*.

How we inspect

As part of this inspection, inspectors met with the relevant social work managers with responsibility for children in care and evaluated the respective regulations as listed above.

The key activities of this inspection involved:

- the analysis of data submitted by the area
- interviews with:
 - the area manager
 - six principal social workers
 - four social work team leaders together with the team leader for children-in-care reviews.
- the review of:
 - local policies and procedures, minutes of various meetings and case management records
 - a sample of 21 children's case records.

Inspectors also spoke individually with two children and two parents about their experience of residential care.

Acknowledgements

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

Profile of Tusla social work services to children in residential care

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 January 2014.

The Child and Family Agency (Tusla) has responsibility for a range of services, including:

- child welfare and protection services, including family support services
- existing Family Support Agency responsibilities
- existing National Education and Welfare Board responsibilities
- pre-school inspection services
- domestic, sexual and gender-based violence services.

The Child and Family Agency (Tusla) has the legal responsibility to promote the welfare of children and protect those who are deemed to be at risk of harm.

The Child and Family Agency (Tusla) services are organised into 17 service areas which are managed by area managers. These areas are grouped into six regions, each with a regional manager known as a chief officer.

Service Area

The Cork service area is the largest of the 17 areas within Tusla's Child and Family Agency. It has a significant urban population and rural spread. The population of Cork was estimated at 582,868² in 2016. This included 134,015 children under 18 years of age, representing 26% of Ireland's child population. Approximately 11% of the residents of Cork were from black or other minority ethnic backgrounds.

The area is under the direction of the regional chief officer for the South West region and is managed by an area manager who is assisted by a child care manager. The service area has six principal social workers who have joint responsibility for child protection and welfare and children-in-care statutory work. In addition, there is a principal social worker for aftercare services and one for the area's fostering resource unit.

² 2016 Census data

The Child and Family Agency in Cork is managed as four distinct social work departments - North Lee, South Lee, North Cork and West Cork. Each social work department has its own separate duty and intake, child protection and welfare and children-in-care teams. The service area also has a county-wide review team that is responsible for chairing reviews for all children in its care. All children in residential care had a social worker assigned to them to coordinate their care at the time of this inspection.

Data provided to HIQA showed that as of 23 November 2022, the service area had 38 children placed in residential care. Of these, 24 children were placed outside the Cork service area. Nineteen children had been placed in residential care within the last 12 months. Ten children were aged 12 years or younger. A total of 12 children were placed within Tusla's own directly-managed residential centres. Twenty six children were placed with non-statutory (private) providers in 24 different care settings.

Compliance classifications

Inspectors will judge whether the service has been found to be **compliant**, **substantially compliant** or **not compliant** with the standards and regulations associated with them.

The compliance descriptors are defined as follows:

- **Compliant:** A judgment of compliant means the service is in full compliance with the relevant regulation 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 regulation 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 regulation 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.

Once a judgment on compliance is made, inspectors will review the risk to children of the non-compliance.

In order to summarise inspection findings and to describe how well a service is doing, the regulations are grouped and reported under the dimension of quality and safety of the service.

Quality and safety of the service:

The quality and safety dimension relates to regulations that govern how services should interact with children and ensure their needs are planned for and met. The regulations include consideration of planning, review, visiting children and recording. They 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 |
|-------------|---------------------|-------------------|-----------|
| 23 November | 09.00-17.00 | Sue Talbot | Inspector |
| 23 November | 09.00-17.00 | Lorraine O'Reilly | Inspector |
| 24 November | 09.00-17.00 | Sue Talbot | Inspector |
| 24 November | 09.00-17.00 | Lorraine O'Reilly | Inspector |
| 24 November | 09.00-17.00 | Sheila Hynes | Inspector |
| 25 November | 09.00-16.00 | Sue Talbot | Inspector |
| 25 November | 09.00-16.00 | Lorraine O'Reilly | Inspector |
| 25 November | 09.00-14.00 | Sheila Hynes | Inspector |

Views of people who use the service

Inspectors spoke with two children and the parents of two children in residential care. The children and parents talked about the care placement, care plans and reviews and the contact they had with social workers.

Children spoke of having different social workers and their experiences of having differing levels of contact with them over their time in care. One child spoke positively about their current social worker and said they had no complaints or concerns, stating "I get to see her often — she's great, and always does things for me". Another said their social worker had not visited them much. They said they had recently met with their aftercare worker who was "not too bad".

One child described their placement as "all right" and another said they were getting on okay and that they got on well with some of the staff.

One child said they always attend their review meetings. They said their views had been sought and were listened to at their last review meeting, and that it was good to be asked if they wanted anything followed up. Another child spoke about the opportunities they had for training and employment that were written up in their care plan.

Inspectors spoke with two parents. One parent thought their social worker was "a lovely woman". They spoke highly of the support they received to enable them to participate in their child's reviews. However, they said they would like to know more about their child's care plan and aftercare plan. They would also welcome more contact from the child's care provider, but said that they were able to contact their child whenever they wanted.

Another parent said they thought their child was "doing well" and that they had no issues with the care provided, stating "they like it there". They were able to see their child regularly.

While the sample size of children or parents who consented to speak to inspectors was small, all knew who their social worker was and how to contact them. They also understood Tusla's role in monitoring and reviewing children's needs and the suitability of their care placement.

Overall, inspectors found that the service area's care planning arrangements for children in residential care was good, and that most children had contact with and visits from their social worker and a review of their care in line with the required time frames. Records of children's care were generally well-maintained. The next sections of the report provide further detail of the quality of social work practice in meeting the Child Care Regulations, 1995, and the experiences of children.

Quality and safety

The Cork service area had 38 children placed in residential care at the time of the inspection. This accounted for approximately 5% of the area's children placed in the care of the State. Inspectors reviewed 21 children's case records for care planning, reviews, supervision and visiting children, and considered the overall quality of case records in order to assess the service area's level of compliance with the Child Care (Placement of Children in Residential Care) Regulations, 1995.

Care planning and review

A care plan is a written document which outlines the plan for the child's care based on an assessment of their individual needs. The regulations require that each child has a written and up-to-date care plan which clearly outlines the aims and objectives of their placement and the supports to be provided by Tusla to the child, their parents (where appropriate) and the residential centre. This plan should include contact arrangements between the child and their family and the arrangements in place to review the plan at different intervals throughout the child's time in care.

Data provided to HIQA by the service area showed that at the time of this inspection there were three children whose care plans were slightly outside the expected time frames for completion that are set out within the regulations. In these cases, a review of their previous care plan had been undertaken and at the time of the inspection their care plan was awaiting sign-off by the team leader. Inspectors found that the delays had not negatively impacted on the delivery of care to these children.

Inspectors' review of records indicated that there had also been a few occasions over the last 12 months when the frequency of reviews of children's care plans had not taken place in line with regulations due to vacancies in the review team. In most cases, the delay was a matter of weeks and did not directly impact on the child's care. However, in one child's case, there was a four-month gap in what should have been a monthly review. The review team was fully staffed at the time of this inspection. Managers said they were assured of the service area's current capacity to meet and sustain the expected standard of performance set out in regulations.

Overall, inspectors found that care plans provided a comprehensive picture of children's lives, their individual strengths and any risks to their safety and welfare. Care plans were responsive to their age and stage of development, length of time in the placement and their future care needs. The goals of the placement were clear and outlined the support to be offered to the child, their parents and the residential centre to help improve outcomes for the child. Care plans recognised children's identity, interests and achievements, and provided a clear record of their wishes and feelings.

The quality of individual actions in care plans was good, with key roles, accountability and time frames for meeting children's needs clearly set out. Care plan actions routinely included the person responsible for sharing the outcome of the review with the child, including any changes to their care plan. While inspectors found a few examples of delay in implementing specific actions largely due to turnover of social workers or team leaders, any actions that had not been previously completed to agreed deadlines were being taken forward by newly assigned social workers. Reviews provided an important check that agreed care plan actions had been delivered. The impact for the child was carefully considered and informed analysis of progress and further changes to their care plan.

The service area had a comprehensive range of policies, procedures and guidance to ensure the standard of care planning and review practice was in line with regulatory requirements. The process was underpinned by timely forward scheduling, with good management oversight of care plans and reviews that were due. There was effective coordination of key activities between locality teams and the area-wide review team; with regular review and sharing of learning about areas for continual improvement.

The service area's review process prioritised the needs of children newly admitted to residential care and children aged 12 years and younger. The aims and objectives of the placement were clear on all case records reviewed and enabled effective ongoing monitoring of the suitability of the placement. Social work practitioners recognised their responsibilities to ensure a review of the child's care plan within two months of their placement. In almost all cases, care plans had been written or updated in line with the required time frames prior to the child's placement in residential care or transition to a new placement. This meant the child and their family were aware of the goals of the placement and how their individual needs would be met.

Review chairpersons maintained detailed records and ensured all the requirements set out in the regulations were being met. The service provider, however, made limited use of Tusla's nationally approved review template, indicating that the relevant detail was contained in the child's care plan. Instead, a comprehensive note-taking template was used which also recorded any areas of dissent between review participants. However, these records were handwritten, and it were not always easy to read. This local

approach was not in line with Tusla's approved process for recording review discussions.

Social workers, together with residential care service providers, actively sought to involve children and their families in shared discussions about the aims and objectives of the placement and the levels of support they needed. Care plans were shared with children's families, the service provider, guardians ad litem³ and other relevant professionals and agencies. The sharing of such information took account of data protection requirements and meant there was a clear process for engaging others and sharing confidential information about the care and welfare of children.

Young people did not always choose to attend their reviews, but it was evident that their views were sought and used to inform discussions and priority actions. Almost all children had completed their pre-review feedback form, which was uploaded onto their electronic case record. Good consideration was given to how best to engage the child and to share their day-to-day experiences of residential care. Words and pictures were used, where appropriate, with younger children and those with learning needs.

Engagement and participation of family members was also encouraged. However, written feedback from parents in advance of the review was limited in some cases. Inspectors found examples of good practice where parents were assisted by social care leaders or family support workers to contribute to their child's care plan and review. This approach recognised their individual needs, and helped promote their ongoing relationship with their child.

Children's contact with their families formed a key element of their care plan. It set out the frequency of access and any additional support the child, their parents or siblings might need. In some cases, there were examples of creative approaches being used to support contact with children placed some distance from Cork. While the wishes of children about levels of contact were routinely considered, a few children's records indicated that they felt they were not able to see their family as often as they would have liked. Feedback from children about levels of family contact or any other comments or complaints was followed up individually with them, and discussed in professionals meetings and reviews. Children were supported to use Tusla's 'Tellus' complaints procedure to highlight any concerns.

Care plans and reviews were informed by children's ongoing assessment of need over time within the placement. There was good discussion and a clear record made of whether the care placement remained appropriate and whether the child required any additional or specialist support. Care plans took account of children's needs and family circumstances as they approached young adulthood, with early consideration and timely

³ Independent social workers that represent children's best interests in court

involvement of aftercare services. There was a clear process in place to inform senior managers when additional resources were required or if the placement was no longer effective in meeting a child's needs. Alternative placements were sought where required, with transition planning forming a key element of the child's revised care plan.

Overall, partnership working overall was strong. Inspectors observed a child-in-care review meeting which was held to discuss a child's progress and any changes required to their care plan. The review meeting was effectively chaired with good representation from an appropriate range of professionals involved in assessing and meeting the child's needs. There was comprehensive coverage of all the presenting issues for the young person, and the chairperson ensured everyone's views was heard. The need for additional assessment was carefully considered in relation to their safety and wellbeing. Care plan actions supported the child's increased independence, knowledge and skills.

In all case records sampled, relevant professionals provided reports, and attended some, or all of the review meeting, as appropriate to their role and level of involvement. Where key reports from other agencies had been requested, but not received in time for the child's review, this was clearly recorded in their care plan and followed up. Administration staff provided good support to the child's social worker and review chairperson in ensuring all relevant reports were available and uploaded onto children's records.

At the time of this inspection, the service area had moved to reviews taking place face to face following the lengthy period of COVID-19 restrictions. The service area had set a standard that at least one in three reviews for children 12 years and younger should take place face to face. This standard was met, and in some cases exceeded, in the sample of case records reviewed. Good practice was seen in the deployment of a specific review chairperson for the reviews of all children aged 12 or under. This supported good oversight of the changing needs of younger children. However, there were some children, including those placed a long distance from Cork, whose reviews had continued to take place remotely. The rationale for this needed to be clearer on children's records so that the engagement and contribution of the children, their families and service providers was maximised.

Supervision and visiting children

When a child has been placed in a residential centre, a Child and Family Agency (Tusla) social worker is responsible for the oversight of their care on behalf of the State. Their primary aim is to ensure the child is safe and effectively supported in their placement. The regulations state that the supervising social worker should visit the child at different intervals, according to the length of time they are in their placement. Such statutory visits aim to ensure that their needs are being met and that their care plan is consistently followed and reviewed as required.

Data provided by the service area indicated that all 38 children in residential care at the time of the inspection had a social worker assigned to oversee and coordinate their care. Records indicated that children were seen alone and spoken to in private by their social worker in line with Tusla's guidance. For the most part, the service area complied with regulations to ensure children were visited in line with the frequency set out in the regulations. However, there had been a significant delay in one case where a child had not been visited for a year in circumstances where they should have been visited every six months. This gap in the standards of practice had been identified by the social work team leader in their review of children who did not have a social worker assigned to oversee their care. The child was subsequently allocated a new social worker and a statutory visit had taken place. In another case, while there was evidence that regular statutory visits had taken place, not all records were completed and uploaded.

The dates of previous and statutory visits due were clearly recorded within supervision and management case notes on most children's case records. Recent records indicated managers had stronger oversight and checks in place to ensure the required standard of practice was achieved. Audits of case records by managers checked for compliance with statutory visits.

Some children had benefited from having a consistent social worker who knew them well and had regular contact with them. Other children, however, had experienced different social workers, with some gaps in visits or contact with the child and service provider. In building their relationships with children, social workers adapted their approach to speaking with children through sharing an activity or checking out if the child had any jobs for them to do. If the child refused to speak to their social worker, this was clearly recorded and an alternative visit was made. One child had used the complaints procedure to raise concerns about the length of time that had elapsed since a social worker had visited them. This was being addressed at the time of this inspection, and a new social worker had been assigned to work with the young person and the service provider.

Social workers were aware of Tusla's guidance for the management of statutory visits. The quality of children's records of statutory visits was mostly good and covered key elements of the child's care plan and their progress. Social work practitioners used the child's own words to outline their wishes and day-to-day experience of care. Children were encouraged to give feedback and to raise any concerns or complaints with their social worker. Records of the outcome of statutory visits were clearly recorded in a case note format on children's electronic case records. In the months before this inspection, social workers had increasingly recorded that during the visit they had checked case records held by the service provider, including daily logs, placement plans, complaints and significant events in relation to the child placed.

Some children had benefited from additional visits, including support from a social care leader in undertaking life story work to help them understand their past and why they were in care. Social work team leaders actively supported front-line practitioners in monitoring the care of children with high and complex needs and behaviours of concern. Professionals meetings were held with the service provider and other professionals to explore the best approaches to meeting children's current and future needs. This included ongoing monitoring of children whose placements were no longer suitable, or where the centre had not been able to effectively manage risk and keep the child safe. Records also demonstrated a child-centred approach in helping children prepare to move placement, with joint visits made by the social worker and team leader in some instances to inform the child.

Case records

Case records document the child's placement in care and aim to ensure effective ongoing planning in meeting their individual needs. They help to identify how children's views are sought when decisions about their care are being made. The regulations require that each child placed in residential care has an individual care record that is well-maintained and kept up to date. Such records should recognise children's right to privacy and be held securely. They form a permanent record of the child's history and should contain all relevant and available information in line with Tusla's policies and guidance. In order to meet these statutory requirements, information management systems need to be safe and secure and promote continual improvement in the quality of case records.

Inspectors reviewed 21 children's records to ensure all documents required by regulation were available, accurate and up to date. Case notes overall were child-centred and included the voice of the child. All records contained key documents such as health, care and education reports, court orders, birth certificates and significant event notifications, alongside previous care plans, reviews and statutory visits.

Records also included relevant correspondence and reports from partner agencies and reports from service providers. This included individual risk assessments and behaviour management strategies to safeguard children missing from care and those vulnerable to exploitation or at risk of harming themselves or others. Good practice was seen in the use of the significant events reporting process for recognising children's achievements and progress.

All records were stored securely, and were generally easy to locate on Tusla's National Childcare Information System (NCCIS). Record-keeping naming conventions were followed in line with Tusla's guidance. Practitioners recognised their responsibilities for sharing and recording confidential and sensitive personal information.

Relevant records were available in relation to management decision-making about placing children in residential care. Front-line and senior managers demonstrated good awareness of the complex needs and risks to the safety and welfare of children in their care. Children's records included specific detail about risks to children that had been escalated to senior managers through Tusla's 'Need to Know' process. Case chronologies and handover transfer records provided summaries of key events, work undertaken and future casework priorities. There remained a few instances, however, where the sign-off of care plans by team leaders had been slow. This was an area that was being addressed within service improvement plans and workforce training.

While there were relatively few recent audits of case records by managers on the sample of records reviewed by inspectors, the process had been effective in identifying gaps in documentation or case recording. There was evidence that front-line practitioners promptly addressed areas for improvement. A few children's records indicated there had been lengthy gaps in supervision and the associated recording of case management notes on children's records. However, such records also noted that informal supervision had taken place.

As highlighted in an earlier section of this report, there were a few missing statutory visit records over the past year which were due to children not having an allocated social worker for a period of time; or case holders not completing or uploading records in a timely manner. Overall, the service area had enhanced its governance arrangements and its focus on the quality of practice. It had also strengthened its systems for managing risk and increasingly identified issues and themes to improve social work practice through its use of management trackers. Additional business and administration support had helped identify ongoing gaps in compliance with regulations for case recording.

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| Regulation 22 Case records | Judgment Substantially Compliant |
| <p>Children in residential care mostly had up-to-date records which were managed and stored securely in line with Tusla's guidance. Records of statutory visits and management case notes, however, were not always available on children's records in line with regulations and Tusla's policies and guidance.</p> | |
| Regulation 23 Care plan | Judgment Compliant |
| <p>Overall, the quality of care planning for children in residential care was of a high standard, with a clear focus on the supporting the participation of children and their families. Partnership working was strong and aimed to ensure children's individual and specialist needs were being appropriately met.</p> | |
| Regulation 24 Supervision and visiting of children | Judgment Substantially Compliant |
| <p>Most case records indicated statutory visits took place in line with regulations. However, there were a few cases where the frequency of visits had not been in line with the required time frames, or visits had not been recorded and uploaded onto the child's electronic case record.</p> | |
| Regulation 25 Review of cases | Judgment Substantially Compliant |
| <p>Reviews of children in residential care overall was well-managed with effective checks made of the continued suitability of the care placement in meeting children's needs. However, there were a few occasions where the frequency of reviews had not been held within the time frames set out in regulations. In addition, arrangements for recording minutes of reviews were not in line with Tusla's nationally approved processes.</p> | |

Compliance plan

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

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| Provider's response to Inspection Report No: | MON_0037863 |
| Name of Child and Family Agency (Tusla) region: | South West |
| Name of Child and Family Agency (Tusla) service area: | Cork |
| Date of inspection: | 23-25 November 2022 |
| Date of response: | 10 th January 2023 |

These requirements set out the actions that should be taken to meet the identified child care regulations.

Regulation 22: Case Record

Judgment: Substantially compliant

The provider is failing to meet the regulations in the following respect:

The records of statutory visits and management case notes were not always available on children's records in line with regulations and Tusla's policies and guidance.

Action required:

Under **Regulation 22** the service area is required to ensure that:

A health board shall compile a case record of every child placed in residential care by it and the said record shall be kept up to date. A case record of a child kept by a health board in accordance with this article shall include such of the following documents as are available to the board –

- medical and social reports on the child including background information on the child's family.
- a copy of any court order relating to the child or of parental consent to the child's admission to the care of the board, as appropriate.
- the birth certificate of the child.
- reports on the child's progress at school, where applicable.
- a copy of the plan for the care of the child prepared by the health board under article 23 of these regulations.
- a note of every visit to the child in accordance with article 24 of these Regulations.
- a note of every review of the child's case pursuant to article 25, 26 or 27 of these Regulations, together with particulars of any action taken as a result of such review.
- a note of every significant event affecting the child.

Every case record compiled by a health board under this article shall be preserved in perpetuity.

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

| Actions Taken/Planned | Person Responsible | Completion Date |
|--|--|------------------|
| <p>The pilot project in one team where staff were afforded protected time to ensure case notes on statutory visits were completed will be implemented across the Area</p> | <p>Principal Social Workers in conjunction with the Team leaders in the 4 Area teams</p> | <p>Immediate</p> |
| <p>The Area has included Recording as part of its service Improvement plan for 2023. The Tusla Record Management policy 2022 will be on the Agenda for team and Management meetings and will include the recording requirements and information on what and how to record.</p> | <p>Principal Social Workers in conjunction with the Team leaders in the 4 Area teams</p> | <p>30/3/2023</p> |
| <p>Recording is on the agenda for the Induction Programme for new staff.</p> | <p>PSW QA</p> | <p>30/3/2023</p> |
| <p>The tracker for statutory visits will continue to be used in the area to monitor compliance with Statutory Visits. The information for this tracker is taken from Statutory visits recorded on NCCIS.</p> | <p>PSW's in conjunction with the BIU</p> | <p>Ongoing</p> |
| <p>The Cork Area Statutory visits SOP will continue to be embedded through Supervision, team meetings and induction</p> | <p>Team Leaders & PSW's</p> | <p>Immediate</p> |
| <p>The area plans to audit the supervision of cases at different process stages in 2023 and this will include CIC and children in Residential care. This audit will identify any areas of improvement required regarding recording of case notes on files.</p> | <p>PSW's in conjunction with the PSW for QA</p> | <p>Q2 2023</p> |

Regulation 24: Supervision and visiting of children

Judgment: Substantially compliant

The provider is failing to meet the regulations in the following respect:

Not all statutory visits had taken place in line with the required time frames set out in regulations, or records of such visits had not been completed and uploaded onto the child’s electronic social care record.

Action required:

Under **Regulation 24** the service area is required to ensure that:

A child who has been placed in a residential centre by a health board shall be visited by an authorised person as often as the board considers necessary, having regard to the plan for the care of the child prepared under article 23 of these Regulations and any review of such plan carried out in accordance with article 25, 26 or 27 of these Regulations, but in any event

- i. at intervals not exceeding three months during the period of two years commencing on the date on which the child was placed in the residential centre, the first visit being within one month of that date, and
- ii. thereafter at intervals not exceeding six months

A note of every visit to a child in accordance with this article shall be entered in the case record relating to the child, together with particulars of any action taken as a result of such visit.

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

| Actions Taken/Planned | Person Responsible | Completion Date |
|--|---|------------------------|
| The Area has included Statutory visits in its Service Improvement Plan for 2023. The Plan will focus on compliance with the initial visit within one month of placement and also aims to increase compliance with Statutory visits by 10% in 2023. | PSW’s in conjunction with the BIU and in collaboration with their teams | Q4 2023 |

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| Protected administration time will be agreed for staff to ensure statutory visits are recorded. | PSW's in each area team | January 2023 |
| The Statutory visits tracker will continue across the area to track visits that have been uploaded on NCCIS | PSW's in conjunction with the BIU | Ongoing |
| The Statutory visits guidance document has now been reviewed and its status has been changed to a SOP. This SOP will be on the Agenda for new staff induction, team meetings and supervision | PSW QA | March 2023 |

Regulation 25: Review of cases

Judgment: Substantially compliant

The provider is failing to meet the regulations in the following respect:

Not all reviews had been held in line with the time frames set out in regulations. The service area's arrangements for recording minutes of reviews were not in line with Tusla's nationally approved process.

Action required:

Under **Regulation 25** the service area is required to ensure that:

A health board shall arrange for the case of each child who has been placed in a residential centre by the board and, in particular, the plan for the care of the child prepared under article 23 of these Regulations to be reviewed by an authorised person as often as may be necessary in the particular circumstances of the case, but in any event—

- i. at intervals not exceeding six months during the period of two years commencing on the date on which the child was placed in the residential centre, the first review to be carried out within two months of that date, and

ii. thereafter not less than once in each calendar year

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

| Actions Taken/Planned | Person Responsible | Completion Date |
|---|--|---|
| <p>From February 2023, Tusla will have a new case management system. A request has been made that the new TCM system- CPAC would include an inbuilt view so that the allocated social worker can see the status of the review. As it is not expected that this functionality will be immediately available in February the area will continue to use the tracker to monitor review timelines.</p> | <p>ICT and the PSW's in the Area teams</p> | <p>Ongoing</p> |
| <p>Discussion of review timelines will continue on the Agenda for Team and management meetings as well as Supervision. Issues will be highlighted in the reports from the CIC Review co-ordinator.</p> | <p>Team leaders & PSW's in conjunction with the CIC Review Team Leader</p> | <p>Q1 2023</p> |
| <p>At the end of Q3 2022, 86.5% of children in care had an up to date care plan. Governance of this is undertaken monthly with quarterly reports being prepared for the Principals Social Workers & Area manager</p> | <p>Team Leader CIC review team</p> | <p>Q4 report to be completed by 31/1/2023</p> |
| <p>The note taking form will be reviewed by the Area to incorporate a more robust minute of the discussion which will bring it into line with the Tusla processes</p> | <p>PSW for CIC reviews in conjunction with the CIC review Team leader</p> | <p>Q1 2023</p> |

