Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Service Area Inspection

Health Information and Quality Authority Regulation Directorate monitoring inspection on the progress of the service area's implementation of their child protection and welfare and foster care services actions

Name of service area:	Carlow/Kilkenny/South Tipperary
Name of provider:	Child and Family Agency Tusla
Type of inspection:	Follow-up Risk based Service Area Inspection
Fieldwork I.D:	MON_0033793
Date of inspection:	04 – 06 October 2021
Lead inspector:	Sharron Austin
Support inspector(s):	Tom Flanagan Lorraine O' Reilly

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 foster care services provided by the Child and Family Agency (Tusla) and to report on its findings to the Minister for Children, Equality, Disability, Integration and Youth.

HIQA is authorised by the Minister for Children, Equality, Disability, Integration and Youth under Section 8(1) (c) of the Health Act, 2007 to monitor the quality of services provided by the Child and Family Agency (Tusla) and to protect children and promote their welfare. HIQA monitors Tusla's performance against the *National Standards for the Protection and Welfare of Children* and advises the Minister and Tusla.

This inspection was a combined foster care and child protection and welfare follow-up inspection aimed at assessing the progress within the area with respect to agreed actions by the area manager identified to address risks to children across both services in response to an inspection undertaken in October 2020. In the context of this inspection, the areas inspected related to identified risks and therefore the entire standard was not assessed in all cases.

How we inspect

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

The key activities of this inspection involved:

- the analysis of data submitted by the area
- interviews with:
    - the area manager
    - the relevant principal social workers for children in care, fostering and adult retrospective teams
    - two child-in-care reviewing officers

- focus groups conducted remotely with:
    - social work team leaders across the teams
    - frontline staff across the teams

- the review of:
    - local policies and procedures, minutes of various meetings, audits and service plans
    - a sample of eight children's files
    - a sample of four retrospective files

- phone conversations with a sample of three children and seven foster carers
- the review of surveys completed by two children.

Acknowledgements
HIQA wishes to thank children and foster carers that spoke with inspectors during the course of this inspection in addition to staff and managers of the service for their cooperation.

Profile of the service area

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 four regions, each with a regional manager known as a service director. The service directors report to the director of services and integration, who is a member of the national management team.

Service area

Carlow/Kilkenny/South Tipperary is one of the 17 areas within Tusla's Child and Family Agency. Situated in the South East of Ireland, Carlow/Kilkenny/South Tipperary is the 10th largest of the Tusla areas, it has a total population of 244,435 (census 2016) and child population of 65,080, representing 26.6% of the Area's total population, the second highest percentage child population in the South Region.

The area is under the direction of the Service Director for the South region and is managed by the Area Manager who has responsibility for the management team.

At the time of this inspection there were 812 cases open to the child protection and welfare service, of which 299 children from the area were in foster care.

There were four Principal Social Workers responsible for the Children in Care team, child-in-care reviewing service, and fostering and aftercare services.
There were four long term children in care social work teams, based in each of the

three counties of Carlow (1), Kilkenny (1) and South Tipperary (2). Each team was managed by a Social Work Team Leader. Team members included senior practitioners, social workers and social care leaders and workers.

Compliance classifications

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

Compliant	**Substantially compliant**	**Non-compliant Moderate**	**Non-compliant Major**
The service is meeting or exceeding the standard and is delivering a high-quality service which is responsive to the needs of children.	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.	The service is not compliant with the standard. Where the non-compliance (moderate) does not pose a significant risk to the safety, health and welfare to children using the service, the provider must take action *within a reasonable time frame* to come into compliance.	The service is not compliant with the standard. Where the non-compliance poses a significant risk (major non-compliance) to the safety, health and welfare of children using the service the provider responds to these risks in a timely and comprehensive manner.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
04/10/2021 (Onsite)	09:30 – 17:00	Sharron Austin	Inspector
04/10/2021 (Onsite)	09:30 – 17:00	Tom Flanagan	Inspector
04/10/2021 (Remote)	13:00 – 17:00	Lorraine O'Reilly	Inspector
05/10/2021 (Onsite)	09:00 – 17:00	Sharron Austin	Inspector
05/10/2021 (Onsite)	09:00 – 17:00	Tom Flanagan	Inspector
06/10/2021 (Remote)	09:00 – 17:00	Sharron Austin	Inspector
06/10/2021 (Remote)	09:00 – 17:00	Tom Flanagan	Inspector

Children's experience of the foster care service

The views of children and foster carers that were spoken with during the last inspection in 2020 and who continued to be engaged with the area's children in care team were sought as part of this follow-up inspection. Surveys were also issued to a number of children whose cases were reviewed as part of this inspection.

Inspectors spoke with seven foster carers and three children, and also received completed surveys from two children.

The children had different views about their experiences with social workers which were generally positive and the majority of foster carers felt that things had improved. However, the frequent changes in social workers was a common view expressed by the children and their foster carers. One child had 11 social workers over a three year period, three of which were since the last inspection in October 2020. Another child had four social workers over a five year period. Children said:

- "I don't form relationships with social workers anymore"
- "my social worker has changed three times in the last 12 months – I feel I should have the same social worker and not be changing."

Two children had allocated social workers and knew who they were. They completed forms for their care plan review meetings with their social workers. Some of the more positive comments from children were:

- "[Social worker name] is on her break now, she visits me, she's really good – she's been my social worker for at least three years", "she's done enough, she deserves a break"
- "fill out forms for meetings with [social worker name]"
- "I like talking to [social worker name]"
- "she visits me, she's really good"
- "she is lovely"
- "I have her phone number and I can ring her if I want".

When asked about their social workers visiting, children said:

- "Yeah, I have an allocated social worker" and when asked if the social worker visited, the child replied "not really though"
- "she visits me a lot, she meets me on my own"
- "she comes every three months, she follows up on everything".

Inspectors asked children about their experience of taking part in the care planning and child-in-care reviews, they said:

- "I don't like going to meetings"
- "I have a care plan and my social worker talks to me about it".

Inspectors spoke with seven foster carers to ascertain if any improvements had taken place since the last inspection regarding their experiences of the service. They generally felt well supported by their own fostering link social workers and overall were happy with the service. They felt that the children's social workers or allocated secondary or key workers listened to children and were very responsive to their needs. Foster carers said:

- "I wouldn't still be fostering if it wasn't for them"
- "rings once a week and will organise anything that's needed"
- "she asks me how I am getting on and if there's anything I need"
- "I feel the child is very safe and the social worker looks after him"
- "she has a great relationship with the child and I get on really well with her"
- "she's very good and visits regularly, always very quick to return a phone call".

Two of three foster carers noted that the children did not have good relationships with their social workers due to the turnover and actions did not materialise from care plans. Foster carers said

- "[name of social care leader], she's brilliant, much better than social workers before, had several over the years"
- "have dealt with lots of social workers over the years, huge turnover"
- "had issues over the years, not being listened to and social workers moving, the last 12 -18 months, things have improved".

When asked about the care planning and review processes there were mixed views expressed by foster carers who said:

- "reviews are well organised, am listened to, issues are followed up."
- "often not at reviews cause the children are only here for a few weeks"
- "get good notice when they're on and I always go"
- "child doesn't go but the social worker always meets him and gets his views and talks about that at the meeting"
- "I get the minutes of the reviews soon after, I also get copy of the new care plan"
- "I get a copy of the minutes of the review and what's been decided"
- "There is really good communication with the chair of the review".

Less positive comments from foster carers were:

- "no copy of meeting minutes given"
- "I don't like going to meetings"
- in relation to child-in-care reviews: "rubbish, I was at one by teleconference and the social worker and Guardian-ad-Litem were not on the call – a disgrace".

Summary

This was a follow-up inspection to assess the progress made in relation to the actions identified to address non-compliances during the previous inspection in October 2020. The key issues that were followed up in this inspection related to the management of waitlists for children and families who were unallocated a social worker, management of waitlists for retrospective cases, statutory visits to children and child-in-care reviews. This inspection found that significant progress had been achieved overall and further work was progressing in all these areas. However, a significant number 71 (24%) of children continued to be unallocated a child and family social worker and children experienced frequent changes in social workers or keyworkers.

Prior to this inspection, the area provided HIQA with a progress update in relation to the compliance plans put in place following the inspection in 2020 in relation to both the child protection and foster care service. These set out the progress achieved in relation to the actions taken to address non-compliances in the previous HIQA inspections. All actions had been implemented and the majority had been completed. The area maintained appropriate trackers to monitor progress of actions that were not yet complete.

There had been changes to the governance and management of the service since the previous inspection. The area manager had taken up an interim position in February 2021 following the appointment of the previous area manager to the role of service director. This position was made permanent in July 2021. There had also been changes in the management and staff teams across the service. The current governance and management arrangements were effective, ensured accountability for the delivery of a safe and child-centred service. Staff reported that there was strong leadership and a continuous improvement drive which underpinned the work of frontline managers and their teams. The improvements noted by staff included regular audits of unallocated cases, statutory visits, and child-in-care review; two dedicated child-in-care reviewing officers, team specific service improvement plans and standard operating procedures. However, staffing shortages remained an issue.

The area manager outlined that at the time of this inspection there were 22.05 whole time equivalent vacancies across various grades of staff. A workforce planning and recruitment report dated September 2021 provided details in relation to the number of new staff (15) that had commenced since January 2021. Posts across various grades were at various stages in the recruitment process, of which 17 were accepted and staff were currently on boarding across all grades. The service area had a total of 12 agency staff, of which nine were filling social worker positions and one was filling a social care worker position. There had been a number of bespoke campaigns for the area in the previous 12 months, however, interviews were disrupted due to the cyber-attack, but had since been re-scheduled.

The children in care teams were particularly under-resourced and staffing overall was a constant challenge for the service area. This was evident on the area's risk register and discussions had taken place between the area manager and the service director in relation to undertaking a review of the turnover within the children in care service. Initial data had been gathered to inform this review and was in progress at the time of the inspection. Staff retention was a priority action noted in the service improvement plans across the respective teams. These included upgrades to all social work offices across the area, team development days, staff wellbeing group as well as the sponsorship of 19 staff to engage in further learning and attainment of other relevant qualifications.

The area manager was assured of the quality and safety of the service through regular management meetings, supervision of managers, review and monitoring of metrics, audits, standard operating procedures, service improvement plans, risk escalations known as 'need to know' reports, and oversight meetings. There was also ongoing engagement with Tusla's practice assurance service monitoring team, and quarterly reviews of the risk register with the regional quality risk and service improvement manager. There were effective systems in place to provide assurance to managers on practices within the service at individual, team and service levels. A review of a sample of meetings across the service demonstrated strong oversight in relation to key areas of service provision.

Action plans to address known deficits or non-compliances with required standards and regulations were in place, which at the time of inspection had begun to yield improvements. Gaps in service provision were known, risks were being tracked to minimise impact on children and families. There was increased oversight and monitoring of the impact of deficits on children and this meant that services for children had improved. However, staff vacancies continued to impact on services delivered to children and families, and the need for further improvements were required.

This inspection found that the management of waiting lists in the child protection and welfare service had improved and there were no high priority cases awaiting allocation. Cases on the child protection and welfare team were reviewed every eight weeks and cases on the duty/intake team were reviewed every four weeks. The outcome of these reviews were subject to action plans which were tracked to assess progress.

While the number of unallocated children in care 71 (24%) remained high at the time of inspection, there were appropriate systems in place to monitor and review unallocated cases. All cases awaiting allocation were overseen by a social work team leader and were reviewed on an eight week basis.

Children in the area continued to experience frequent changes in social workers or allocated secondary or key workers. Children who did not have an allocated social

worker received safeguarding visits which were undertaken primarily by a social care staff member. A visit undertaken by a fostering link social worker or another social worker (not allocated) were noted as statutory visits.

Significant progress had been made by the area to address the non-compliances in relation to care planning and child-in-care reviews for children in care on foot of governance arrangements put in place. Two dedicated child-in-care reviewing officers were in place, which had provided a greater level of structure to the care planning and review processes. A standard operating procedure was in place for the prioritisation of child-in-care reviews. All required child-in-care reviews were completed or scheduled for the remainder of the year as required.

While there continued to be a delay in the implementation of Tusla's procedure for the management of retrospective allegations, (CASP – Child abuse substantiation procedure), this inspection found that the management of retrospective allegations of abuse waitlisted in the area had significantly improved. A robust screening process had been implemented which identified any children at risk and informed the priority level assigned.

While case management supervision had taken place during 2021 for all children reviewed as part of this inspection. The records were not uploaded on NCCIS by the time of the inspection for three cases reviewed. Confirmation of supervision on these cases was subsequently provided. The service area's internal systems for reviewing unallocated cases demonstrated that four of the cases reviewed as part of the inspection, required case supervision or noted it was not in line with policy.

Strong leadership and good governance arrangements and management systems in place in the area influenced the quality of the service provided. These findings are presented in the next section of this report. HIQA will continue to monitor progress of the service area as part of our ongoing monitoring programme.

Foster Care Standard 19
Management and monitoring of foster care services

Significant improvements were found in the governance and management of the service since the last inspection in October 2020. Governance arrangements and systems for oversight were more effective and had achieved good progress towards compliance with a continuous improvement drive that underpinned the work of frontline managers and their teams. However, the need for further improvements were required and gaps in service provision remained.

The current governance and management arrangements were effective, ensured accountability for the delivery of a safe and child-centred service. The area manager

was assured of the quality and safety of the service through regular management meetings, supervision of managers, review and monitoring of metrics, audits, standard operating procedures, service improvement plans, risk escalations known as 'need to know' reports, and oversight meetings. There were also effective systems in place to provide assurance to frontline managers on practices within the service at individual, team and service levels.

The children in care teams were particularly under-resourced and staffing overall was a constant challenge for the service area. This was evident on the area's risk register and discussions had taken place between the area manager and the service director in relation to undertaking a review of the turnover within the children in care service. Initial data had been gathered to inform this review and was in progress at the time of the inspection. Staff retention was noted as a priority action in service improvement plans across the respective teams. Staff retention initiatives included upgrades to all social work offices across the area, team development days, a staff wellbeing group as well as the sponsorship of 19 staff to engage in further learning and attainment of other relevant qualifications. A review of area management team meeting minutes demonstrated discussions in relation to staff retention and findings from a staff wellbeing survey. Other initiatives identified from the survey to support staff wellbeing included area manager newscasts, monthly webinars to outline good practice and the sending of cards from the area manager to welcome new staff or mark particular work anniversaries for staff.

Increased governance of child-in-care review processes had brought about significant progress to address deficits previously identified in the last inspection. These included audits undertaken, additional staffing for child-in-care reviews and the implementation of a standard operating procedure to assist with the standardisation of reviews in the area and the development of a child-in-care review service improvement plan.

Of the eight children's files examined, five children were unallocated and three children had an allocated social worker. Case supervision records were found on five of the eight files and following the inspection, the area confirmed that supervision had occurred on the remaining three cases. However, bi-monthly review records of four of the five unallocated cases completed in September and October 2021 noted that case supervision was required or not in line with policy on these four cases.

While there was increased governance and oversight of unallocated children-in-care and child-in-care review processes, the need for further improvements were required as there were gaps in service provision to children-in-care in that they were unallocated and case management supervision required improvement.

Judgment: Substantially compliant

Foster Care Standard 5
The child and family social worker

While appropriate systems were in place to monitor and review unallocated cases, there were 71 (24%) children without an allocated social worker. However, all unallocated children had an assigned secondary or key worker who undertook safeguarding visits and were under the direction of a social work team leader. Children in the area continued to experience frequent changes in social workers or allocated secondary or key workers. Children who are in the care of the State under the Child Care Act 1991, must be assigned an allocated social worker by Tusla to carry out its statutory responsibilities for the safety and welfare of a child. An allocated social worker must prepare and review the care plan for a child, and ensure that the child has an appropriate placement that can meet the child's needs. An allocated social worker must visit the child in their placement and keep a record of this visit.

The last inspection in October 2020 found improvements in respect to the role of the social worker in that the number of unallocated children had reduced and processes for the allocation of social workers to children in care were in place. At the time of this inspection, there were 71 children without an allocated social worker, this was up from 30 in October 2020. The on-boarding of staff at the time of inspection related to duty/intake and child protection and welfare posts only, as at the time of the campaign, there were no vacancies in the children-in-care teams. Subsequent vacancies within the child-in-care teams were being sought through agency and rolling social work recruitment processes. A request for additional staff had been made to the service director. In order to reduce the number of unallocated children-in-care, staffing will need to be prioritised in a timely manner.

However, appropriate systems were in place to monitor and review unallocated cases. All unallocated children had an assigned secondary or key worker. These were primarily social care leaders who undertook safeguarding visits, carried out specified tasks and were under the direction of a social work team leader. Fostering link workers or another social worker (not allocated to the child) carried out statutory visits on occasions. The impact of not having an allocated social worker was reduced as there was evidence that children's needs were being addressed or being appropriately followed up where required, and safeguarding visits were being undertaken, however children did not have an allocated social worker who could co-ordinate their care and ensure that they received a good quality service. This was confirmed by foster carers and children who spoke with inspectors. The on-boarding of staff at the time of inspection related to duty/intake and child protection and welfare posts only, as at the time of the campaign, there were no vacancies in the children-in-care teams. Subsequent vacancies within the child-in-care teams were being sought through agency and rolling social work recruitment processes. A request for additional staff had been made to the service director.

Standardised bi-monthly review of cases waiting allocation forms were completed by a senior manager. These reviews considered the date of last allocation, length of time unallocated, date of last contact and with whom, any current issues, any new referrals or new information received and actions needed, if required. This informed the risk rating and the status of the case on the waitlist. Liaison meetings between the children in care team leaders and the fostering team leaders were held every six to eight weeks. Inspectors found these records on each of the cases sampled as part of the inspection however, inspectors found that two of the eight children reviewed had remained unallocated for up to two years, and the review had not therefore increased the risk rating despite the significant period of time these children were unallocated.

Children in the area continued to experience frequent changes in social workers or allocated secondary or key workers. Children who did not have an allocated social worker received safeguarding visits. Fostering link workers or another social worker (not allocated to the child) carried out statutory visits on occasions. Inspectors found in the review of the eight children's case files that safeguarding visits were undertaken primarily by a secondary or key worker. These were usually a social care staff member, who also completed specified tasks under the supervision of a social work team leader.

Three of the eight children's files examined had an allocated child and family social worker who had been consistently involved in the child's care in the previous 12 to 24 months. Five of the eight children's files examined had numerous allocated secondary or key workers over the same time period. The recording of allocations on the national child care information system (NCCIS) was unclear. For example, the allocation record did not take into account when a keyworker was on extended leave during the allocation period and the case was not reallocated in their absence. In cases where the child is on the waitlist, the area advised that the system required a keyworker to be named. Therefore, on occasions the social work team leader was the named keyworker with a status of awaiting allocation.

The regulations require that a child who has been placed in foster care should be visited by an authorised person at intervals not exceeding three months during the period of two years commencing on the date on which the child was placed, the first visit within one month of that date, and thereafter at intervals no exceeding six months. Data provided by the area prior to inspection showed that 59 children had not been visited by a social worker in line with the regulations. On the first day of inspection fieldwork, this number had reduced to 16 children who had not been visited by a social worker and inspectors examined two of these children's files. In one child's case, they had been unallocated a social worker for approximately 17 months, with the last statutory visit carried out in March 2019. A social care leader was allocated in February 2020 and had completed appropriate safeguarding visits since then. Inspectors found in the examination of the second child's file that the only evidence of a statutory visit in the previous two years had taken place in September 2020. Similarly, a social care leader

was allocated in April 2021 and had completed appropriate safeguarding visits from that time.

Where either statutory or safeguarding visits were undertaken, inspectors found that good quality records of these visits were on the children's files. The majority of these records were completed on a standard template or recorded as a case note on NCCIS and demonstrated evidence of the child being met on their own with a comprehensive record of the discussions held with the child.

The oversight of unallocated children in care had improved and measures were in place for secondary workers to be assigned to visit these children. However, given the increased levels of unallocated children in care, with some children remaining unallocated for significant period of time without their priority rating being increased, the area remained non-compliant with this standard.

Judgment: Non-compliant moderate

Foster Care Standard 7
Care planning and reviews

The governance and management of the care planning and review processes had significantly improved. Care plans were up-to-date and child-in-care reviews were taking place within the statutory timeframes. Care plans and review records were child-centred and provided sufficient detail to ensure good quality discussion at review meetings. The views of the children, their families, carers, guardians and other professionals were considered. The outcome of reviews and decisions made at the child-in-care review meetings were routinely communicated to children and their foster carers.

At the time of the last inspection in October 2020, inspectors found major non-compliances with the national standard relating to the care planning and child-in-care reviews for children in care. This was not the case at the time of this inspection as significant progress had been made by the area to address the non-compliances and governance arrangements put in place to progress and achieve compliance with the required standards and regulations were effective.

Two dedicated child-in-care reviewing officers were in place, which had provided a greater level of structure to the care planning and review processes. A standard operating procedure was in place for the prioritisation of child-in-care reviews. All required child-in-care reviews were completed or scheduled for the remainder of the year as required. Both reviewing officers were supervised and their work overseen by a principal social worker. There was a centralised electronic schedule for child-in-care reviews which was maintained by a business support staff member and was accessible to social workers. Social workers notified the business support staff person of the need

for a child-in-care review to be scheduled. Required child-in-care reviews were scheduled for the year. The reviewing officers outlined that where additional reviews were required for example, new admission to care, placements at risk and unplanned endings, protected diary time was accounted for on a weekly basis within the overall schedule of reviews. Quarterly meetings were held between principal social workers for children in care and the reviewing officers to ensure that reviews were prioritised correctly and were timely.

Any changes to a child's circumstances or their need for support, should be reflected in the child's care plan by the allocated social worker, in partnership with the child, their family, foster carers and other relevant professionals involved in the development and review of a child's care plan.

Data provided by the area prior to inspection showed that 15 children did not have an up-to-date care plan. On the first day of inspection fieldwork, this number had reduced to five children and child-in-care reviews were scheduled to take place to review the children's care plans and update accordingly. Senior managers reviewed data on NCCIS on a monthly basis to identify reviews that were not compliant with timelines and these were prioritised in line with clear criteria set out in the procedure.

The issue of child-in-care reviews being conducted and completed without minutes being produced was a major non-compliance during the previous inspection. The area had satisfactorily addressed this by carrying out a further review for each child concerned and the subsequent review record was held on NCCIS.

Of the eight children's files examined, each child had a child-in-care review within the required timeframes and had an up-to-date care plan. The care plans and review meeting records were good quality and demonstrated discussion on the status of all decisions from the child's previous review meeting. The records also noted the dates of the previous care plan, the last statutory visit and fostering link worker visit that took place. The reviews and care plans considered the child's needs as required in every aspect of their development, the child's own views and those of their parents, foster carers, guardians or other professionals involved in their care. Children and their families as well as their carers were provided with additional supports where required.

In line with public health guidance, child-in-care reviews were undertaken mainly via teleconference throughout the pandemic. The area reported that there had been greater participation by children and young people using this method. Children's views were clearly considered in the review meeting records on the files examined by the inspectors. Where a child chose not to attend, their views were noted by their allocated social worker or secondary or key worker during the review and care planning processes. The outcome of reviews and decisions made at the child-in-care review meetings were routinely communicated to children and their foster carers. Parents were

encouraged and facilitated to attend child-in-care reviews. Where parents chose not to attend, this was clearly noted on the record.

One audit was completed in relation to child-in-care reviews in July 2021 and a second one was planned. The findings of the audit were shared with relevant managers and staff. Actions to address the findings and ensure consistent approach to the care plan and review processes included putting in place two dedicated reviewing officers, the implementation of a standard operating procedure to assist with the standardisation of reviews in the area and the development of a child-in-care review service improvement plan.

Judgment: Compliant

Child Protection and Welfare Standard 2.4
Children and families have timely access to child protection and welfare services that support the family and protect the child.

Actions taken to address non-compliances found in the previous inspection and the current waitlist management systems identified any gaps in safeguarding practice and there was a greater awareness of potential risks in this regard. There were no high priority cases awaiting allocation. A service improvement plan was developed to address reducing the number of cases awaiting allocation and reduce risk to children.

This inspection found that the management of waiting lists in the child protection and welfare service had improved and there were no high priority cases awaiting allocation. The number of cases on the wait list at the time of this inspection was 118, of which 56 (47%) were awaiting an initial assessment and 62 (53%) were awaiting allocation to a social worker. This was a significant reduction from the previous inspection in October 2020 which had found 240 cases on the waiting list, of which 120 were awaiting an initial assessment and 118 were awaiting allocation to a social worker.

The child protection and welfare principal social worker in consultation with social work team leaders, a service improvement plan was developed to address reducing the number of cases awaiting allocation and reduce risk to children.

In the context of this inspection, previous risks identified in relation to the management of waitlists in the child protection and welfare service were reviewed and therefore the entire standard was not assessed. Confirmation of actions taken to address compliance in relation to the management of waitlists were sought through interviews with senior managers and staff and a review of audits, action plans, trackers and records of a variety of meetings across the service area. This inspection found that the management of waiting lists in the child protection and welfare service had improved and there were no high priority cases awaiting allocation.

The principal social worker provided assurances during the inspection of the progress made to address previous non-compliances. These included the development of a clear protocol for the management of cases awaiting allocation since April 2021 and reviews of unallocated cases on the waiting list. The cases were reviewed every four weeks using a signs of safety approach and any new information or new referrals were considered. These were completed by senior managers in conjunction with the child protection conference chairperson. The outcome of these reviews were subject to an action plan and progress was tracked. Follow-up actions from these reviews were overseen by the principal social worker. The area manager had conducted a random audit in July 2021, which found that 83% of waitlist cases in child protection and welfare had appropriate follow up. The remaining 17% were subject to an action plan and tracked for follow up.

In response to a non-compliance in the previous inspection in relation to safety planning, the area had developed a guidance document to support and strengthen immediate and interim safety planning. Safety planning refers to the arrangements that Tusla has in place to safeguard and protect children. Senior managers outlined challenges in completing the timely reviews of safety plans following monthly audits of children awaiting an initial assessment during the pandemic, the recent cyber-attack and staffing resources. The area manager outlined that the on-boarding through recruitment for the duty team would increase capacity to review all safety plans in a timely manner with oversight from the social work team leader.

Practice support workshops were delivered in relation to immediate and interim safety plans, building safety plans with families and networks, monitoring and reviewing safety plans with families and networks and involving networks in safety planning challenges and opportunities. The area's practice assurance and service monitoring team had reviewed the oversight of safety planning for cases awaiting allocation in quarter one of 2021 and found that the area were proactive in seeking supports and engaging in training and workshops in relation to safety planning. Managers and staff who spoke with inspectors outlined that while the system may not be perfect, they had greater confidence in the service provided and that children on the waitlist were safe.

While the area still had a waiting list of medium and low priority cases, the systems in place to manage these were more effective, therefore while not yet fully compliant with this standard, the area were now substantially compliant.

Judgment: Substantially compliant

Child Protection and Welfare Standard 2.12
The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.

The management of retrospective allegations of abuse waitlisted in the area had significantly improved. All high priority cases had been allocated. Standard operating procedures were adhered to. A robust screening process had been implemented since March 2021 which informed the priority level assigned, timely notification made to An Garda Síochána (the police) and where any risk to children was identified, a safety plan was put in place. Notwithstanding the improvements, there continued to be a delay in the full implementation of Tusla's own procedure in the management of retrospective allegations, (CASP – Child abuse substantiation procedure) which was a matter for the national Tusla office.

Retrospective allegations are those made by adults who alleged they were abused when they were children. A good service responds to allegations of current or retrospective abuse and these allegations should be managed in line with Children First. Children who the service identify as being at immediate and serious risk as a result of having contact with a person whom allegations of retrospective abuse have been made against them, should have protective measures in place.

The management of retrospective allegations of abuse waitlisted in the area during the last inspection was poor. Inspectors found significant progress had been made at the time of this inspection to address the non-compliances. A dedicated social work team was in place to manage retrospective allegations in the area. This comprised of a principal social worker, social work team leader and two social workers. New standard operating procedures were in place to ensure greater oversight and governance of the management of these cases and to reduce the number of unallocated cases to the team.

There were 45 open retrospective cases to the area at the time of inspection, of which 20 (44%) were on a waiting list for allocation. All high priority cases had been allocated. This was a significant reduction from the previous inspection in October 2020 which found that of the 88 open retrospective cases to the area at that time, 68 (77%) were on a waitlist for allocation. A robust screening process had been implemented since March 2021 which identified any children at risk and informed the priority level assigned. Inspectors sampled three cases from the waitlist and one allocated high priority case. Of the four retrospective allegation of abuse cases sampled by inspectors, there was good governance and oversight by the senior managers, and where any risk to children was identified, a safety plan was put in place. The area had implemented a new file layout with the support of a business administration staff member. These records demonstrated that appropriate screening was completed within 24 hours, timely notification was made to An Garda Síochána (the police) and where any risk to children was identified, a safety plan was put in place. There was evidence that the case had

been reviewed while on the waitlist and recorded on an audit form template. Quarterly reviews of all retrospective cases awaiting allocation and allocated cases were carried out by senior managers and social work staff. An audit had been completed in June 2021 and the outcome of this audit was subject to an action plan, of which the majority had been completed at the time of the inspection. Any follow-up actions were overseen by senior managers and discussed in monthly supervision.

The principal social worker with responsibility for the adult retrospective team had been in post since November 2020. They outlined the work carried out to progress actions to ensure compliance with the standards. Good inter-agency relationships were established with An Garda Síochána and the joint protocol between Tusla and An Garda Síochána was implemented. Liaison with similar retrospective teams in other Tusla service areas was initiated to ensure ongoing learning and sharing of good practice. There was also a plan in place to deliver a presentation to services who made referrals to the retrospective team in order to ensure a clearer understanding of what constituted an appropriate or inappropriate referral. It also aimed to develop working relationships between the team and the referring agents.

There continued to be a delay in the full implementation of Tusla's own procedure in the management of retrospective allegations, (CASP – Child abuse substantiation procedure). This was a matter for the national Tusla office.

While the area continued to have a waiting list of retrospective cases, these were managed more effectively, therefore the area was judged to be substantially compliant.

Judgment: Substantially compliant

Compliance Plan

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

Provider's response to Inspection Report No:	MON_0033793
Name of Service Area:	Carlow Kilkenny South Tipperary
Date of inspection:	04 – 06 October 2021
Date of response:	06/12/2021

These requirements set out the actions that should be taken to meet the *National Standards for Foster care* (2003).

Theme 2: Safe and Effective services		
Standard 5 **Non-compliant moderate**		
The provider is failing to meet the National Standards in the following respect: 1. Not all children had an allocated social worker. 2. Children continued to experience frequent changes in social workers. 3. Not all children had statutory visits by an authorised person in line with the requirements of the regulations. 4. Regular case management supervision was not evident on children's records. **Action required:** Under **Standard 5** you are required to ensure that: There is a designated social worker for each child and young person in foster care. **Please state the actions you have taken or are planning to take:**		
Actions Taken/Planned	**Person Responsible**	**Completion Date**
5.1 Not all children had an allocated social worker. In order to address the ongoing staffing deficits:		
5.1.1 Once a notification of resignation, retirement, transfer or promotion is received and prior to the post holder leaving their post, an application to recruit a replacement is made to Regional HR. This is accompanied with agency application to recruit an agency worker in the interim whilst awaiting on the filling of the post through Tusla Recruitment.	Local HR, Business Support Manager (BSM) , Area Manager, PSWs, Regional HR, National Recruitment	30/11/21 and ongoing
5.1.2 Monthly EOIs are expressed nationally for the filling of PQSW posts, SSWP posts, SWTL posts and Business Support posts.	Regional HR	30/11/2021 and ongoing
5.1.3 Implementation of Internal EOIs specific to posts within CKST to allow for filling of these posts internally from the staff within CKST through promotion or grade-to-	Local HR, Business Manager, Area Manager, PSWs	30/11/21 and ongoing

grade reassignment prior to submission of request to fill from Regional/National Panels. 5.1.4 Continue to arrange rolling PQSW interviews.	Regional HR, National Recruitment	30/11/21 and ongoing
5.1.5 Continue to make regular contact between Recruitment Agencies and CKST with regard to filling of posts, whilst awaiting permanent filling through Tusla's National Recruitment. This is dependent on the vacancy need and the Agency's capacity to fill vacant posts.	Local HR, Regional HR, PSWs, Finance	30/11/21 and ongoing
5.1.6 Review of staffing within Children in Care Teams has identified the need for additional Social Worker, Social Care and Business Support posts to reduce caseloads, increase efficiency and promote staff retention. This review has been submitted to the Service Director and National Office for consideration to increase staffing to the teams. With additional staffing, the area will be in a position to allocate a Social Worker to all children in care.	Area Manager, Service Director, Chief Operations Officer.	Q4 2022
5:2.Children continued to experience frequent changes in social workers. To address staff retention, a number of initiatives have been identified by the Area Management team to support and promote staff retention, including:		
5.2.1 Targeted team development and key learning days have taken place over the summer months of 2021 and are scheduled for November and December to improve practice. Planned events include extensive training initiatives as well as reflective learning events.	Area Manager, Business Support Manager, PSWs, Team Leaders, PQSWs	31/03/2022 and bi-annually.
5.2.2 Ongoing training has been arranged on legal issues, reviews and care planning through Workforce Development and through Tusla's training portal ILearn, these are a mixture of online classroom training, eLearning module and combination of both.	WFD, Area Manager, PSWs	30/11/2021 and ongoing
5.2.3 Financial and practical supports are available to staff who undertake relevant additional training. 5.2.4 Annual Area Newsletter, gives new staff an introduction to the CKST area and provides information	Area Manager, Business Support Manager	30/11/2021 and ongoing

and updates on other Tusla services and teams within CKST. There is a getting to know me section to introduce some new staff and also provides information on initiatives and projects for next year	News Letter Committee	31/12/2021 and ongoing.
5.2.5 A Wellbeing Group has been established in the area since February 2020. The goal of the Wellbeing Group is to assist in the maintaining the wellbeing of staff who are thriving and enhance the wellbeing of staff who are in need of support. They are continuously planning more initiatives in the area so that staff can achieve greater job satisfaction and reach their potential within their role. The group supports staff in the area through mindfulness, engaging in workshops in relation to healing after covid, providing ongoing email support of wellbeing initiatives across the area, including virtual themed lunches.	Wellbeing Committee	30/11/2021 and ongoing.
5.2.6. Emphasis on CKST – Celebrating Kindness Service and Teamwork – an initiative to recognize and share positive values and behaviours within the team and also share positive stories and practice. The team are also encouraged via regular newscasts to engage directly with and provide feedback to the Area Manager or their own line manager with ideas for service improvement and staff welfare.	Whole team, led by Area Manager's office	30/11/2021 and ongoing
5.2.7 Review of staffing within Children in Care Teams has identified the need for additional Social Worker, Social Care and Business Support posts to reduce caseloads, increase efficiency and promote staff retention. This review has been submitted to the Service Director for consideration of increase in staffing to the teams.	Area Manager	Completed
5.2.8 Tusla Hub has launched "Supporting your First Year in Practice" support programme which includes Tusla Welcome video which outlines services and supports available. This will strengthen the local induction process.	AM, PSWs and SWTLs	30/11/2021 and ongoing.

5:3.Not all children had statutory visits by an authorised person in line with the requirements of the regulations. Please refer to all actions detailed in 5.1 recruitment and retention. Until such a time as the area can allocate a Social Worker to every child in care, the area will continue to: 5.3.1 Ensure that all children in care have an allocated Social Care Worker/Leader and that they receive statutory visits from the allocated Fostering Link Social Worker. 5.3.2 Audits of the wait list will continue bi-monthly and will monitor the assigned priority, ensuring that any child deemed a high priority by criteria identified in the local SOP has an allocated CIC Social Worker.	PSWs Children in Care and Fostering PSWs Children in Care	30/11/2021 and ongoing. 26/11/2021 and ongoing.
5:4. Regular case management supervision was not evident on children's records. 5.4.1 Supervision policy will be redistributed to SWTLs and added as an agenda item for the next team meetings to address the expectations of same. 5.4.2 Training session will be sought via Workforce Learning Development to support SWTLs in implementation of supervision policy. 5.4.3 Additional business support to be sought to ensure timely entry of supervision records on NCCIS. 5.4.4 An audit of supervision files on NCCIS will be completed in Q4 2021, to identify any gaps in recording. PSWs CIC will formulate an action plan arising for any additional issues identified in this audit activity. The findings of this audit will be presented to teams. 5.4.5 NCCIS User Liaison will audit and collate ongoing reports on the presence of supervision files on each child in care's records. This information will be provided to the PSWs and SWTLs for ongoing oversight and governance. 5.4.6. PSWs will continue to conduct bi-annual audits of SWTL supervision files and create appropriate action plans arising from any emerging issues.	PSWs CIC and SWTL's PSWS CIC AM and Business Manager NCCIS User Liaison, PSWs CIC NCCIS User Liaison and PSWs CIC. PSWs CIC	31/12/2021 Completed Completed and ongoing 31/12/2021 31/12/2021 and ongoing. 31/03/2022 and ongoing.

Proposed timescale:		**Person responsible:**