Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Child Protection and Welfare Service

Name of service area:	Donegal
Name of provider:	Tusla
Type of inspection:	Focused CPNS
Date of inspection:	21 – 23 June 2022
Lead inspector:	Erin Byrne
Support inspector(s):	Pauline Clarke Orohoe Lorraine O' Reilly
Fieldwork ID	MON-0036927

About monitoring of child protection and welfare services

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

The Authority is authorised by the Minister for Children, Equality, Disability, Integration and Youth under section 8(1)(c) of the Health Act 2007, to monitor the quality of service provided by the Child and Family Agency to protect children and to promote the welfare of children.

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

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

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

The Authority inspects services to see if the National Standards are met. Inspections can be announced or unannounced. This inspection report sets out the findings of a monitoring inspection against the following themes:

Theme 1: Child-centred Services	☐
Theme 2: Safe and Effective Services	☒
Theme 3: Leadership, Governance and Management	☒
Theme 4: Use of Resources	☐
Theme 5: Workforce	☐
Theme 6: Use of Information	☐

How we inspect

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

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager
- interview with three principal social workers
- focus groups with five social work team leaders
- focus groups with eight social workers
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- observation of a child protection conference
- the review of eighteen children's case files
- phone conversations with three parents
- phone conversations with three children.

The aim of the inspection was to assess compliance with national standards the service delivered to children who are subject to a child protection case conference and whose names are entered onto the CPNS.

Acknowledgements

The Authority wishes to thank children and families that spoke with inspectors during the course of this inspection in addition to staff and managers of the service for their cooperation.

Profile of the child protection and welfare service

The Child and Family Agency

Child and family services in Ireland are delivered by a single dedicated State agency called the Child and Family Agency (Tusla), which is overseen by the Department of Children, Equality, Disability, Integration and Youth. The Child and Family Agency Act 2013 (Number 40 of 2013) established the Child and Family Agency with effect from 1 January 2014.

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

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

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

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

Service area

Donegal is one of Tusla's Child and Family Agency's 17 areas and forms part of the West North West Region. Donegal has a population of 42,865 young people between the ages of 0 and 17yrs. Donegal is the most northerly County in Ireland, it is the fourth largest county in Ireland with a sparse population density (32.3 persons per sq. km compared to 70 persons per sq. km in the State) and is predominately a rural county (27 % of the total population living in aggregate urban areas compared to 63% in the State).

The area was under the management of the regional chief officer for the Tusla West North West region, and was managed by an interim area manager.

The senior management team consisted of:

- area manager (Interim)
- principal social worker - duty/ intake team
- principal social worker - child protection and welfare team
- principal social worker - children in care team

- principal social worker - fostering team and aftercare team
- senior manager - prevention, partnership and family support
- principal social worker – adult assessment team
- principal social worker - child protection case conference chairperson
- Business Support Manager
- Children and young people's services committees Coordinator.

Donegal child protection and welfare services was divided into two distinct areas, each managed by a PSW; Intake and Assessment and Child Protection and Welfare Service. There are 2 teams in the Intake and Assessment service, each managed by a SWTL and three Area Child Protection and Welfare teams, each managed by a SWTL. The child protection conferencing service was delivered by one principal social worker and two administration staff were employed to assist them, one on a fulltime and one in a part time position.

At the time of the inspection, two senior social work practitioner posts and one social care leader post were vacant within the child protection and welfare teams. There were 51 children listed on the CPNS and all children listed on the CPNS were allocated a social worker.

Compliance classifications

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

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
21 June 2022	10am – 5pm 11am – 5pm	Erin Byrne Pauline Clarke Orohoe Lorraine O'Reilly	Lead Inspector Support inspector Support inspector (Remote)
22 June 2022	9am – 5pm	Erin Byrne Pauline Clarke Orohoe Lorraine O'Reilly	Lead Inspector Support inspector Support inspector (Remote)
23 June 2022	9am – 5pm	Erin Byrne Pauline Clarke Orohoe Lorraine O'Reilly	Lead Inspector Support inspector Support inspector (Remote)

Views of people who use the service

As part of the inspection process, in conjunction with the service area, inspectors sought to speak directly with children and their parents. Inspectors successfully engaged with three children and three parents of children listed or previously listed on the child protection notification system, and got their opinions and experience of the service. In addition, inspectors with the agreement of the family observed a child protection conference during the inspection of the service. Parents and children who spoke directly with inspectors gave mixed views of the service.

Inspectors spoke with three children about their experiences of the social workers and their involvement in child protection conference process. Children had mixed views. Two of three children told inspectors that they encountered challenges including poor translation services, failure to follow through on decisions or agreed actions and limited interaction or engagement from social workers. One child who spoke with inspectors had a very positive relationship and experience of social workers. One of three children attended their CPC. Examples of comments from children included;

"No I don't attend meetings"
"She's class (Social worker), went out of her way to help me"
"(SW) doesn't really visit, saw her last Wednesday, I can't remember before then"
"Never attended(CPC), means nothing to me"
"sometimes they say they'll do things but never did"
"I find it very stressful"
"translators are poor"
"things are always explained at start of meeting"
"(SW) puts a smile on everyone's face"
"always there to help"

All three parents had positive feedback in relation to their allocated social workers, reporting to inspectors that their families were positively impacted and supported by social work staff. Some comments expressed by parents included;

"he's like family" "1000% they've helped my family"
"she's really good at her job, doesn't miss a thing"
"they done their jobs and focused on the children"
"always available"
"really helped"

When asked about their experience of participating in child protection conferencing system parents had mix experiences and two of three parents reported positive experiences throughout the process while one parent reported improvements from the initial CPC to review CPC's. Parents said;

"they used everything against me, my feelings never came into consideration"
"they offered to meet me beforehand but then never did".
"well-coordinated"
"let me have my say"
"chair was a lovely lady"

Parents were asked about their understanding of plans and decisions of CPC's and all parents were clear on what was required of them. Parents spoke about family and support networks being clearly established and safety arrangements reviewed. All parents were clear that the safety of their children was the priority of all CPC discussion and decision and told inspectors that this was the consistent message at meetings. Comments included;

"I received copies of meetings minutes"
"always knew what the plan was"
"They gave me written information and also told me about whatever was going on, I always knew what the plan was"
"had a very strong network"
"everything explained so well"
"I was given leaflets to give feedback"
"Sometimes the truth is hard to swallow"
"there to protect children" " doing a great job"
"children were the priority"

Capacity and capability

The Donegal service area child protection and welfare team provided a good quality, safe service to children identified as being at ongoing risk of significant harm in the area. Children listed on the CPNS received a social work service which had effective leadership, governance and management arrangements in place. Governance arrangements were clearly defined with established organisational structures setting out lines of authority. The area manager was assured about the quality of the service through well-established systems of oversight of the child protection conferencing

service. These included senior management meetings, complex case forums, quality risk and service improvement meetings, staff supervision, audits and informal communication. While mechanisms had been established to review and assess the effectiveness and safety of the child protection and welfare service, these were not fully embedded in practice and not consistently implemented in the area at the time of inspection. Improvements were required in auditing of children's care file and recording of vital information relating to safe care and interventions for children and families, to ensure effective oversight of the quality of social work practice.

The focus of this inspection was on children subject to a child protection conference (CPC) and listed on the CPNS, and the aligned service leadership and governance arrangements. The inspection considered the service area's compliance with National Standards for the Protection and Welfare of Children (2012). The scope of the inspection included children 'active' on the CPNS and those made 'inactive' twelve months prior to the inspection. Children became inactive either following a decision taken at a review child protection conference (RCPC) that they were no longer at ongoing risk of significant harm, or following their admission to care.

There was an experienced senior management team lead by the area manager who had overall responsibility for the governance of the CPNS. The management team provided strong leadership. The area manager had delegated responsibilities for the chairing of CPC's to a principal social worker. Oversight of the day-to-day implementation of child protection safety plans and monitoring of children listed on the CPNS were delegated to two other principal social workers and their respective social work teams.

There was effective oversight of the management of child protection case conferences for children on the CPNS. The Area Manager received regular updates relating to children on the CPNS through reporting at senior management meetings. Each principal social worker provided an update on their area of responsibilities. Inspectors reviewed minutes of meetings and found standing agenda items associated to quality and risk management as well as the reporting of data relating to social work activity. Information relating to numbers of children protection conferences, overdue review child protection conferences and numbers of children on the CPNS were routinely discussed through the child protection conference chair person. The area manager provided assurance on the CPNS through reporting this key data to Tusla's national office.

The child protection conference chairperson was a principal social worker who was the independent and did not hold case management responsibilities within the service. The CPC chairperson was supported by one full time and one part time administration staff. The CPC Chairperson reviewed all requests for CPCs and determined if the threshold for a child protection conference had been reached. Where there was insufficient evidence of interventions to address risks these were addressed directly through referring social workers and their team leaders. CPC chairpersons provided feedback to case holders and team managers about gaps in the provision of relevant information or in the quality of social work reports as required. The CPC chairperson ensured the timely scheduling of conferences meaning that children received a timely, responsive service when identified as being at ongoing risk of significant harm. The area had developed good practice for consulting with the CPC chairperson as early as possible about children who may require an initial CPC and if they had identified particularly vulnerable families.

The service area were operating in line with the interim national guidelines on child protection case conferencing and the child protection notification system, 2018. The national guidelines were in the process of being reviewed by Tusla National Office at the time of this inspection. In the absence of up to date policy nationally, the Donegal service area had effective local policies and procedures in place to guide staff, to ensure a timely and effective service for children subject to child protection conference and those listed on the CPNS.

This inspection found that there were clearly defined governance systems in place in which promoted good communication and sharing of information across the social work services. A range of practice workshops and local guidance were available to staff and team meetings informed ongoing practice development and learning within the area. Inspectors reviewed a range of management documentation and meeting minutes including; senior management meetings, area management meetings, quality and risk service improvement meetings and complex case forums. Meeting minutes were found to include updates of progress against service improvement plans; with evidence of regular checks of organisational performance, capacity and challenges.

Senior managers had a sound grasp of organisational strengths and areas for further improvement. They demonstrated a clear commitment to learning from adverse events, complaints and from previous inspection reports. However, the Area Service Plan for 2022, while completed in draft, was awaiting approval at the time of inspection. Priorities included workforce recruitment and retention, strengthening interagency forums and had a strong focus on quality improvement.

There were systems for monitoring and tracking progress on compliance with expectations in day to day practice relating to CPC's and the CPNS, which were effective. The principal social worker with responsibility for child protection conferencing maintained a tracker of trends related to child protection conferencing which were consistently completed and informed practice initiatives and quality improvement plans in the service. Inspectors reviewed audits of participation in CPC's by children, parents and external professionals which were clear and informative. The Chairperson for CPC's told inspectors that these findings would inform planning for the coming year with the view to improving participation in CPC's.

CPC chairperson was actively involved in regional and national learning and development groups which were designed to facilitate the discussion and implementation of processes, build on the quality of service delivery, and maintain a high quality CPC process. These meetings provided opportunities for peer challenge, sharing of learning, and ongoing review of the effectiveness of policies and procedures. In addition, the CPC chairperson told inspectors that there were plans in place within the West North West region for cross county learning and development which included reviewing findings from audits completed in each Tusla area to identify trends and target areas of training and support for staff. There were also plans in place for peer observation of case conference practices across Tusla areas to support practice development, as well as soliciting feedback from participants on their experience of CPC's.

There were good risk management systems in place within the service. The area had a risk register which was regularly reviewed and updated to reflect presenting risks. There were well established risk escalation processes and procedures in place including the use of 'Need to Know's' to escalation individual risks from within the service to the regional chief officer as required. At the time of inspection the service risk register included a specific risk relating to the CPC process, specifically the risk of non-compliance with national standards due to staffing concerns in the service. The areas management team reported to inspectors that a high turnover of staff impacted on the availability of experience within the child protection service and was having a significant impact on the service capacity to address complex cases including those relating to children at ongoing risk of significant harm, as well as consistency in practice throughout the child protection and welfare service. At the time of inspection all child protection and welfare teams had vacant posts, including two senior social work practitioner and one social care leader post. In addition, there were 2.6 social work posts vacant due to long term leave. Despite this all children listed on the CPNS were allocated to a social worker and their safety was effectively maintained.

In addition to resource challenges, the area manager and principal social workers told inspectors that the demand for a child protection and welfare service had increased significantly in the county over recent years including, a 100% increase in requests for CPC's in the two years prior to inspection. Despite this increase contingency measures had been effectively implemented and no delays in convening child protection conferences existed in the area at the time of inspection.

Social workers and managers demonstrated their knowledge of legislation, policies and standards for the protection and welfare of children when talking with inspectors. However, there was room for further improvement in management oversight to achieve consistency in adhering to policies. For example, all staff were aware of the local policy about the frequency of visits to children listed on the CPNS which stated that children were to be visited fortnightly and network meetings to review safety arrangements should occur four to six weekly. Inspectors found that visits to children were not occurring with the frequency that was required in all cases and there were no effective systems for ensuring network meetings were timely and safety arrangements, for children subject to child protection plans, were consistently reviewed in line with local policy.

Social work team leaders described having high and complex caseloads that required intensive intervention; they told inspectors that their capacity was over-stretched due to ongoing challenges in recruiting to vacant senior social work practitioner posts. Social workers reported having to prioritise cases on a daily basis often times compromising on completing case records in order to conduct a visit or phone call. Social work team leaders were clear on their expectations of social worker to ensure that all children on the CPNS were visited, their safety monitored and their network engaged routinely as required in line with local policy.

The provision of supervision at all levels throughout the social work teams was identified as a key mechanism for monitoring cases including progress and actions, but some improvements were required. Inspectors examined supervision files relating to principal social workers within the service and found that these reflected good quality discussion and oversight by the area manager. Social workers reported that supervision was routinely undertaken and provided them with opportunities to discuss individual cases relating to children listed on the CPNS, whereby decisions were agreed and recorded and next steps identified as required. However, inspectors found gaps in records of case supervision on children's files, in addition the quality of some records were poor with the same actions cited repeatedly without progress and evidence of information not updated from one session to the next. The quality of case supervision varied and level of detail recorded in many records was insufficient to

inform decision making or provide an update on discussion and decisions in a case. Inspectors were assured by social workers and managers that children listed on the CPNS were discussed at every supervision session and it was acknowledged that audits of case files including a system for tracking frequency and consistency of visits and network meetings required improvement.

Complex case forums were used in the area to facilitate objective review of cases where there were challenges and complexities which required objective review and or where progress was slow or had stalled, these included cases relating to children listed on the CPNS. Cases were referred into the forum for discussion by social workers and their team leaders. Presentation of a case at this complex case forum provided an opportunity for scrutiny of the social work interventions, a review of the effectiveness of safety planning and ultimately an opportunity to seek opinions of colleagues on options to progress the case. Managers told inspectors that the complex case forum was another avenue by which they could ensure accountability and improve responses to risks posed to the children on the CPNS in order to reduce the risk of harm and prevent drift in these cases. Inspectors reviewed examples of cases presented at complex case forum and found that recommendations on options to progress cases were clearly documented and detailed. However, due to and absence to up to date records on children's files verbal assurances from social workers and team leaders were required that recommendations and follow up actions had been implemented as agreed.

The restrictions associated with COVID-19 had an impact on the delivery of the service in the area but these were managed well. Social workers engaged with children and families in alternative ways and there was an Interim Child Protection Conference Guidance which set out measures to mitigate against challenges in the facilitation of conferencing due to COVID-19. The area had access to technology to facilitate teleconferencing. At the time of the inspection, face to face child protection conferences had resumed in some cases and "hybrid" conferences, which facilitated the chairperson, administration staff, social worker, social work team leader and the parents to meet in the same room with other professionals then joining the conference remotely, occurred in other cases. Staff told inspectors that these were challenging at times given everyone could not be in the same room for discussions and were particularly challenging when the use of remote translators was required.

Managers responded appropriately and promptly to complaints relating to children subject of a CPC. Inspectors examined details of complaints and or appeals of decisions of CPC received in the 12 months prior to inspection. Inspectors were told that there were no appeals of decisions relating to the scope of this inspection and

there were two complaints received. Inspectors reviewed both complaints and found that these were appropriately responded to.

Standard 3.1

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

Staff demonstrated their knowledge of legislation and policies relevant to their roles and this was reflected in practice. The area had taken learnings from previous inspections and from local and national audits. The area took into consideration how policies impact on practice and had local standard operating procedures in place to address gaps in the national policy. National guidelines remained under review and a 2018 version was in operation at the time of inspection, in addition the areas service plan remained in draft awaiting approval.

Judgment: Substantially compliant

Standard 3.2

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

Overall, the service had effective leadership, governance and management arrangements. The quality of the recording of information on children's files required improvement to ensure vital information relating to safe care and interventions for children and families were recorded and to ensure effective oversight of the quality of social work practice.

Evidence of case supervision and recording of discussions and decisions relating to children's care required improvement. Case supervision records were not consistently completed to the required standard. There was no effective systems for ensuring network meetings were timely in reviewing safety arrangements, for children subject to child protection plans.

Judgment: Substantially compliant

Standard 3.3 The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.
There were effective systems in place for review and assessment of risks associated with the delivery of a child protection conferencing and child protection notification system. Risks were appropriately notified to the regional and national office as required. Auditing on children's records required improvement as the areas systems for auditing case records was not fully embedded or effective.
Judgment: Substantially compliant

Quality and safety

Overall, inspectors found the service area had clear systems and processes to protect children at risk of harm or neglect and to promote their welfare. The service area demonstrated a strong commitment to providing a good quality service to children listed on the CPNS. Effective actions were taken to ensure children's safety when they had been assessed at being at ongoing risk of significant harm. Child protection conferences were effectively facilitated by independent chairpersons. They enabled good analysis and shared recognition of risks; and of 'bottom lines' in relation to what parents needed to do to keep their children safe and meet their health, development and wellbeing needs. Child protection arrangements encouraged a multi-disciplinary approach to child protection; with evidence of strong and effective joint working with partner agencies. Child protection safety plans reviewed by inspectors were mostly of a satisfactory standard, with good examples of effective child-centred practice. However areas for improvement were identified and these primarily related to the frequency of review and updating of safety plans, frequency of review of effectiveness of safety networks, and ensuring all child protection records were kept up-to-date.

Inspectors found the service area had good performance overall in ensuring timely initial child protection conferences (ICPC). Requests for a CPC were timely once an initial assessment identified children were at ongoing risk of significant harm. Review child protection conferences were timely and comprehensive. There were good inter-agency and inter professional arrangements in place which promoted effective engagement with external professionals.

The service held timely initial child protection conferences for children who had been assessed by social workers as being at ongoing risk of significant harm. There was good oversight in relation to the thresholds for the requirement of a child protection case conference. The CPC chairperson sought to convene the ICPC within 15 working days of approval of a request. This allowed time for the social worker to discuss their reports with parents to ensure they were fully aware of risks and safety concerns prior to the CPC; and allowed other professional's adequate notice to attend and or prepare relevant reports. It also provided planning time to ensure necessary provisions were put in place to enable families to fully participate, for example organising translation services or strategies to manage conflict within families.

Inspectors found child protection conference planning was well-managed; with inclusion of relevant people and co-ordination of reports and activities. Information-sharing with parents was prioritised, with evidence that social workers shared relevant information in advance of the conference. CPC chairpersons ensured they met with or spoke to parents in advance so that they understood what to expect, to help to prepare them for the meeting. As part of this inspection and inspector was provided with the opportunity to attend a review CPC. Inspectors observed that the chairperson facilitated open engagement and discussion amongst all parties in attendance and ensured a clear understanding of reasons for decisions made. Parents were actively encouraged to participate in all aspects of the conference and had met with the conference chairperson prior to the CPC. The inspector found that risks were openly discussed and an appropriate plan was put in place to maintain the child's safety.

A review of records of minutes of CPC's indicated that the chair persons were appropriately supportive and challenging; and enabled open discussion about the nature, levels and impact of risks to children. It was evident that collaborative working and interagency cooperation was encouraged. Children's views and opinions were sought and valued appropriately and Parents were facilitated and encouraged to be active participants at all stages. Decisions and judgments recorded were evidently based on analysis of information obtained through initial and ongoing assessments as well as; reports from professionals, safety networks, parents and children. Records evidenced an inclusive approach in the use of safety scaling scores to inform overall decision to list a child on the CPNS. Expectations of parents on actions required to ensure their children's safety were clearly outlined and potential action by social workers to protect children if insufficient safety was achieved, including removing children from their care, were communicated appropriately as required.

Review child protection conferences (RCPC) were timely and of a similar standard to ICPC's. RCPC's were routinely provisionally scheduled five months after ICPC's and

overall these occurred within six months as required. Data provided by the service area indicated that at the time of this inspection, there were nine overdue RCPCs which related to three families; all of which were within a month of the six month timeframe since the ICPC and all with clear appropriate rationale for delays.

Inspectors found that review conference were well planned and preparation of parents, children and other relevant stakeholders was consistent and effective. The focus of RCPC's was clear to all, in that progress in ensuring the safety of children was the key focus. Minutes of RCPC's demonstrated good analysis of changes in circumstances for families and the impact of supports on ensuring the safety of children. The chairperson told inspectors that they routinely explored with parents and children their experience of supports and social work interventions at aiding them to manage and reduce risks within their families. The frequency of visits and checks with safety networks were not examined in great detail to ensure they were occurring in line with agreed child protection safety plans (CPSP), as day to day monitoring of compliance with CPSP's was delegated to social work teams, however RCPC's sought to ensure progress was evident and was regularly examined through meetings with children and frequent communication with their safety network.

Safety networks were promptly identified by social workers for children on the CPNS and network meetings were used to monitor the implementation of child protection safety plans. Safety networks consisted of appropriate people in the lives of children who could provide support to children and their families to ensure their safety. Safety networks included family members and family friends as well as professionals such as teachers, general practitioners, members of An Gardaí Síochána and other specialist's supports as appropriate. Inspectors found that network meetings were effective at ensuring safety arrangements were reviewed and updated with all relevant people however these were not occurring with the frequency required in all cases.

Inspectors reviewed nine children's records for the quality of the child protection safety plans and found that improvements were required in two of nine sampled but overall these were good quality. CPSP's were based on initial and ongoing assessments, as well as other relevant specialist assessments. Child protection safety plans clearly identified children's needs, they clearly detailed what actions were required to be taken and who was responsible for these actions. In the majority they were reviewed regularly and updated as required with all relevant people responsible for implementation of safety arrangements were notified of changes or active participants in meetings to review CPC's. Inspectors identified one CPSP record which had not been updated to reflect changing circumstances for a child and their family

and another failed to accurately reflect specific safety arrangements for individual children within one family.

Review of child protection records for the purpose of examining quality and frequency of social work visits to children and monitoring of safety arrangements identified that children's safety was monitored however, quality of records of visits were mixed. Better quality records indicated social workers were proactively responding to the management of child protection concerns; with evidence of regular checks and safety network meetings in line with the agreed actions set out within children's safety plans. These records contained a good mix of announced and unannounced child protection home visits; with details recorded of observations of children in the care of their parents and of direct contact between social workers and children providing them with opportunities to privately and safety relay any concerns they may have.

Inspectors found however, there were gaps in recording of visits in four of nine records examined. In all four there were gaps in time frames of visits and they did not contain evidence that children had been visited by their social worker in line with the frequency set out in child protection safety plans. Records did not always indicate if children were seen, or spoken to directly and some records on children's files made no reference to them specifically, having been copied from a siblings file. Inspectors sought and received appropriate assurances from case holders and managers that child protection plans were being overseen and regularly reviewed for their impact in reducing risks of harm to children, as required. Where records were absent from files inspectors, in all cases, were assured through discussions with social workers and or manager of their awareness of relevant risks, and child protection activity ongoing; albeit this was not at the frequency recommended within the child protection safety plan in all cases.

Delays and gaps in case records detracted from the delivery of a consistently high standard of safeguarding practice. As stated previously the service area identified the need for strengthened processes and systems of oversight of children's case records, including case supervision and this was acknowledged by the management team. A plan for implementing management audits of case files and case supervision, intended to address gaps in children's records, was in progress at the time of inspection.

Inspectors examined the CPNS and found that it was updated and managed in line with Children First. The CPNS was promptly updated following a decision to list and or de-list a child. There were clear processes in place for the management of data inputted on the CPNS which included children transferring between service areas. There was also an effective alerting process in place for scheduling review CPC's

within necessary timeframes. Inspectors identified an error in relation to one child listed on the CPNS under the wrong category of abuse, this was promptly resolved by the CPC chairperson who included an explanatory note against the child's name. An audit was completed which identified how the error occurred and confirmed that all other children were listed accurately.

Inspectors reviewed five cases relating to children who had been de-listed from the CPNS in the 12 months prior to inspection and found that all were appropriately de-listed. When children were no longer assessed as being at significant risk of harm, their status changed from active to inactive on the CPNS. Inspectors found that these decisions were well-considered and appropriate. Children remained listed until such time as there was evidence of sustained improvement in the levels and quality of parental care. Cases that had been de-listed, but where children remained open to the child protection and welfare teams, had evidence of clear decision-making in relation to the continuation of additional supports where this was required. Inspectors found that prior to the decision to de-list children, due consideration had been given to the ongoing assessment of progress made in reducing risk, including the effectiveness of children's safety networks and to the length of time children had been listed on the CPNS. Inspectors reviewed five inactive cases on the CPNS and decision and rationale to make children inactive was formally recorded on the child protection case conference record. Families were appropriately informed when children were no longer active on the CPNS and the reasons why this had been decided.

There was good multi-agency consultation between social workers and a vast range of services involved with children listed on the CPNS. The service clearly supported and promoted interagency and inter-professional cooperation and input to ensure children's safety needs were met. Strong multi-disciplinary and inter-agency working was evident at all stages of the child protection conferencing processes. The service area procedure provided clear direction to support professional accountabilities and detailed the required actions prior to, during, and following case conferences. Child protection conference chairpersons had well established and effective mechanisms to ensure good quality engagement and participation of key stakeholders. Their standard practice included good communication and clear expectations of engagement from all relevant partner agencies in CPC's.

The area management team had clear mechanisms in place for information-sharing and joint working with An Garda Síochána at a number of levels. This included active participation by senior managers within joint liaison meetings and the promotion of a partnership approach that supported regular sharing of information about children on the CPNS through strategy meetings, joint visits and out-of-hours welfare checks, as

required. In addition, there were established meetings with the Health Service Executive (HSE) managers to promote shared understanding of each other's individual and joint accountabilities and ensure prompt and effective information sharing in relation to children with complex need or disabilities requiring HSE involvement.

Inspectors found that there was a commitment by social workers and their managers to further enhance relationships with external agencies. Inspectors reviewed five children's records for interagency collaboration and found strong evidence of this in all records. Social workers actively sought information and updates from support services working with families such as addiction services, public health nurses, mental health services, youth support services, family support workers and An Gardaí Síochána. This meant that social workers had a greater understanding of what services were doing to support families and were routinely updated of increased risks impacting on safety for children. At child protection case conferences, discussions occurred, and were clearly recorded, as to what would be offered by each service and what the expectation would be when forming part of a family's safety network.

Standard 2.6
Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare.

Child protection conferences were timely and well-managed and provided an open and transparent framework for discussion about risks to children as well as required actions to ensure their safety. The quality of child protection safety plans overall was good; and social workers and their managers had a good understanding of current risks. However, in some cases, safety plans had not been sufficiently reviewed and updated, and did not reflect individual risks and needs of all children. Home visits and network support meetings had not taken place in line with the expected frequency set out within child protection safety plans in all cases.

Judgment: Substantially Compliant

Standard 2.7 Children's protection plans and interventions are reviewed in line with requirements in Children First.
Review CPC's were held within required timeframes. Where delays occurred the reasons for these were clearly considered and recorded. Informed decisions were made and progress to address risks to children were appropriately reviewed. Children were appropriately made inactive on the CPNS when they were no longer assessed as being at risk of ongoing significant harm. Decisions to remove children from the CPNS were considered, planned and appropriately agreed with families and all relevant professionals.
Judgment: Compliant
Standard 2.9 Interagency and inter-professional cooperation supports and promotes the protection and welfare of children.
The service promoted positive and cooperative relationships with other agencies to ensure effective case management and to improve outcomes for children and their families. There were clear procedures in place which promoted good quality inter-agency working. Good engagement and attendance by professionals at CPC's was encouraged and promoted and information sharing was a routinely practiced between Tusla social workers and other professionals in the service area.
Judgment: Compliant

Compliance Plan for Donegal Child Protection and Welfare Service OSV – 0004392

Inspection ID: MON-0036927

Date of inspection: 21 – 22 June 2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

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

Compliance plan provider's response:

Standard Heading	Judgment
Standard 3.1	Substantially Compliant

Outline how you are going to come into compliance with Standard 3.1: The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.

1. The new, updated national guidance on child protection conferences and the child protection notification system has subsequently been received by the Area. It has been circulated to all PSWs and is to be reviewed by the Tusla Donegal PSW Governance Group in mid-September. The Area will fully participate in Briefings to be provided by national office (timeline unknown at time of writing).

2. The Area Service Plan has been finalised by the SMT and submitted to the RCO for approval. Anticipated approval: September 2022.

Standard 3.2	Substantially Compliant

Outline how you are going to come into compliance with Standard 3.2: Children receive a child protection and welfare service, which has effective leadership, governance and management arrangements with clear lines of accountability.

1. Case file audit template for the Area Child Protection Teams to be amended to meet the specific compliance and best practice requirements for children on the CPNS. Additional fields will include timeframes and frequency of home visits, number of times the child has been, frequency of network meetings, verification that the child's individual supervision record has been completed on a regular basis. These will be checked against the specific recommendations of the individual child protection safety plan.

Timeframe: Discussion with teams – Sept/October 2022. Review and sign off of amended template: QRSI meeting, November 2022. Implementation to commence immediately following sign off.

2. Minimum requirements & specific conditions for home visits to be included within each child protection safety plan – to commence immediately.

3. PSW Governance Group to review all audit templates to ensure relevant and required information is being captured.

   Timeframe: PSW Governance Group Review; September 2022. Review and sign off of amended templates: QRSI meeting, November 2022. Implementation to commence immediately following sign off.

4. In advance of CPC, CPC Chairperson will request evidence of number of times child has been seen by the allocated Social Worker – to commence immediately.

5. Review of recommendations and plan for improvement from the annual staff supervision audit be undertaken with SWTLs on a quarterly basis by PSW to ensure compliance with supervision policy. To commence from September 2022.

Standard 3.3	Substantially Compliant

Outline how you are going to come into compliance with Standard 3.3 The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.

1. Current checklist systems (to support audits on child records) used at supervision with social workers to be consistently adhered to across all three area based child protection and welfare teams – to commence September 2022.

2. Recommendations and actions arising from children's case file audits to be clearly outlined and reviewed at the PSW Governance Group as a standing item. To commence in September 2022.

Standard 2.6	Substantially Compliant

Outline how you are going to come into compliance with Standard 2.6; Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare.

1. 'Signs of Safety in Action' workshops are scheduled (13.09.22) to ensure improvement in quality of safety plans and to achieve consistency across the safety planning process.

2. Full schedule of Signs of Safety workshops required to ensure adherence to National Framework and Standards have been identified by the CPW teams. This schedule is

to be submitted and agreed with the national office. Timeline for agreement on SoS schedule – October 2022.

3. Audit templates will be amended to include additional fields (timeframes and frequency of home visits, number of times the child has been, frequency of network meetings, verification that the child's individual supervision record has been completed on a regular basis as outlined in 3.2 above). These will be checked against the specific recommendations of the individual child protection safety plan.

   Timeframe: Discussion with teams – Sept/October 2022. Review and sign off of amended template: QRSI meeting, November 2022. Implementation to commence immediately following sign off.

4. Following review of Safety Plans by CPC Chairperson in advance of CPC Reviews, safety plans which are not sufficiently comprehensive in terms of management of risk and safety planning will be returned to the allocated PQSW for upgrading before the CPC takes place. To commence immediately.

5. In advance of CPC reviews, CPC Chairperson will seek evidence that network support meetings and home visits have taken place in accordance with the child protection safety plan. To commence immediately.

Section 2:

Standards to be complied with

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

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

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Standard 3.1	The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	Substantially Compliant		Q4 2022
Standard 3.2	Children receive a child protection and welfare service, which has effective leadership, governance and management arrangements with clear lines of accountability.	Substantially Compliant		Q4 2022
Standard 3.3	The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.	Substantially Compliant		Q3 2022

Standard 2.6	Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare.	Substantially Compliant		Q4 2022