



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin North East
Tusla Service Area:	Dublin North
Type of inspection:	Announced/Unannounced
Date of inspection:	19 – 20 July 2022
Fieldwork ID:	MON-0037039

## About this inspection

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

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

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

## How we inspect

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

The key activities of this inspection involved:

- the analysis of data submitted by the area
- interviews with:
  - the area manager
  - the five relevant principal social workers
- focus group conducted with:
  - six social work team leaders
- the review of:
  - local policies and procedures, minutes of various meetings and case management records
  - a sample of 12 children's case records.

Efforts were made by the social work department and HIQA to speak with young people residing in residential care and they decided to choose not to. Inspectors spoke with three parents who have children in residential care.

### **Acknowledgements**

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

# Profile of Tusla social work services to children in residential care

## **The Child and Family Agency**

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

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

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

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

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

## **Service Area**

Dublin North is one of the 17 areas within Tusla's Child and Family Agency. North Dublin is one of the 17 national service Areas across Ireland and is part of the Dublin North East (DNE) Region. North Dublin local health area encompasses two geographical local authority catchment areas, namely Fingal County Council and Dublin City Council. In October 2013 the boundary of North Dublin was extended to include all of Dublin 15 resulting in an additional 101,032 population coming under North Dublin's remit. This added significant pressures on an already under resourced area and continues to present significant challenge to the present time.

The population of North Dublin is based on the 2016 Census, issued from Health Atlas Ireland as defined the Electoral Districts. The amalgamation of the Dublin 15 postcode in October 2013 resulted in an increase of 32,717 in the child population of

North Dublin. The aggregate population of the North Dublin is 358,009 and represents an increase of 22,214 or 6.62% on the 2011 census.

North Dublin reconfigured its service provision in January 2020 to meet the changing demands and growth communities of the area. Dublin North child protection and welfare services have three office sites in the service. They are located at Swords (Airside), Coolock Primary Care Centre and Blanchardstown Primary Care Centre (Grove Court). A fourth site has been identified in Balbriggan to meet the burgeoning population growth and exponential demand for services in this severely under resourced area.

The area is under the direction of the regional chief officer for Tusla, Dublin North East region, and is managed by an area manager. Children who have recently entered the care system are managed within the child protection service which comprises of three principal social workers and nine social work team leaders. The area’s children in care service comprises of two principal social workers and six social work team leaders. Children in care are managed by both the child protection and welfare teams and children in care teams.

There were 356 children in care at the time of the inspection. Data provided to HIQA showed that as of 03 June 2022, this service area had placed 26 children in residential care. This was clarified by management to be 21 children (6% of children in care) as five children were residing in alternative placements at the time of the inspection.

## Compliance classifications

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

The compliance descriptors are defined as follows:

- **Compliant:** A judgment of compliant means the service is in full compliance with the relevant regulation and is delivering a high-quality service which is responsive to the needs of children.
- **Substantially compliant:** A judgment of substantially compliant means the service is mostly compliant with the regulation but some additional action is required to be fully compliant. However, the service is one that protects children.

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

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

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

### **Quality and safety of the service:**

The quality and safety dimension relates to regulations that govern how services should interact with children and ensure their needs are planned for and met. The regulations include consideration of planning, review, visiting children and recording. They look to ensure that children are safe and supported throughout their engagement with the service.

**This inspection was carried out during the following times:**

Date	Times of inspection	Inspector	Role
19 July 2022	09:15hrs to 17:00hrs	Lorraine O Reilly	Inspector
	09:30hrs to 17:00hrs	Hazel Hanrahan	Inspector
20 July 2022	09:00hrs to 16:00hrs	Lorraine O Reilly	Inspector
	09:00hrs to 16:00hrs	Hazel Hanrahan	Inspector
04 August 2022	11:00hrs to 11:45hrs (remote interview)	Lorraine O Reilly	Inspector

## Views of people who use the service

Inspectors and social workers asked children in residential care if they would like to speak with inspectors but they declined this offer. Inspectors spoke with three parents of children in residential care about their experiences and view of care planning, visits and contact with social workers.

Parents spoke about their experience working with social workers and said:

- They 'were the only people helping me'
- The social worker 'got my child a place, a home'
- The social worker 'is trying their best'
- 'They are the only people supporting me'
- My 'child [is] supported in one way but not in others'
- They 'listen to me when voicing concerns' (for example, about limited food choices for their child in a residential centre)
- The social worker visits their child every month

Parents also spoke about their experiences of child-in-care reviews. One parent chose not to attend the meeting. Two parents attended their children's reviews and one said they 'spoke at it and felt listened to' while another said the team leader was 'not listening at all to me'. One parent had planned to attend a review scheduled for the following month.

Parents spoke about care plans and all were aware of them. Parents who spoke to inspectors said that social workers read care plans with and explained them to parents. They also told inspectors that social workers read through care plans with children. One parent said they were 'confident social worker will keep me up to date'. One parent told the inspector that although their child did not attend their child-in-care review, they described the social worker as a strong advocate for the child to access supports such as mental health services and school.

Parents spoke about their views about family contact arrangements with their children. One parent felt 'confident' about the access plan with their child and said 'things are changing and improving'. Another parent told the inspector they could talk to their child 'whenever I want'.



## Quality and safety

There were 21 children placed in residential care at the time of inspection. This accounted for 6% of the total number of children in care in the area. Inspectors reviewed 12 children's case records for care planning, reviews, supervision and visiting children and the quality of case records, to inspect the service area's level of compliance with the Child Care (Placement of Children in Residential Care) Regulations, 1995.

### **Care planning and review**

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

Data provided to HIQA by the area showed that 20 (of 21) children in residential care had an up-to-date written care plan. This was consistent with the findings of this inspection which found that 11 of a sample of 12 children had an up-to-date care plan.

Care plans were good quality and child-centred. There were policies, procedures and practices in place to support the social worker's role in the development, implementation and review of care plans in line with regulatory requirements. Where possible, care plans were drawn up as soon as the need for a residential care placement was identified. When this was not practicable, for example, in circumstances of an emergency admission to care, the area implemented placement plans when the placement commenced. A meeting to formulate a care plan was then scheduled to occur within the following two months, as required by regulations. For example, one child in residential care without an up-to-date care plan had recently moved to a new placement and managers told inspectors that the care plan meeting was scheduled and the care plan would be in place within the required timeframe of two months.

Care plans were informed by children's assessed needs and promoted children's welfare. Care plans clearly stated the goals of the placement and what supports would be offered to the child, the residential centre and parents, as required. Various needs were discussed such as identity, culture, religion, health, family and social relationships and aftercare. Inspectors found that care plans contained a lot of

information relevant to the child's needs, how they would be supported and also who would be responsible for various actions to ensure the child's needs would be met.

There was good multidisciplinary input in care plans when required. Inspectors saw that various support services were involved with children and their families. Inspectors found that a variety of professional groups and organisations contributed to children's care plans and provided services to children in residential care when required. These included health professionals, schools, social workers and counselling services. Through a review of files, other documents and observing a child-in-care review, inspectors found there was regular consultation and partnership working between social workers and residential care managers and other health professionals. This helped to ensure that children experienced good quality care and that they were safe and supported.

Children's level of contact with their family was in line with children's needs and it was recorded in their care plan. Care plans were detailed in this regard, with various arrangements discussed and how these would be supported. When children did not have contact with their families, efforts were made for this to happen when this was appropriate.

Children were consulted with and involved in developing their care plans. Inspectors found that the child's voice was listened to and their views were recorded in their care plans. There were procedures in place to ensure that care plans were shared with children, their families and other relevant professionals.

The aims for the current and long term care of children was recorded in each care plan. The placement objectives were recorded from the start in placement plans which were accessible and held securely on children's files.

There were protocols in place for additional support and guidance to social workers from senior managers and other agencies for individual children with complex and challenging risks and needs. Strategy meetings and complex case forums were convened to enhance the quality and safety of the service provided to children. Risk escalation processes were used effectively to alert senior managers to increased risks to children in residential care. There was evidence of appropriate management oversight and response to mitigate these risks and promote children's welfare and protection.

The regulations require that once a care plan is developed, its content should be shared with the manager of the residential centre the child is placed in, and where possible, the child and their parents and or legal guardians. Inspectors reviewed case records to confirm these plans were shared with the relevant people.

Each child placed in residential care should have their case reviewed in line with the regulations. The main process in place in Tusla to do this is called a child in care review. Through this process, the child's allocated social worker assesses outcomes for the child and identifies whether their needs are being met in their current placement. The social worker ensures that the child's care plan is being adhered to and any changes required to this plan are made during this review. The regulations place a statutory duty on the social worker to ensure these reviews take place within specific timeframes and that all relevant people are prepared and participate in the review process. It is particularly important for the child to participate and be consulted so their views and experiences can be considered when updating their care plan.

Inspectors sampled 11 children's case records for the purpose of examining timeliness and quality of the child-in-care reviews. Inspectors found that most children had a review meeting which was completed within the regulatory timeframes.

Inspectors found that in the 12 months prior to the inspection, the majority of statutory reviews took place within the legally defined time limits. A child's first review is to be held within two months of their placement starting. Eight of the children's first reviews were timely and one had been scheduled to occur within the required timeframe. One review was delayed by two months and another review by three months. Staff told inspectors that while children waited for their first review to occur, a placement plan was in place which detailed the information about the child's day-to-day care arrangements and inspectors saw these on children's files. This meant that although there was a delay in the review occurring, the child's daily needs and how they would be met were clearly recorded.

The majority of subsequent reviews were also timely in the ten files reviewed by inspectors. Reviews took place in a timely way on eight of the ten files reviewed by inspectors. Two reviews were delayed by one month. The reasons for the delays were documented on children's files and did not impact on the safety of the children. Reasons for delays included other appointments scheduled for the same time and waiting until all relevant professionals could attend.

In exceptional circumstances where children aged 12 and under are placed in residential care centres, national policy states that statutory child-in-care reviews should be held monthly, to ensure residential care remains the most appropriate placement for them. Data submitted by the area indicated there was one child aged 12 or under in residential care. Inspectors reviewed this child's file and found that child-in-care reviews were not held on a monthly basis, as required. Eight of the required twelve monthly reviews occurred in the twelve months prior to the inspection. This meant that four reviews did not occur as required by the regulations.

Care plan review records showed that children, parents, guardian's ad litem (court appointed advocates for the child) managers and staff from the residential centres attended and participated in child-in-care reviews as did other professionals involved in the child's care. The views of those in attendance were well recorded. Clear decisions were noted with persons responsible and timeframes for actions to be completed. Information sharing was detailed and specific to the unique needs and vulnerabilities of children. Where it was appropriate for children to attend, they were encouraged and facilitated to do so. Children's views were reflected well in review records. Children, parents and centre managers were provided with new care plans following reviews.

The area held additional child-in-care reviews when it was identified that this was in the child's best interests. Inspectors saw evidence on some children's records where it was necessary to review children's needs and circumstances on a more regular basis, for example; when children had complex needs, when children required specialised placements or when a review of required actions was required on a more regular basis.

An inspector observed a child-in-care review meeting during the inspection and found good practice. The young person's views, wishes and needs were central to the meeting. There was good professional input from residential centre staff, the child's keyworker, social worker and social work team leader. Parents were invited and supported to attend. Up-to-date information was shared on all aspects of the child's needs and discussion and consideration of actions required to meet these needs. The social work team leader chaired the meeting well and identified actions to progress any issues arising. In this instance, it was agreed another review would occur within a month to look at the progress being made in meeting the young person's needs.

The management and oversight of care planning and reviews for children in residential care was effective. Inspectors found case supervision records on children's files and continuous social work team leader oversight of case work undertaken by social workers with children in residential care. Managers undertook regular audits of files. Actions were also taken to improve the consistency of practice in the naming and storing of specific children's records such as statutory visits. The area manager's office maintained tracking systems to enable managers to monitor timelines for the completion of care plans, child-in-care reviews and visits to children.

### **Supervision and visiting children**

When a child has been placed in a residential centre, a Child and Family Agency (Tusla) social worker is responsible for the care of the child. Their primary aim is to ensure the child is safe and supported in their placement. The regulations state that the supervising social worker should visit the child at different intervals, according to

the length of time they are in their placement, and ensure that their care plan is being followed through and reviewed as necessary, and that the child's needs are being met.

Data provided by the area indicated that 19 of the 21 children in residential care at the time of the inspection had an allocated social worker. This meant that two children did not have an allocated social worker. To ensure these children were visited as required by the regulations, the area had a local policy in place. The policy meant that children who did not have an allocated social worker were visited regularly by their social care worker and that their statutory visit was completed by a social worker when required. This meant that all children in residential care were visited as required by the regulations.

The service area complied with regulations in relation to social workers visiting children in residential care. Records reviewed by inspectors confirmed that all children whose cases were reviewed were visited within, or close to, the time frames set out in the regulations. Two visits were delayed by two weeks in the twelve months prior to the inspection. Inspectors saw on children's files that additional visits were made to children and examples of these included visiting in response to the child's request to see their social worker or a social work response to a concern or incident.

Records of visits were good quality and up to date. All records of statutory visits to children reviewed by inspectors were of good quality and provided clear detail of the purpose of the visits, the discussions with children about their placement, school, family and any other issues that the child wanted to talk about. This meant that a manager or another social worker reviewing the file could quickly understand what a child needs. Records showed that children were listened to and had the opportunity to share their views, wishes and concerns with their social workers.

### **Case records**

Case records document the child's time in care, support effective planning for the child, and record how the views of the child are sought and considered, when decisions about their care are being made. The regulations require that each child placed in residential care has an individual case record which is compiled by Tusla and is kept up to date. These records should be private, permanent and secure, hold all relevant and available information about the child and be held in perpetuity. In order to meet these regulatory requirements, safe and secure information systems are needed. Systems of monitoring and managing information are also needed to promote continuous improvement in the quality of case records.

Inspectors reviewed 11 children's files to ensure all documents required by the regulation were placed on children's records. Inspectors found that all records required, such as significant events, care plans, birth certificates, court orders, medical

and school reports amongst others, were retained and accessible in individual children's files.

The use of naming conventions had improved the accessibility and monitoring of children's case records. Standardised document descriptors made it very easy to retrieve specific information on children's files and this ensured that information was always accessible and retrievable, particularly when decisions about children were being made, or for the purposes of quality audits by managers.

Inspectors found just one record where there appeared to be a gap in the recording of three statutory visits in 2021. This was brought to the attention of a manager who assured inspectors the visits had taken place and provided the records to show this. There was a delay in the recording of these visits and managers informed inspectors that additional administration support had been put in place subsequently to assist and support social workers with keeping children's records up to date. The impact of this additional support was evident in the timely child-in-care review meeting minutes, care planning records as well as from feedback from social work managers to inspectors.

**Regulation 22 Case records**

**Judgment  
Compliant**

The area had case records for each child placed in residential care. Records were up to date, accessible and kept in line with the requirements of the regulations. The area had taken action to address the requirement for additional administration support to ensure records are kept up to date.

**Regulation 23 Care plan**

**Judgment  
Compliant**

Care plans were up to date and set out all the required information in relation to the child, in line with the regulations.

**Regulation 24 Supervision and visiting of children**

**Judgment  
Compliant**

All children whose cases were reviewed were visited within or close to the time frames set out in the regulations. Children were visited by an authorised person who carried out visits having regard to the children's care plans and reviews of their care plans.

**Regulation 25 Review of cases**

**Judgment  
Substantially  
complaint**

Not all reviews took place in line with timeframes. Reviews considered all components required in the regulations.

# Compliance plan

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

<b>Provider's response to Inspection Report No:</b>	MON_0037039
<b>Name of Child and Family Agency (Tusla) region:</b>	Dublin North East
<b>Name of Child and Family Agency (Tusla) service area:</b>	Dublin North
<b>Date of inspection:</b>	19 July 2022
<b>Date of response:</b>	08 September 2022

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

**Regulation 25: Review of cases**

**Judgment: Substantially compliant**

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

Not all care plans were reviewed in a timely way.

**Action required:**

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

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

- (a) at intervals not exceeding six months during the period of two years commencing on the date on which the child was placed in the residential centre, the first review to be carried out within two months of that date, and
- (b) thereafter not less than once in each calendar year.

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

<b>Actions Taken/Planned</b>	<b>Person Responsible</b>	<b>Completion Date</b>
1. The local Children in Care register will provide an interactive tracking platform for compliance with this regulatory timeframe. It will be a single point of reference for managers, practitioners, and the reconfigured administrative support team. 2. Tracking compliance with regulatory timeframes will be monitored through supervision by the Team Leader with the allocated worker,	SW, TL, PSW with support from office of AM and Administration	Ongoing, with completion date of 31/12/2022



<p>and by the Principal Social Worker in Supervision with the Team Leader.</p> <ol style="list-style-type: none"> <li>3. In the event of a timeframe not being adhered to, a governance note will be placed on NCCIS, outlining the rationale and the new date scheduled.</li> <li>4. Additional administrative support will be assigned to promote compliance.</li> <li>5. The monthly governance forum will monitor oversight of compliance with this regulatory requirement, with any variation being advised by the PSW and the new scheduled date.</li> <li>6. Additional resources will be target if required to ensure compliance with this regulatory requirement following a 6-month review.</li> </ol>		
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