



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Health Information and Quality Authority
Regulation Directorate monitoring inspection of
Child Protection and Welfare Services

Name of service area:	Kerry
Type of inspection:	Child Protection and Welfare - Child Abuse Substantiation Procedure
Date of inspection:	16 - 19 September 2024
Lead inspector:	Sharon Moore
Support inspectors:	Sue Talbot Saragh McGarrigle Caroline Browne
Fieldwork ID	MON-0044459

About this inspection

HIQA 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 national 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 continual improvement so that children have access to 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 and the Child and Family Agency.

This inspection was a monitoring inspection of Kerry area to monitor compliance with the National Standards for the Protection and Welfare of Children. The scope of the inspection included standards 1.3, 2.5, 2.12, 3.1 and 3.2 of the National Standards for the Protection and Welfare of Children (2012). The inspection focused on the implementation of Tusla's Child Abuse Substantiation Procedure (CASP) which came into operation on 27 June 2022. At the time of the inspection a national review of the CASP had been completed, the CASP had been revised and commencement of CASP Version 2 was planned for end of October 2024. At the time of the inspection the CASP team continued to work cases under CASP version 1.

Introduction to the Child Abuse Substantiation Procedure (CASP)

Tusla's Child Abuse Substantiation Procedure was brought into effect as one of the actions on foot of the recommendations from an investigation by HIQA into the management of allegations of child sexual abuse against adults of concern by the Child and Family agency (Tusla) (2018). The findings of that investigation included some which will not be commented on here. There were a number of findings however which relate directly to the introduction of CASP, these include:

- lack of standardised approach to the management of retrospective abuse allegations

- inconsistencies in informing the alleged abuser about the allegation and when informed of the allegation, inconsistencies in the amount of information provided to them
- delays in starting, conducting and concluding the assessment of the allegation that impacted on a person's ability to respond to the allegation
- inconsistent understanding of and adherence to standardised processes or policies by staff
- shortage of qualified social work staff which contributed to delays in the management of referrals
- inconsistent practice in relation to joint working with An Garda Síochána.

In order to meet its statutory obligations to protect children and promote their welfare, Tusla must carry out an assessment of allegations of child abuse in line with fair procedures. This is called a 'substantiation assessment' – an assessment that examines and weighs up all the evidence and decides if the allegation is founded or unfounded on the balance of probabilities. This is not a criminal investigation. If the allegation is founded a determination is made that the person who is the subject of the abuse allegations poses a potential risk to a child or children. Tusla calls this process the CASP – Child Abuse Substantiation Procedure. It is part of Tusla's child protection and welfare service. It is applicable only when a disclosure of abuse meets certain criteria. The CASP process only applies to cases where:

- there is an allegation of abuse and there may be a need to inform a third party about this in order to protect children from harm. This arises when alleged abusers are engaged in activities outside of the home which would allow them access to children. The nature of the allegation gives rise to a concern such that Tusla must share the information with a third party, for example an employer
- cases where Tusla's national approach to practice cannot be applied, that is, where there are no children identified who can be protected by a safety planning process involving their family and wider support network
- cases where the alleged abuser is a foster carer or a supported lodgings provider or an adult living in a foster home.

A case that is being worked under CASP goes through three stages before an outcome is reached. CASP outlines the length of time each stage should take. A case can be closed at any stage without an outcome being reached.

- Preliminary Enquiry – basic information is gathered from the alleged victim to confirm that the case meets the CASP criteria and that the person wishes to proceed with CASP. Contact with the person making the disclosure should be made within 14 days.

- Stage 1 – further in-depth information is gathered about the allegation from the alleged victim. This can take the form of reviewing information Gardaí have gathered such as specialist interviews with children or statements from adults. This should happen within 60 days or extended to 90 days if approved by a manager.
- Stage 2 – the allegation is put to the alleged abuser, they are provided with all the information gathered on the allegation by the CASP social worker and their responses are received and considered. Stage two has a number of steps to allow time for the alleged abuser to respond to the allegations and could take up to 343 days for a final conclusion to be made.

Addressing the risk to identified individual children is kept separate and is the responsibility of a different child protection and welfare team.

In any of these cases the person making the allegation may be a child or an adult. When an adult makes a disclosure of abuse which occurred when they were a child the term 'retrospective disclosure' applies.

In data provided at the time of inspection there were 15 cases open under the CASP; of these, 53% were disclosures of abuse made by a child and 47% were retrospective disclosures of abuse.

How we inspect

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

A CASP file relates to an allegation of abuse. This means it contains information on the alleged victim and the alleged abuser. In the case of a child, there may be another file, held separately from the CASP file, and maintained by the other teams within Tusla which contains information about child protection concerns and how they are being managed. This would include interventions under Tusla's national approach to practice and safety planning where required.

The Kerry Service Area CASP Team are responsible for two types of cases. Those that meet the CASP criteria (please see outline earlier in report) and cases that do not meet the CASP criteria but where actions may be needed to ensure that children are safeguarded from future harm. Only the cases which were being worked under CASP were reviewed by inspectors for this inspection.

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager
- interview with the CASP principal social worker
- interview with the CASP regional lead
- interview with the South West region "Appropriate Person"¹
- interview with area principal social worker for quality, risk and service improvement (QRSI PSW)
- focus group with CASP social workers
- focus group with external professionals
- focus group with An Garda Síochána
- focus group with Tusla professionals external to CASP team
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the review of 41 CASP case files.

The aim of the inspection was to assess the compliance of the implementation of the Child Abuse Substantiation Procedure with the national standards.

Acknowledgements

HIQA wishes to thank members of the public and external professionals who spoke with inspectors, as well as the staff and managers of the service for their cooperation during the course of this inspection.

¹ Under the National Vetting Bureau (Children and Vulnerable Persons) Act (2012) a scheduled organisation must nominate a person to make notifications to the National Vetting Bureau. This person is known as the "Appropriate Person".

The Child and Family Agency

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

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

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

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

Service area

The inspection focused on the Child Abuse Substantiation Procedure (CASP) for the Kerry service area. The service area was managed by an area manager who was accountable to the regional chief officer for the Tusla South West (SW) region.

The Kerry CASP team was a part-time team comprised of two part-time social workers, one who worked three days a week (.6WTE) and another who only worked CASP cases one day a week (.2WTE). The team was managed by a CASP principal social worker (CASP PSW) who worked four days a week with one and half days (.3 WTE) dedicated to CASP work. Both part-time CASP social workers held other posts within the child protection and welfare team. The PSW CASP also had PSW role responsibility in the Kerry area for both Child Protection Case Conferences and the Foster Care Committee (FCC). Part time administrative support (.2WTE) was allocated to the CASP service.

The CASP PSW was accountable to the area manager with regard to their CASP role. In the absence of a Social Work Team Leader (SWTL) the CASP PSW performed the duties of SWTL and at times the CASP SW due to the part-time roles of the CASP

social workers on the team. In addition due to the PSW's role on the FCC there was an identified conflict of interest with regard to management and oversight of CASP cases where the alleged abuser was a foster carer. In order to address this, where the alleged abuser was a foster carer, line management and oversight of these cases was undertaken by the PSW for Child Protection and Welfare.

At the time of the inspection the planned regionalisation of CASP in the South West Region was under discussion. This would mean that there would be one CASP team covering the entire South West Region, both Cork and Kerry. A regional working group had been set up in 2024 to consider regionalisation of the CASP service however at the time of the inspection this had not been progressed.

Compliance classifications

HIQA judges the service to be **compliant, substantially compliant or not 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
16 September 2024	14:00hrs to 17.15 hrs 14:00hrs to 17.15 hrs 14:00hrs to 17.15 hrs 14:00hrs to 17.15 hrs	Sharon Moore Sue Talbot Saragh McGarrigle Caroline Browne	Lead Inspector Support Inspector Support Inspector Support Inspector Support Inspector
17 September 2024	08:30hrs to 17.15 hrs 08:30hrs to 17.15 hrs 08:30hrs to 17.00 hrs 08:30hrs to 17.00 hrs	Sharon Moore Sue Talbot Saragh McGarrigle Caroline Browne	Lead Inspector Support Inspector Support Inspector Support Inspector Support Inspector
18 September 2024	08:30hrs to 17.30 hrs 08:20hrs to 17:00hrs 08.45hrs to 17:00hrs 08.30hrs to 17:00hrs	Sharon Moore Sue Talbot Saragh McGarrigle Caroline Browne	Lead Inspector Support Inspector Support Inspector Support Inspector Support Inspector
19 September 2024	08:45hrs to 17:30 hrs 08:50hrs to 14:00hrs 08.45hrs to 14:10hrs 08.30hrs to 14:00hrs	Sharon Moore Sue Talbot Saragh McGarrigle Caroline Browne	Lead Inspector Support Inspector Support Inspector Support Inspector Support Inspector

Views of people who use the service

Hearing the voice of children and adults who have experienced a particular service is an essential part of understanding what impact the service has had on people's lives. Inspectors were however conscious that the reasons for children and adults being involved with the Child Abuse Substantiation Procedure (CASP), were both sensitive and often very traumatic. Their right to engage or not in the inspection process was respected. A dedicated telephone number was provided for any person who had experience of this service, to contact HIQA and speak with inspectors during the inspection. This telephone number was given to those people who had experience of the CASP service in the 12 months prior to the inspection. No individuals who had experience of the CASP service made contact with the inspection team.

While inspectors did not have an opportunity to speak directly to children and their families as part of the inspection, a review of files identified concerns with regard to the impact of the CASP on their lives. Inspectors identified that there were significant delays in the progression of CASP for children who were the alleged victims of abuse. For one child who was the alleged victim of abuse it had been over two years since the referral was made to Tusla. There was limited communication with children and their families with regard to reasons for the delays in the progression of the CASP. In some cases children and families did not receive any communication with regard to the delays. Inspectors also found that while most children who were alleged victims of abuse were safeguarded through the provider's national approach to practice, not all children who were identified, identifiable or yet to be identified were safeguarded. In one case reviewed consideration was not given to the safeguarding of the alleged abuser's own children and in another there were identified children in the alleged abuser's extended family network who had not been safeguarded. In other cases notifications to the National Vetting Bureau of alleged abusers who may pose a risk to as yet to be identified children were not always considered or progressed in a timely manner. This meant that alleged abusers who posed a potential risk to children could continue to receive satisfactory Garda vetting which allowed them to continue to work and volunteer with children.

Inspectors spoke to a number of professionals both within Tusla and external to Tusla who had experience of working with the CASP team. The professionals external to Tusla spoke highly of the services delivered by the CASP team and reported good working relationships, communication and sharing of information. They had a clear understanding of Tusla's role in protecting children and why as part of this role some cases are also worked through the child abuse substantiation procedure. CASP briefings had been provided and were seen to be helpful and provided a good explanation of the CASP process.

They considered the process for referring retrospective cases of abuse worked well, with the CASP team giving careful consideration to the mental health and welfare of their service users. The opportunity to have an informal consultation with the CASP team when making referrals was viewed as a good support in managing the process. Acknowledgement of referrals through the Tusla portal was prompt, with good communication and regular updates on progress was reported. They reported that they had received feedback from alleged victims that they had felt supported through the disclosure and any follow up investigation. Gardaí reported positively on the quality of communication and joint working with Tusla CASP staff. They also reported a shared commitment to ensuring children are safe and that information sharing was timely.

The professionals within Tusla expressed some concern with regard to current CASP structure in the area. They highlighted the difficulty of staff having dual CASP and child protection roles. The CASP screening process was undertaken by the duty and intake team in area, however it was identified that a designated CASP worker for screening CASP referrals was needed as the workload when the initial referral comes in was described as 'onerous'. Communication with the CASP team was viewed as good and was supported by the different teams sharing office space with the CASP team, however it was noted that it was only recently that this communication was recorded on Tusla's case management system (TCM).

Capacity and capability

The focus of this inspection was on the Child Abuse Substantiation Procedure (CASP) and the aligned service leadership and governance arrangements. The inspection considered the service area's compliance with *Children First: National Guidance for the Protection and Welfare of Children* (2017) and the *National Standards for the Protection and Welfare of Children* (2012), and therefore the terms used in this report are those used in the standards and Children First (2017).

Overall, inspectors found there were clearly defined governance and management systems in place and the senior management team were committed to working within the limited staff resources to deliver a CASP service. However the management systems in place were not always effective and required improvement to address the findings of this report. Risk, at an individual and systems level, was not always appropriately identified and managed. The provider was not fulfilling its obligations

under the National Vetting Bureau Act (2012)² with regard to submission of NVB4³ notifications to the National Vetting Bureau. At the time of the inspection there was no wait list for the CASP service and all open CASP cases had an allocated CASP social worker. However the protracted timelines set out in the CASP were not consistently met and there continued to be significant delays in the progression of CASP. This impacted on the ability of Tusla to act in a timely way to progress safeguarding actions for not as yet identified children who may be at risk, and the procedure did not fully address the findings of the HIQA 2018 investigation. The capacity of the area to adequately resource the CASP service had been an ongoing issue for the area and had been on the risk register since commencement of CASP in June 2022. A regional working group had been set up in quarter one 2024 to focus on a regionalisation plan for CASP however this had not been progressed.

There was strong leadership and governance arrangements in place to ensure that effective safeguarding for children was central to cases being worked through the CASP. The service area was managed by an experienced area manager who had established strong accountability systems to ensure that children benefited from safe and effective services. This included regular supervision for staff and managers, team meetings, management meetings and regular audits. The area manager was accountable to the regional chief officer (RCO) and provided individual management supervision to the CASP PSW on a monthly basis. The CASP PSW was responsible for providing individual supervision to the CASP social workers as there was no SWTL role assigned for the CASP team, and also chaired team meetings for the CASP team. The CASP PSW was supervised by the area manager and attended the area senior management meetings. The regional CASP lead who supported the CASP staff with the role out of CASP in the area, was available for consultation on CASP cases and chaired the CASP regional communities of practice. The communities of practice was a regional forum convened every two months for CASP staff in each region to share knowledge, practice experience and expertise.

The area manager had a good understanding of the CASP service strengths and areas for improvement. Inspectors reviewed management records including the minutes of senior management team (SMT) meetings chaired by the area manager and attended by the CASP PSW. These records were found to contain clear actions to address organisational risk, with regular review of operational challenges or barriers to service

² The National Vetting Bureau (Children and Vulnerable Persons) Act (2012) provides a statutory basis for the vetting of people who carry out work with children or vulnerable adults. This act stipulates organisations such as Tusla which are required to notify the National Vetting Bureau of a “bone fide” concern that a person may harm or put at risk a child or vulnerable adult. These notifications under the 2012 Act referred to as NVB4 notifications are made separately to notifications made to An Garda Síochána when Tusla staff suspect a crime had been committed.

³ NVB4 notifications: the forms used to notify the Garda Síochána National Vetting Bureau, Garda vetting (police vetting) of concerns about adults

improvement. There was also a positive drive from managers to bring about improvements in practice.

A review of the area's risk register found that there was two CASP risk items logged in the 12 month period covered by the inspection. Both of which remained open at the time of the inspection. The first risk had been placed on the area risk register in June 2022 and related to the area being unable to fully implement CASP with the current CASP staffing compliment. It outlined that no additional staff resources had been provided to the area to support CASP and that it was essential to the process that two social workers were available for all CASP interviews with the alleged victim and alleged abuser. The risk register was updated in January 2023 and an interim emergency control measure was put in place that the PSW would complete forensic interview training in March 2023 to allow the PSW to undertake the role of the second social worker in the CASP interview process. It was also noted that the PSW has had tentative discussions with the area manager with regard to making the CASP service regional and that the area manager would discuss this with RCO for South West.

The area manager maintained good oversight of the CASP team staff resource challenges and identified risk in relation to staffing. At the commencement of CASP in June 2022 it was planned that two full time CASP social workers would be resourced to work CASP cases in the area. As no additional staff resources were made available to the service area to support a CASP team the establishment of the CASP service required a restructuring of the existing service area social work staff resources. Through a review of senior management team (SMT) meeting minutes, PSW monthly meeting minutes, supervision records, interviews and focus groups with Tusla staff it was clear that significant efforts had been made by the area to deliver a CASP service within available staff resources. In 2022 the service commenced with one full-time CASP social worker allocated to work CASP cases however this was not sufficient to effectively deliver the service in line with the CASP, as three CASP social workers were required to do this. This led to significant delays in progression of cases to conclusion which is discussed later in this report.

At senior management level there was evidence of ongoing discussion with regard to the balancing of the staffing resources in the area to meet the needs of the area child protection and welfare response including a dedicated CASP response. The area had arrived at a complex staffing arrangement within and between the area social work teams. However these working arrangements did not adequately support the delivery of a timely or fully effective service. At the time of the inspection the CASP team was a part-time service with the two CASP social worker posts with a total combined working hours of just four days a week (0.8 WTE). In addition to the very limited hours CASP staff also had to manage completing demands of their CASP work, work with other adults outside of CASP who may pose a risk to children, along with the responsibilities of their other part-time roles within the Tusla Social Work department.

This included the CASP PSW (.3 WTE) who also held the PSW role and responsibility for both Tusla Child Protection Conferences and the Foster Care Committee in the Kerry area.

A review of monthly area SMT minutes, PSW meeting minutes and supervision records showed that the need for consideration of regionalisation of CASP had been in discussion since September 2023. In interviews and focus groups Tusla staff raised some concern with regard to the area approach to working CASP cases. They highlighted the additional pressures placed on the CPW screening team with regard to undertaking CASP screening and difficulties for part-time CASP staff undertaking dual CASP and CPW roles. There was ongoing pressure on the CASP PSW maintaining effective oversight of cases when also required to undertake CASP SWTL and CASP SW functions alongside child protection case conference and FCC PSW responsibilities. The area manager and PSW CASP both identified at interview that the CASP model in place in the area at that time, using part-time staff, was not adequate and individuals with CASP cases would be better served through a regional approach to CASP. The area manager advised they had raised the resource issues impacting the delivery of the CASP service and the need for consideration of an alternative regional approach to CASP with the RCO. A positive response had been received from the RCO with a regional working group set up to consider a plan for the regionalisation of CASP in the south west region.

The CASP PSW, regional CASP lead and appropriate person for the region were part of this regional working group which had met on three occasions between February 2024 and April 2024. The working group minutes for April 2024 included a clear recommendation to progress the regionalisation of the CASP service in the south west region. This recommendation covered governance and responsibility for a regional team, a consistent screening process, how a regional team would be managed within the new network structure and the management of TCM data reports for a regional CASP. There was also an acknowledgment that existing regional CASP resources were not adequate. The minutes noted the final report from the working group with these agreed recommendations would be circulated to area managers and the RCO at the end of April 2024. However this final report was not available at the time of the inspection and the plan for regionalisation of CASP had not been progressed. Both the area manager and regional CASP lead advised at interview that Tusla national planning with regard to the reconfiguration of service areas into networks had impacted on progression of regionalisation plans for CASP in the south west region.

The second risk item had been logged by the area in May 2024 which related to the risk that the area had not adhered to the timelines set out in the CASP, due to extenuating circumstances that had led to delays outside the control of Tusla. These extenuating circumstances were noted as usually relating to the person making the disclosure choosing to engage with another process such as counselling or a legal

process which led to a delay in moving through the CASP assessment. Some of the risk consequences identified included that if the service area was not adhering to the CASP there was a risk that the substantiation process could result in an incorrect outcome which could place a child at risk. The negative impact on the service user experience and staff becoming overwhelmed by the delays were also identified. Controls in place to mitigate against this risk included the CASP PSW undertaking supervision of cases with CASP Workers every four to six weeks to ensure actions were taken in line with the procedure in a timely manner where possible. The planned national office revision of the CASP was also noted on the risk register.

There was a system in place to monitor adverse events including serious incidents, complaints and concerns. The Tusla 'Need to Know' (NTK) is a process by which an incident or event is notified to senior management to ensure that management are informed in a timely manner. In the 12 month period prior to the inspection the area had submitted no CASP 'Need to Know' notifications to the Regional Chief Officer. There was a complaints system in place in which complaints were logged and tracked on a National Incident Management System (NIMs) and progress on the management of complaints were monitored by the area manager and staff at senior management meetings on a monthly basis. There were no complaints on the area complaints log related to the CASP service received in the 12 month period prior to inspection. There was one complaint that had been incorrectly logged on the NIMs as a CASP complaint in February 2024 and was referenced as a CASP complaint in monthly senior management meetings from February 2024 to July 2024.

The inspection found that while there were good arrangements in the service area for reviewing and auditing of files, improvements were needed with regard to progressing the actions on individual cases identified through these audits. In May 2024 an area CASP audit, of all open and closed CASP files for the 12 month period April 2023 and April 2024, was undertaken by the CASP regional lead, QRSI PSW and PSW CASP. Issues identified through this audit included CASP timeframes were not being met with regard to CASP screening, Preliminary Enquiry (PE), CASP Stage 1 and CASP Stage 2. There was lack of progress in some cases and no clear evidence of why one case was prioritised over another. Contact with an alleged abuser was not clear in one case and there was no evidence in some cases that child protection and welfare notifications or NVB4 notifications had been progressed. The area audit also found that supervision fell outside of Tusla's supervision policy timeframes in some cases. This audit had led to learning, some practice changes had been implemented and a tracker was in place. As an outcome of the audit, the audit and supervision template was updated to include NVB4 forms, notifying relevant third parties, and safety plans in place for identifiable children. However on cases reviewed by inspectors not all actions on individual cases identified through audit had been progressed or monitored.

External monitoring of the service area CASP team was undertaken by Tusla's Practice Assurance and Service Monitoring (PASM) team as part of a National Review of CASP between December 2023 and March 2024. The PASM National CASP review report was published in July 2024 and noted that the Kerry CASP Team was at that time unable to meet its responsibilities under the CASP. It also noted that despite attempts to recruit additional staff to the team, CASP cases could not be progressed to stage 2 due to staffing constraints. One of the key findings from the national CASP provider audit was that consultation between child protection and alternative care (CPAC) teams and other CASP teams were not evident on TCM files. While there had been management communication with Tusla staff on the findings of the PASM National CASP audit, consultations on the TCM CASP files reviewed as part of this inspection still showed that these consultations were not recorded. The area also did not have a process in place to review or track where consultations had taken place with regard to potential CASP referrals.

There were systems in place that ensured good communication and accountability, these included monthly CASP team meetings, area PSW meetings, and monthly area senior management meetings. Inspectors reviewed a sample of the minutes of monthly CASP team meetings, area PSW meetings, and monthly area senior management meetings as part of this inspection. A range of matters were discussed at each meeting depending on the type of meeting. CASP Team meetings had begun in 2024 when the second CASP SW joined the team. Senior Management meetings and PSW meetings were held regularly, well attended, and provided assurance in relation to the management and oversight of CASP. Inspectors found that minutes of senior management meetings consisted of regional and national updates, pillar updates from each team including CASP, national guidelines, emerging issues, finance, health and safety, and Children First. The range of meetings in place in the service area provided oversight to the area manager of each team and strengthened the lines of accountability.

National oversight of the implementation of CASP across the six Tusla regions was achieved through the CASP National Planning and Development (PAD) Group and the National CASP Implementation Governance Group monthly meetings. The regional CASP lead attended PAD meetings along with the five other regional CASP leads. Both the area manager and regional CASP lead attended the National CASP Governance group. A review of minutes of both forums showed discussions with regard to regional and national CASP operational management, practice issues, CASP metrics and identified risk. Inspectors found evidence from both of these forums that the operation of CASP in the South West region and practice issues identified in the region and nationally were raised and discussed at these forums. The CASP PSW and CASP staff participated in regional CASP community of practice meetings which was chaired by the Regional CASP lead. A review of the minutes of regional CASP community of practice meetings reflected discussion with regard to implementation of

CASP, practice issues arising for staff and served as an escalation pathway for CASP practice concerns to the PAD.

A review of the CASP 'National Change log' showed that issues raised within each CASP region were logged on the change log for the CASP national governance group. This was a nationally held record of changes needed to the operation of the CASP from practice issues identified by all six Tusla regions including the South West region. However, there was slow progression in the management of some issues and risks identified. The issues logged included the timeline delays in the progression of cases up to conclusion and the submission of notifications to the Garda National Vetting Bureau. This 'national change log' informed the CASP National review that was completed in 2024. Following from this review a revised CASP Version 2 document was scheduled for launch in October 2024.

The CASP service improvement plan (SIP) was in place since March 2024. The focus of the SIP was on improvements in CASP practice in the area and ensuring all work undertaken was recorded on TCM. The SIP noted that the approach to CASP cases should be child-centred rather than teams working as distinct pillars. There was a significant focus in the SIP on improvements in CASP communication, addressing delays in communication and the recording of communication relating to CASP on TCM. These improvements related to communication with alleged victims and alleged abusers, other Tusla staff and the Gardaí. Improvements in practice also included a revised supervision sheet for the team to capture more detailed data and ensure that consideration was given to all aspects of a CASP assessment, with next steps clearly noted and next supervision date set.

Inspectors found from a review of files that some of the planned improvements in the CASP 2024 SIP had been implemented, while others remained outstanding. It was evident that the revised supervision sheet had been recently implemented, however improvements were needed to the quality of the recording. Practice improvements that had yet to be addressed included CASP consultations with other social work teams documented on TCM, delays in communication with alleged victims and alleged abusers, strategy meetings were not being convened with Gardaí and there were some concerns with regard to the timely safeguarding of children identified through the CASP or yet to be identified who may be at risk of harm. These are further discussed later in this Quality and Safety Section of this report.

CASP staff at all levels were child-centred in their practice and recognised their responsibilities with regard to safeguarding of children and collaborative joint working with other internal and external professionals. They were knowledgeable about legislation, policy and standards relevant to their roles to protect children and promote their welfare and were clear with regard to the expectations of impartiality

and fair procedures as part of the CASP. Service managers actively encouraged a culture of reflective practice, learning and continuous improvement.

The CASP PSW retained oversight and reviewed CASP caseloads, referrals and waiting lists. The service however did not have adequate staff resources leading to CASP cases not being progressed through to completion in a timely manner. While the inspection found that staff supervision meetings were carried out in line with the Tusla supervision policy, as noted in the May 2024 audit not all cases were discussed at every supervision. The supervision record did not identify the cases discussed and some cases reviewed were not discussed within supervision for periods of over six months. One CASP case reviewed had been open to the team for 14 months, since July 2023 and in that time there were only two case management supervision discussions recorded on the file. The last supervision discussion recorded on the case was in December 2023, nine months before the inspection. In another case reviewed the case was opened to the team in November 2023 and the only case management record on file was at case closure stage in August 2024. This meant that there was limited management oversight of the progression of CASP cases potentially leading to delays in the service taking action to address drift in cases and taking timely action to identify any safeguarding concerns for children.

In addition, the lines of authority and accountability were not always clear with regard to case management in the absence of the CASP PSW and in relation to CASP consultations with the CASP regional lead. In one case reviewed the CASP SW had discussed their ongoing safeguarding concerns for identified children referred eight months earlier to the duty team as part of a case consultation with the regional CASP lead. However the concerns highlighted were not escalated within the area line management structure, safeguarding action was not taken by the area and the case was escalated as part of the inspection for immediate action. This case highlighted the need for the area to ensure that the roles and responsibilities, of the CASP PSW and regional CASP lead, with regard to line management responsibility and consultation were clear for all staff. There also needed to be clarity with regard to the person with line management responsibility for CASP when the CASP PSW was absent and the process for escalation of safeguarding concerns within the area line management structure.

There was evidence of good joint agency working, collaboration and information sharing between the Tusla CASP team and An Garda Síochána. The Area Garda Senior Level Management Liaison Forum (SLMLF) was attended by the CASP PSW. A review of SLMLF minutes showed that improved joint working was routinely discussed. The area SIP focused on communication with the Gardaí, noting that all cases where an alleged victim is choosing to proceed with a case under the criminal route initially and CASP subsequently required a strategy meeting. It outlined that meeting notes should be uploaded to TCM, with clear decisions and actions with

timelines stated. The SIP also outlined that a timeline for the next meeting with An Garda Síochána should be set. The SIP included an escalation procedure through the area manager's office when the CASP team encountered any delays in progressing a case. The SIP noted that a review of Garda specialist interviews required a CASP SW not allocated to the case. These are interviews with alleged victims of abuse that are recorded and undertaken by Gardaí who have had specialist training to help them interview victims. Under the CASP to avoid any further distress to the alleged victim these interviews are reviewed by the CASP SW to gather the details of the allegation to progress the substantiation assessment. The plan under the SIP, for cases requiring review of specialist interviews, the CASP PSW would become the assigned second worker on the case and the second CASP SW would be the independent reviewer. The SIP clearly outlined the expectation on the CASP team with regard to the safeguarding of children. However a review of case files showed that strategy meetings in line with the Tusla and An Garda Síochána joint agency protocol were not being convened. It was a concern for inspectors that these meetings not taking place could lead to a delay in the timely sharing of information, action planning to the safeguard identified children and also timely identification of other children who may be at risk.

All CASP case files reviewed as part of the inspection were held electronically on the Tusla Case Management System (TCM). Inspectors found that the imputing of case information and timely management sign off on the TCM system needed to be strengthened to ensure that the information held on children and adult files and data used for reporting and auditing purposes was up-to-date and accurate. In 13 case files reviewed inspectors found issues with recording and uploading of information to TCM. These issues included documents and information relevant to the case missing from the TCM file, forms were not launched or remained in draft, long delays in TCM form sign off and cases closed without TCM records being up to date. On some files not all relevant documents had not been scanned up to the TCM file. In one case the CASP SW had completed a review of the Garda specialist interview in May 2024 however a record of this had not been uploaded to the TCM file at the time of the inspection. Another case which had been closed on TCM in February 2024 was subsequently reopened on TCM in September 2024 to allow uploading of missing correspondence relating to the case.

There was also a delay in staff and management sign off of the CASP forms created on the TCM system. In one case the Stage 1 form was completed in September 2023 with a decision to not proceed. At that time both alleged victim and alleged abuser were communicated with and informed of closure however the case was not formally closed on TCM until June 2024. In another open case the Stage 1 had been completed and had remained in draft form since September 2023 with a decision to proceed to stage 2 noted on this draft. These inaccuracies in TCM meant that CASP files did not have the most up to date information available with regard to supporting

case decision making and auditing. In addition the CASP TCM file was the only file holding information relating to the CASP therefore should a child or adult wish to access their CASP file the information available to them would not be up-to-date and accurate.

A review of the adherence to CASP timelines found that the protracted timelines set out in the CASP were not consistently met and there were significant delays progressing cases through CASP to reach a founded or unfounded outcome. These delay's impacted on the ability of Tusla to act in a timely way to progress safeguarding actions for both identifiable and not as yet identified children who may be at risk. There was also considerable concern for inspectors with regard to the personal and emotional wellbeing impact on children and adults who had CASP cases open for long periods of time without reaching a timely conclusion.

In the 12 month period prior to the inspection 38 cases were referred to CASP team. Of these referrals all 38 required a CASP preliminary enquiry (PE), 16 required progression to CASP Stage 1 and none of these referrals had as yet progressed to CASP Stage 2. At the time of inspection there were 15 open CASP cases. Of these open CASP cases, three cases were open at PE Stage, nine cases with a completed PE were open at CASP stage 1 and three cases with a completed CASP stage 1 were open at CASP stage 2. At the time of the inspection all CASP cases were allocated and there were no CASP cases on the waiting list. This is good practice, and meant that no children or adults were awaiting commencement of substantiation assessment at the time of the inspection.

The timelines on 36 case files (13 open and 23 closed) were reviewed as part of the inspection. The length of time these cases were open to the CASP team at the time of the inspection varied from 12 days to over two years. The open cases reviewed had been open to Tusla since referral between 24 days and two years eight months at the time of the inspection.

A PE had been undertaken in all 36 cases reviewed. The length of time a case was open at CASP PE stage was found to vary significantly, with evidence indicating timeframes of between nine days and one year five months. Of the 36 cases, 29 cases were open more than 40 days at CASP PE stage. Of these cases, seven cases were open at PE stage more than three months, ten were open at PE stage over six months and four were open at PE stage over a year. On some files reasons for these delays at PE stage were documented. One of the reasons for delay included the person making the disclosure decided not to engage in the process and this resulted in the CASP not proceeding and the case closing to CASP at PE stage. Through focus groups, interviews and file reviews it was evident that CASP team gave time and support to those who had made a disclosure to both understand the CASP and consider their engagement with the CASP. However in majority of cases reviewed the

reason for delays in progressing the PE was not evident on the file, therefore children and adults with cases open to CASP were not kept informed of the progression of the CASP and reasons for any delays.

Once a decision is made to proceed following the PE stage there are clearly defined timelines set out in the CASP with regard to the period of time a case may remain open at stages 1 and 2. The timeline for a decision to proceed from CASP stage 1 to stage 2 is 60 days. Where it is required due to the complexity of the substantiation investigation there is a provision to extend to 90 days with the agreement of the social work manager. A decision to proceed to stage 2 must be made within these specified timeframes.

Inspectors found that of the cases reviewed, 24 cases proceeded to CASP stage 1. These cases were found to be open at CASP stage 1 for periods of between 22 days and over one year. A total of 22 (92%) were found to have passed the 60 day recommended CASP stage 1 timeline and of these nine (41%) were found to have also passed the 90 day extended CASP stage 1 timeline by which a decision must be made to move to CASP Stage 2. In line with the CASP there is a requirement for the CASP social worker to seek area manager approval for extensions when required at stage 1 of the procedure. Inspectors found no evidence of management approval for an extension over 60 days at stage 1 on any of these cases reviewed. This meant that staff had cases open to them with little evidence of managerial oversight or tracking with regard to the delays and any potential drift in their cases.

No case was found to have progressed and completed all CASP stages to reach a founded or unfounded outcome in the 12 month period covered by this inspection. In the period covered by the inspection, only three of the reviewed CASP cases had been progressed to CASP Stage 2. All three were open CASP cases at the time of the inspection and were open at CASP Stage 2 for between three months and 14 months.

Inspectors found in the files reviewed that there were significant delays in progressing cases at stage 1 due to not having a second CASP social worker and at stage 2 included the CASP team not being able to make contact with the person against whom the allegation was made. Delays in some CASP cases were also due to extenuating circumstances which was entered on the risk register in May 2024. These were circumstances outside the control of the CASP team that included the alleged victim engaging in counselling or an ongoing criminal investigation. The risk management plan in place included the ongoing review of CASP case delays every four to six weeks in supervision by the PSW to ensure actions are taken in line with the policy in a timely manner where possible. As part of the 2024 CASP service improvement plan a second CASP social worker was assigned one day a week from March 2024 and the PSW for CASP was undertaking CASP SW duties to facilitate progression of cases. While these actions did facilitate the progression of some cases

at stage one of CASP they did not fully mitigate against the continuing CASP delays. The protracted timelines set out in the CASP were not consistently met and the significant delays in the progression of the CASP were found to impact on the ability of Tusla to act in a timely way to progress safeguarding actions for not as yet identified children who may be at risk, and the procedure did not fully address the findings of the HIQA 2018 investigation.

Significant systems risks were identified with regard to the failure of the area to take timely safeguarding action to protect as yet to be identified children through the progression of specified information notifications (NVB4 notifications) to the National Vetting Bureau where 'bona fide' concerns were established in relation to an alleged abuser. There were significant delays with regard to the submission of NVB4 notifications to the National Vetting Bureau and Tusla was not fulfilling its obligations as a scheduled organisation under the National Vetting Bureau (Children and Vulnerable Persons) Act (2012). The Act provides a statutory basis for the vetting of people who carry out work with children and or vulnerable adults. The Act identifies Tusla as a scheduled organisation required to notify the Garda National Vetting Bureau of any 'bona fide' concerns that a person may harm or put at risk a child or vulnerable adult. A bona fide concern is a decision or conclusion made in 'good faith' which is honest and accurate based on the information available without deliberate attempt to damage the good name of the person concerned.

The area had a NVB4 Standard operating procedure (SOP) for submission of NVB4 forms in place since Q3 2021 which was last reviewed Q3 2023. This SOP clearly outlined the area procedure for the submission of the NVB4 from identification of the 'bone fide concerns', to consultation with the "Appropriate Person" (AP), sign off by Area manager and final submission by AP to the National Vetting Bureau. The SOP also clearly stated that NVB4 forms should be and can be completed once an assessment indicates a 'bona fide' concern about a person.

All CASP staff and managers were clear at interview and in focus groups on their responsibility under the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to identify and notify any 'bona fide' concerns to the Garda National Vetting Bureau. CASP staff were clear that submitting a notification to the National Vetting Bureau should not be delayed and can happen at any stage of the CASP process without this compromising fair procedures with regard to the CASP. The area manager, CASP regional lead and the CASP PSW were all clear that safeguarding of all children was paramount and 'bona fide' concerns were considered and notified as soon as they arose. The appropriate person and CASP PSW advised that CASP SWs undertook case consultation directly with AP to avoid any unnecessary delays in the submission of notifications and these were recorded on the file. While there was some evidence of consultation, it was not always recorded on cases reviewed that notifications had been considered and a clear rationale for the decision not to

progress was not always evident. Inspectors found the SOP was not followed, timely consideration was not given to 'bona fide' concerns and the need to progress an NVB4 to safeguard children was significantly delayed.

The management and oversight of the timely consideration of 'bona fide' concerns and submission of NVB4 notifications to the National Vetting Bureau also required improvement. The procedure in place in the area for submission and tracking of NVB4 notifications was not effective. In the data provided by the service area prior to the inspection they identified that eight NVB4 notifications were sent to the Garda National Vetting Bureau for CASP cases in the 12 month period prior to the inspection. This however was incorrect and inspectors found that only four notifications had been sent in that period for CASP cases. In the four cases where they had established 'bona fide' concerns and there was evidence that fair procedures were followed with regard to the person against whom the allegation was made when making the notification. However the progression of these NVB4 notifications was significantly delayed which prevented timely safeguarding of as yet to be identified children who had contact with the alleged abuser.

In one case reviewed the NVB4 had been drafted in September 2023 but had not been submitted to the National Vetting Bureau until June 2024, over nine months later. In this case a consultation had taken place with the AP however the NVB4 remained in draft form for nine months and was not progressed to the Area manager for sign off. This CASP case was closed in September 2023 without the NVB4 being submitted. The missed NVB4 submission was only identified in April 2024 during a review undertaken at the request of the area manager of all NVB4's submitted by the area. A clear action on closing the case in September 2023 was ensuring the submission of NVB4 had taken place. In addition once identified through the area review the NVB4 took a further two months to be submitted to the National Vetting Bureau.

Four cases reviewed as part of the inspection were escalated to the area manager due to concerns that there had not been timely consideration of 'bona fide' concerns and the need for progression of NVB4 notifications. Satisfactory assurances were received with regard to all four cases escalated. In three of the cases the area submitted NVB4 notifications in consultation with the appropriate person and in the fourth case the need for an NVB4 was under consideration.

These systems risks with regard to consideration and submission of NVB4 forms to safeguard children were escalated to the area manager following the inspection and an urgent compliance plan was requested. A satisfactory response was received from the area in October 2024 and assurances were given with regard to the systems risks identified. Assurances were received that when a referral has transferred to CASP, the CASP PSW will review the case to determine any outstanding tasks regarding

safeguarding of identified, identifiable or yet to be identified children within 24 hours. If there are outstanding tasks, safety planning or safeguarding the CASP PSW will assign the case with actions to a CASP SW to be completed within three days of allocation.

Assurances were also given that at any stage of CASP where there are indicators that an NVB4 notification should commence, a consult with the AP will be convened within three days and a record of the consultation will be completed by the AP during the meeting to prevent delay. If it is deemed necessary to complete an NVB4 form this will commence immediately, and be submitted to the Garda Vetting Bureau within ten days of the initial consultation. At monthly supervision, the CASP line manager will review the progress of all NVB4s with the CASP Social Worker and consider whether the threshold for an NVB4 has been reached on all other cases. This will be recorded using the new CASP Supervision template and uploaded to TCM. The CASP PSW will hold the responsibility to maintain a tracker to monitor the progress of consultations, drafts and completed NVB4s to ensure the timely safeguarding of as yet to be identified children. This service area committed to having this tracker in place by the end of October 2024.

The AP also agreed to provide monthly workshops to the CASP Team for a period of three months commencing in October 2024. The focus of the workshops will be to support staff to develop their skills to identify bone fide concerns at an earlier stage. Assurances were also given that in November 2024, the QRSI PSW and the AP will review closed CASP cases in the past twelve months to determine if an NVB4 should have been submitted. Commencing in January 2025 the QRSI PSW and the AP will also review all CASP cases closed in the previous twelve months to determine if there is an increase in the rate of submissions to the Garda Vetting Bureau.

The response from the area manager recognised the need for the actions taken to mitigate against the systems risks identified through this inspection to be implemented across the service area, not just in the CASP service. The response outlined that the area manager would seek an external review of all CASP cases closed in the past 12 months to determine if they were appropriately closed. It is anticipated that this review will take place in Q4 2024. A report will be completed on the findings of the review and will be shared with the area SMT and any practice direction will be disseminated to all staff.

The area manager had requested the AP to provide a monthly tracker of NVB4 consultations requested by social workers and whether these have led to submissions of NVB4 forms. The AP had also been requested to provide training for all social work staff on the completion of NVB4 forms, to build competence in the service area in determining when the threshold of bona fide concern is met. Assurances were also given that the submission of NVB4 forms will be on the agenda of senior

management team meetings, supervision with all relevant PSWs and NVB4 trackers will be reviewed on a monthly basis by the relevant PSW to highlight any trends, gaps, or delays in the consultation process between the relevant social worker and the AP to ensure the timely submission of NVB4 forms. If any gaps or delays are identified these will be addressed by the relevant PSW, immediate action will be taken for the NVB4 to be submitted and the area manager notified formally.

The response also outlined that the area were awaiting national approval of new Tusla National Guidance documents in respect of responsibilities under Section 3 of the Child Care Act 1991 relating to specific cohorts of adult referrals with concerns for identified, identifiable and yet to be identified children. The regional professional support manager will deliver a briefing on these new Tusla national guidance documents in November 2024 to the area social work teams after which these guidance documents will be fully implemented in the service area.

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.

The service area had systems and processes in place that reflected the performance standards set out in legislation, regulations, national policy, procedures and best practice guidance. While staff demonstrated good knowledge of legislation and policies relevant to their roles the provider was not fulfilling its obligations under the National Vetting Bureau Act (2012) with regard to the timely submission of NVB4 notifications to the National Vetting Bureau.

The protracted timelines set out in the CASP were not consistently met and there were significant delays impacting on the ability of Tusla to act in a timely way to progress safeguarding actions for not as yet identified children who may be at risk, and the procedure did not fully address the findings of the HIQA 2018 investigation.

Judgment: Not 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.

The service area had governance arrangements and management systems in place however these were not always effective and the lines of authority and accountability were not always clear. The imputing of case information and timely sign off of CASP forms on the Tusla Case Management System (TCM) needed to be strengthened to ensure that the information held on files and data used for reporting and auditing purposes was up-to-date and accurate. Staff supervision was carried out in line with the timelines outlined in the Tusla supervision policy, however as not all cases were discussed at every supervision session, this meant that some cases were not discussed for long periods of time. The quality improvement plan for the service through the regionalisation of the CASP had not been progressed.

Judgment: Substantially Compliant

Quality and safety

Overall this inspection found the CASP team were generally child-centred in their approach to progressing cases through the CASP, while at the same time ensuring fair procedures and due process were afforded to the person against whom the allegation had been made. However communication with both children and adults in a significant number of cases was not in line with timelines set out in the CASP and individual communication needs were not always recognised or supported.

While there were clear child protection procedures and systems in place to ensure that effective safeguarding for children was central to cases being worked through the CASP, not all child protection concerns were assessed in line with Children First. In addition the vulnerability, safety and individual needs of all children were not always considered and supported by the CASP team. Inspectors had significant concerns regarding the timely safeguarding of children. both those children identified during the CASP process and as yet to be identified children. Five individual cases where inspectors had concerns with regard to safeguarding of children were escalated as part of the inspection. There was evidence that some consideration was given that children open to the CASP may potentially have been subjected to organised, organisational or institutional abuse. The significant delays in the progression of CASP did impact on the ability of Tusla to act in a timely way to progress safeguarding actions for identifiable and not as yet identified children who may be at risk, and the procedure did not fully address the findings of the HIQA 2018 investigation.

The CASP SIP, March 2024 outlined that where delays arise there should be communication with the alleged victim and the alleged abuser by the CASP team every eight weeks to provide an update and assurance. Such delays should be noted on the supervision sheet and a plan to address delays identified. The PSW and area manager should be kept informed of challenges developing in the system as they arise, through supervision, PSW meeting and SMT meeting to address any blocks as they arise. Other improvements included recording all communication with other social work teams on TCM notes and files to reflect joint working. This included a record being named correctly so that it could be identified easily and reflect accurately the work undertaken on each CASP case.

There was evidence on some files reviewed by inspectors that initial contact with children and adults was timely and that they were updated regularly about the CASP process. Where other Tusla teams were responsible for communication with children and families, inspectors saw evidence of the CASP teams contact with these social workers. Inspectors also saw some evidence of good child-centred practice with regard to planning communication with children on the case files reviewed.

In one case reviewed a planning meeting was undertaken between the CASP PSW, CASP regional lead and CPW PSW of the Tusla service area in which the alleged victim was living. A trauma informed care approach was taken to decide who was best placed to interview the child. There was good ongoing communication between the two social work departments with regard to communication with the child. A decision was also made not to issue the initial letters until the child had met the CASP SW. In another case the CASP worker was child-centred in their approach to interviewing a young person who had made a disclosure. The young person was given time to concentrate on their exams before meeting the CASP SW. Several office visits were facilitated by the CASP SW to support the young person and they were advised of the need to inform the Gardaí. However it was not always clearly recorded if the full implications of the CASP referral were explained to the child or young person or if they were given the CASP leaflets.

Inspectors found significant delays with regard to updating children and their families on the progress of the CASP. Communication in these cases was found not to be in line with the timelines set out in the CASP policy. In 11 cases reviewed ongoing communication with the alleged victim or their family was poor and in some cases no record of communication was recorded on the CASP file. In one case consideration was not given to the language needs and the ability of child or their parents to understand letters that were sent only in English. The file record of a conversation with the alleged victim's parent noted that the 'mother used broken English and it was difficult to understand her'. However CASP letters were sent in English to the

family and a telephone contact with the parent was undertaken without an interpreter.

In another case reviewed, where the alleged victim was a child-in-care with a disability, the case had closed to CASP as the team were unable to make contact with the Tusla child-in-care social worker (CIC SW), who held loco parentis responsibilities for the alleged victim. File records showed that when the other Tusla service area did not respond to the CASP initial letters within the required timeline the case closed. The case was subsequently re-opened at a later date by the CASP team when the CIC SW made contact with the service on return from extended leave. It was a concern that the case was closed by the CASP team without any attempt by them to contact the CIC SW's manager, in the other Tusla area, and as a result inspectors escalated this case to the area manager for review during the inspection. The review was completed at the beginning of October 2024 and found that as the case related to a child in the statutory care of the Child and Family Agency this case should not have been closed and every effort should have been made to engage with the alleged victim and their legal guardian. The management structure for communication should have been followed where the efforts by the CASP team to engage went unanswered by the other service area. The CASP PSW should have contacted the PSW with responsibility for the alleged victim, seeking the information necessary to progress the CASP assessment. In the event of this effort to communicate not progressing then the matter should have been escalated to the area manager, who in turn should have contacted their counterpart in the other service area. The review recommended that in CASP cases where the alleged victim is a child or young person in alternative care, the case must not be closed until communication has been made with the child or young person's social worker. The area manager had accepted this recommendation as an immediate action for implementation and was also seeking an external review of all CASP cases closed in the past 12 months to determine if they were appropriately closed. The area anticipated that this review will take place in Q4 2024 and that a report will be completed on the findings of the review which will be shared with the area manager and the senior management team. Practice direction will be disseminated to all staff on any learnings and actions required from the review.

The Tusla CASP publically available leaflets for children and young people were reviewed by inspectors and while available in a number of different languages to the CASP Team, they were not child friendly or easy to understand. The leaflets did not provide a clear explanation of what would happen with the information that was shared by the child as part of the CASP process. There was also no leaflet to explain the procedure to parents, and children's leaflets remained available only in English on the Tusla website at the time of the inspection. The CASP national planning and development group were progressing the development of an animation designed in consultation with children with plans for it to be made available in quarter four 2024.

However the need for more child friendly communication had been a finding from each of the four previous HIQA inspections undertaken in 2023. It was a concern therefore that at the time of the inspection, more than a year since the issues were first identified, improvements in communication had not been progressed.

External professionals external to Tusla spoke highly of the services delivered by the CASP team and reported good working relationships, communication and sharing of information. They had a clear understanding of Tusla's role in protecting children and why as part of this role some cases are also worked through the child abuse substantiation procedure. CASP briefings provided to adult mental health professionals and Gardaí were seen to be helpful and provided a good explanation of the CASP process.

All CASP referrals were screened by the area duty team. The duty team had responsibility for undertaking immediate safeguarding action for identified children and progressing Garda notifications before the referral was progressed to the CASP team. All cases identified as meeting the CASP criteria were reviewed by the CASP PSW in advance of allocation to a CASP SW and opened to CASP at PE stage. The area child protection and welfare, child-in-care and fostering teams continued to work to safeguard and support children and families through Tusla's national approach to practice in parallel to the CASP. These teams remained responsible for Tusla's safeguarding and support plan for the identified child.

As the scope of this inspection was confined to the CASP a review of the practice in relation to the screening of child protection concerns prior to progression of the referral to the CASP team was not included. However the inspection found that on the majority of files reviewed there was sufficient information about children retained on the CASP file that demonstrated the CASP team had, in most cases, both considered and sought assurances that all child protection concerns relating to CASP referrals were assessed in line with Children's First and that children were safe. There was evidence of good communication and information sharing in place to support the CASP team. Children with open CASP cases continued to be supported through the CPW and CIC teams and CASP staff also had access to non CASP related information relevant to the immediate safety, welfare and protection of individual children. Inspectors reviewed a sample of categorisation meeting's for CIC where consideration of the need to make referral to CASP was discussed and decision was made not to progress to CASP. These meetings were held between the CASP and child-in-care teams and were found to include clarity of role and responsibilities for each team with regard to safeguarding, and good communication and decision making around CASP. However there were delays at CASP screening stage and no transfer meetings were taking place between the duty and CASP teams. Also consultations between the CASP team and other social work teams where CASP was considered were not recorded on TCM.

In the majority of case files reviewed it was evident that there was contact made with the alleged abuser family and extended family, the CASP team took account of the family's capacity to protect identified children and third parties were appropriately informed of potential risk that the alleged abuser may pose to children. While in most cases reviewed CASP staff sought assurance about risks to children, however there remained gaps on some CASP records to evidence whether a child protection and welfare referral (CPWRF) had been made, the receipt of the outcome of such referrals and whether safety plans were in place. This was also identified in the area's service audits. Where child protection concerns were subsequently identified as part of the CASP, referrals in most cases were made to the area duty team in a timely manner for further assessment and safety planning.

Timely consideration of the safeguarding needs of identified, identifiable and yet to be identified children was not undertaken in all cases reviewed by inspectors. Two cases reviewed as part of the inspection were escalated as timely action to address the safeguarding concerns for children who were identified through CASP had not been taken. Satisfactory assurances were received from the area manager that safety plans were being put in place and the safeguarding concerns were been addressed in both cases. In one case reviewed consideration was not given to the safeguarding of the alleged abuser's own children. In the second case escalated there were ongoing safeguarding concerns for children identified through CASP that had been referred to the CPW intake team by the CASP team in December 2023. The file review indicated that the CASP SW remained concerned for the safety of these children eight months after the notification had been made in August 2024. Following escalation of the case to the area manager a safeguarding visit to the family home was undertaken by the social work team within 24 hours. At that time the CASP SW had discussed their concern with the regional CASP lead in the absence of the PSW CASP, the CASP PSW confirmed that they had been made aware of the concerns on their return however the ongoing safeguarding concerns that the CASP SW highlighted were not escalated within the service area's line management structure.

Four cases reviewed as part of the inspection were escalated to the area manager due to concerns that timely consideration of 'bona fide' concerns was not evident and the need for progression of NVB4 notifications to safeguard not as yet identified children had not been completed. In one case which had been open to CASP for over one year the alleged abuser had contact with children through their profession however there was no evidence that any consideration was given as to whether a NVB4 Garda Vetting Bureau notification may be required. In another case the alleged abuser had ongoing contact with children through their voluntary activities. Satisfactory assurances were received with regard to all four cases escalated. In three of the cases the area submitted NVB4 notifications to the National Vetting Bureau

following escalation by HIQA and in the fourth case the need for an NVB4 was under consideration.

In another case, escalated to the area manager for review following the inspection, there had been a significant delay in taking safeguarding action with regard to the alleged abuser's own children. In May 2024 during a meeting between the CASP Social Worker and the alleged abuser, the alleged abuser advised that they had two children under the age of 18 years. Safeguarding action with regard to the alleged abuser own children was only taken at this point in the CASP process five months after CASP referral to Tusla. A review of this case was undertaken following escalation post inspection at the request of the area manager by the area QRSI PSW and the review report was finalised on 7 October 2024. The finding of the review were that when the referral was first received it should have been established at the preliminary enquiry stage if the alleged abuser had children and if so, as was the case, a referral should have been made to the duty team through the portal to ensure that safeguarding measures were put in place. The recommendations of the review, accepted as an immediate action for implementation by the area manager ,was that once a referral is received by CASP clarification must be sought at the preliminary enquiry stage as to whether the alleged abuser has children or not. If the alleged abuser has children, a referral through the Tusla Portal must be sent to the Duty team immediately and safeguarding put in place. In the event the alleged abuser has access to children not yet identified either in a work or volunteer capacity then third party notifications must be progressed.

There was consistent evidence across the files reviewed that CASP staff considered and confirmed that notifications had been made to An Garda Síochána in advance of referral to CASP. On the cases reviewed Garda notifications were made in a timely manner and recorded on the CASP file. Inspectors found some evidence of child-centred collaborative joint working and information sharing between Gardaí and the CASP team with regard to CASP cases. Gardaí who attended the focus group reported there was a shared commitment to ensuring children are safe and reported positively on the quality of joint working with Tusla staff. Information sharing was considered timely, any issues in relation to the management of priorities or risks were considered to be effectively managed. However inspectors found that joint agency strategy meetings around individual CASP cases were not convened between Gardaí and the CASP team and when discussions took place joint action sheets were not always completed on CASP files. Where joint action sheets were on file these were found to contain very limited information. Both Tusla CASP staff and Gardaí highlighted that joint working on CASP cases was impacted by limited resources and delays occurred where staff on different shift patterns had difficulty securing a mutually convenient time to meet or review Garda specialist victim interviews.

In advance of the second CASP SW joining the CASP team there was a significant delay in the progression of a number of CASP cases due the CASP team not having a social worker available to independently review specialist interviews. The CASP PSW ensured that the review of the outstanding specialist interviews was a priority within the workload of the second part-time social worker when they joined the CASP team. At the time of the inspection there were no outstanding specialist interviews awaiting review. However there was one case reviewed where the specialist interview review notes were found not to have been placed on the CASP file when it was completed in May 2024. At the time of the inspection no CASP social workers had specialist interviewing training to enable full participation in specialist interviews with the Gardaí however engagement in this training was planned for CASP team.

There was no national policy document to support staff to identify or respond to especially vulnerable children who may be at risk of child sexual exploitation, organisational abuse or institutional abuse. The CASP document also did not contain specific information to support staff around how to identify and respond to child sexual exploitation, organisational abuse or institutional abuse. In the absence of national guidance the local area had developed a practice guidance in March 2024 to support staff around identifying and respond to organisational or institutional abuse. This guidance did not however support staff with regard to identifying children who would be especially vulnerable to child sexual exploitation.

There was no CASP case at the time of the inspection or in the 12 month period prior to the inspection where the potential for organised child abuse and child sexual exploitation had been identified. There was some evidence that the CASP team gave consideration as part of the CASP that children may have been subjected to child sexual exploitation, organisational abuse or institutional abuse. The area screening form required the duty social worker to indicate if the alleged abuser had previous referrals, if the case was open, the date the last referral was closed and the total number of referrals received previously. Tusla staff and managers advised inspectors that when the referral is screened by the Duty SW team a review of TCM is undertaken to see if the alleged abuser has any other referrals and any concerns would then be referred to SWTL Duty.

On the files reviewed inspectors found evidence of some consideration of organised and organisational abuse. There was appropriate follow up with relevant third parties with regard to the risk the alleged abuser potentially posed to children. However in one case reviewed consideration of the risk of organisational abuse and any exploration of other potential victims was not evident on the file. The inspector raised these concerns with the CASP PSW who gave assurances that it had been considered, however this was not recorded on the file.

During the inspection a review by inspectors of the open and closed TCM case lists found that there were six alleged victims in the period covered by the inspection that had two or more alleged abusers. Under the CASP each of these allegations were managed separately in relation to each child or adult making a disclosure. The CASP PSW advised that the area did not have a process in place to identify patterns of abuse by named individuals and groups of individuals known to CASP.

Inspectors reviewed 26 retrospective CASP case files as part of this inspection and on the files reviewed there was evidence that retrospective disclosures were generally managed in line with Children First. External professionals said that the process for referring retrospective cases of abuse worked well, with the CASP team giving careful consideration to the mental health and welfare of service users. The opportunity to have an informal consultation with the CASP team in making referrals was viewed as a good support in managing the process. Inspectors were told that acknowledgement of referrals through the Tusla portal was prompt and reported that they had received feedback from adult alleged victim's that they had felt supported through the disclosure and any follow up investigation. Communication with adult alleged victims was reviewed on 19 case files. On seven cases communication with alleged victims was found to not be in line with the timelines set out in CASP and required improvement.

A review of the files showed that like the other CASP cases, there were significant delays in progressing retrospective cases through the CASP and in most cases there was not a clear explanation on file for this delay. While the significant delays in the progression of CASP were found not to impact on those already identified children they did impact on the ability of Tusla to act in a timely way to progress safeguarding actions for identifiable and not as yet identified children who may be at risk, and the procedure did not fully address the findings of the HIQA 2018 investigation.

Standard 1.3

Children are communicated with effectively and are provided with information in an accessible format.

Communication with children and families was not in line with the timelines set out in the CASP and required improvement. While there were some examples of a child-centred approach to communication with children and families, individual communication needs were not always recognised and supported. The Tusla CASP publically available leaflets for children and young people were not child friendly or easy to understand. The leaflets did not provide a clear explanation for children about what would happen with the information they shared as part of the CASP. There was no CASP leaflet for parents. CASP leaflets translated into other languages were only available in print form through the CASP team. The CASP leaflet was available only in English on the Tusla website.

Judgment: Substantially compliant

Standard 2.5

All reports of child protection concerns are assessed in line with *Children First* and best available evidence.

While there were clear child protection procedures and systems in place to ensure that effective safeguarding for children was central to cases being worked through the CASP not all child protection concerns were assessed in line with Children First. In addition the vulnerability, safety and individual needs of all children were not always considered and supported. There were significant delays in the safeguarding action taken for children who had been identified during the CASP process. There was significant delays in safeguarding action to protect yet to be identified children where there were 'bona fide' concerns through the timely consideration and submission of NVB4 forms to the National Vetting Bureau.

There was also significant delays in the progression of CASP impacting on the ability of Tusla to act in a timely way to progress safeguarding actions for not as yet identified children who may be at risk, and the procedure did not fully address the findings of the HIQA 2018 investigation.

Judgment: Not Compliant

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 needs of the children who may have been subjected to child sexual exploitation, organised, organisational and or institutional abuse and children who were deemed to be especially vulnerable were generally identified and responded to. There was close liaison between CASP staff and An Garda Síochána and retrospective disclosures were managed in line with Children First.

In the absence of guidance within the national CASP the area had developed a local practice guidance to support CASP staff around how to identify and respond to potential organisational or institutional abuse. Information about previous incidents of abuse and or other allegations about the same alleged abuser was not gathered in line with the standard and there was no evidence that this information was used to identify patterns of abuse.

Judgment: Substantially Compliant

Compliance Plan for Kerry OSV – 0004374

Inspection ID: MON-0044459

Date of inspection: 16/09/2024

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 regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed in section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation 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 or person in charge has generally met the requirements of the regulation 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, or person in charge, has not complied with a regulation 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 3.1	Judgment: Not compliant
<p>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.</p> <p>Actions</p> <ol style="list-style-type: none"> 1. Screening is completed by the Duty screening officer in line with Standard Business Process (24 hours) and the information is recorded on the screening sheet. 2. When the Duty Team Leader is satisfied that the criteria for CASP has been met they will review the referral and send to CASP for allocation within 24 hours. 3. When the case is received by the CASP team, within 48 hours the Principal Social Worker (PSW) with responsibility for CASP will review the case to determine any outstanding tasks regarding identified, identifiable and yet to identified children to the Person Subject to Abuse Allegation (PSAA). 4. If there are delays in establishing the PSAAs contact with children, such as non-engagement, this will be recorded in the supervision record for the case by the CASP PSW. 5. The CASP PSW will assign the case, with actions to be progressed within three days of allocation. 	

Person Responsible

Duty Screening Officer, Duty Team Leader, CASP PSW, CASP Worker

Completion

Action 1 currently operational

Action 2 currently operational

Action 3 currently operational

Action 4 currently operational

Action 5 currently operational

Actions will continue in Q1 2025 and will be formally reviewed by Senior Kerry Management and monitored through the quarterly Area Service Improvement Plan review meetings.

Action:

6. If it is identified that a child protection concern has arisen, the CASP Worker will create a referral through the portal within 24 hours and notify the Duty Team Leader by phone call or email. TCM ID of safety plan will then be forwarded to the CASP Worker by the Duty Team Leader and recorded on the CASP file.
7. Standard Operating Procedures on 'immediate and serious risk to children' is adhered to regarding third party disclosures and where necessary engagement with the Office of Legal Services.
8. Immediate consideration will be given to undertaking the safeguarding of children if the PSAA has contact with children through employment or voluntary work.
9. In line with fair procedure, where the PSAA is obliged to inform their employer/voluntary organisation of the allegation, they will be afforded an opportunity to do so and this will be verified through engagement with the employer/voluntary organisation by the CASP Worker.

Person Responsible

CASP PSW, CASP Worker, Duty PSW, Duty Social Work Team Leader and Duty Social Worker.

Completion

Action 6 currently operational

Action 7 currently operational

Action 8 currently operational

Action 9 currently operational

Actions:

10. The CASP lead has developed a draft proforma CASP Consultation record that can be used by all teams in Tusla Kerry. This consultation record will be stored on the TCM CPAC file under naming convention 'CASP Consultation with date: year, month, day'.
11. The Regional Professional Support Manager and the Regional CASP Lead will provide a presentation to staff on Friday 13th December 2024 on the National Guidance.
12. CASP Version 2 training has been completed by all teams, during August and September 2024 and the CASP PSW is available for ongoing consultation where necessary.

Person Responsible

CASP Regional Lead, CASP PSW and Senior Management Team Kerry.

Completion

Action 10 in progress

Action 11 end of Q4 2024

Action 12 end of Q4 2024

Actions:

13. The Appropriate Person is providing training for all Tusla Kerry Social Work Staff on the completion of NVB4 forms in Q1 2025.
14. The Area Manager will receive a monthly tracker from the Appropriate Person commencing in Q1 2025. This tracker will outline the number of consultations with Social Workers concerning the submission of NVB4s in the Area.
15. At the CASP Preliminary Enquiry stage consideration will be given to the completion of an NVB4 form.
16. Following deliberation, a consultation with the Appropriate Person will take place within three days where required. A record of this Consultation will be completed by the Appropriate Person during the meeting and sent to the CASP Worker to attach to TCM.
17. At monthly supervision, the CASP PSW will review the progress of all NVB4s with the CASP Worker. This will be recorded using the new CASP Supervision template and each individual record will be uploaded to TCM.
18. The CASP PSW maintains a tracker to monitor the progress of consultations, draft

and completed NVB4s. This tracker is in place since the 31st of October 2024.

Person Responsible

The Appropriate Person, Area Manager, CASP PSW

Completion

Action 13 in progress

Action 14 in progress

Action 15 currently operational

Action 16 currently operational

Action 17 currently operational

Action 18 currently operational

Actions:

19. Commencing in January 2025, the QRSI PSW and the Appropriate Person will review all CASP cases closed in the previous twelve months.

20. In Q4 2024, the QRSI PSW and the Appropriate Person will review closed CASP cases in the past twelve months to determine if an NVB4 should have been submitted.

21. A Practice Direction will be disseminated from the findings of this review to all staff.

Person Responsible:

QRSI PSW, and Appropriate Person

Completion:

Action 19 in progress

Action 20 in progress

Action 21 end of Q1 2025

Standard 3.2	Judgment: Substantially compliant
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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.

Actions;

1. The CASP Social Worker reports to their line manager (PSW) and in the circumstances where the PSW is on leave a nominated PSW in Tusla Kerry will be identified as the line manager with delegated responsibility for CASP for that period of time.

2. The Regional CASP Lead can be contacted for consultative purposes on CASP related issues but not for line management direction.
3. Prior to monthly supervision the CASP PSW will run a monthly TCM report on timeline adherence/non-adherence to CASP. This will be clearly recorded in the supervision record, including timeframe extensions agreed in line with the Policy.
4. The Person making the disclosure (PMD), the PSAA and other relevant parties, including the relevant Social Work Department, will be updated a minimum of every eight weeks of any delays in progressing the substantiation assessment.
5. The CASP PSW will use TCM report to track when each case has been discussed in supervision. At the outset of each supervision session a review of the case list will be conducted to ensure that each case is reviewed at least every alternative supervision session.
6. The Quality Improvement Plan (Regionalisation of CASP) for the Region will be available on the 13th of December 2024.

Person Responsible:

CASP PSW, CASP Social Worker and CASP Regional Lead

Completion

Action 1 currently operational

Action 2 currently operational

Action 3 currently operational

Action 4 currently operational

Action 5 currently operational

Action 6 end of Q4 2025

Standard 1.3

Judgment: Substantially compliant

Outline how you are going to come into compliance with Standard 1.3: Children are communicated with effectively and are provided with information in an accessible format.

Actions;

1. All children and families will be updated at least every eight weeks of the progress of the CASP assessment.
2. All communication methods will be considered (including face-to-face, phone or video call and written format) including the use of a translator when communicating with individuals involved in CASP.
3. The CASP Social Workers have completed 'Being Trauma Informed' training and they will use this learning to inform their practice and their communication with all PMDs & PSAAs.
4. Tusla Kerry will commence the use of CASP Version 2 suite of leaflets in Q1 2025. These leaflets include an explanatory leaflet which supports parents/carers/professionals in how to explain CASP to a child. The leaflets also include a QR code to access a child friendly CASP animation.
5. The translation of leaflets will be provided as necessary.

Person Responsible

CASP PSW and CASP Social Worker

Completion

Action 1 currently operational
 Action 2 currently operational
 Action 3 currently operational
 Action 4 currently operational
 Action 5 currently operational

Standard 2.5	Judgment: Not compliant
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Outline how you are going to come into compliance with Standard 2.5: All reports of child protection concerns are assessed in line with *Children First* and best available evidence.

Actions;

1. To ensure efficient communication if an issue arises concerning a CASP case from another Social Work Department or Area this will be notified by either the CASP PSW or Area Manager, to their equivalent, as appropriate.
2. All referrals to the Area are screened within 24 hours. If it is identified by the CASP Worker that a child protection concern has arisen, they will immediately create a referral through the portal and notify the Duty Team Lead. TCM ID of Safety Plan will be forwarded by the Duty Team Leader.

3. The supervision template, and the screening and Preliminary Enquiry forms have been amended to reflect consideration of immediate and serious risk, such as the PSAAs contact with identified, identifiable and yet to be identified children and NVB4 consultations.
4. The CASP Worker will communicate with the PMD, PSAA and the relevant social work department a minimum of every eight weeks.
5. The CASP secondary worker has been fully trained to review Special Investigation interviews and support the CASP Social Worker to progress to stage one and two.

Person Responsible

CASP PSW, Area Manager and CASP Social Worker

Completion

Action 1 currently operational
 Action 2 currently operational
 Action 3 currently operational
 Action 4 currently operational
 Action 5 currently operational

Actions;

6. The Appropriate Person will provide three workshops to the Area in Q4 2024
7. The Kerry Area Manager’s Office has developed and maintains an NVB4 tracker.

Person Responsible

Appropriate Person and Kerry Area Manager

Completion

Action 6 end of Q4 2024
 Action 7 in progress

Standard 2.12	Judgment: Substantially compliant
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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.

Actions;

1. The administrator for CASP maintains a tracker of all referrals. This is reviewed as part of the Duty screening process to establish any patterns or trends emerging. This tracker reflects previous involvement with Child Protection Services Kerry, multiple referrals, PSAA details and any open or closed assessments.
2. The next South West Regional CASP meeting takes place on 27th November 2024 and a discussion on the use of trackers has been added to the agenda by the CASP Lead. This discussion is to ensure uniformity of practice in the Region regarding the management of organisation or institutional abuse.

Person Responsible;

CASP Administrator, Duty Social Work Team Leader and Regional CASP Lead

Completion

Action 1 currently operational

Action 2 end of Q4 2024

Section 2:

Standards to be complied with

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

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

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Standard 3.1	The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	Not compliant	Red	End of Q4 2024
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	Yellow	30/11/24
Standard 1.3	Children are communicated with effectively and are provided with information in an accessible format.	Substantially compliant	Yellow	30/11/24
Standard 2.5	All reports of child protection concerns are assessed in line with <i>Children First</i> and best available evidence.	Not compliant	Red	30/11/24
Standard 2.12	The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are	Substantially compliant	Yellow	30/11/24

	deemed to be especially vulnerable are identified and responded to.			
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