



**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:	Dublin Mid Leinster Region (Dublin South West/Kildare/West Wicklow, Dublin South Central, Midlands, Dublin South East/Wicklow)
Type of inspection:	Child Protection and Welfare - Child Abuse Substantiation Procedure
Date of inspection:	13 - 17 November 2023
Lead inspector:	Caroline Browne
Support inspector(s):	Saragh McGarrigle Sabine Buschmann Sharon Moore
Fieldwork ID	MON-0041692

## 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 Dublin Mid Leinster (DML) regional CASP team 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).

This inspection focused on the implementation of Tusla's Child Abuse Substantiation Procedure (CASP) which came into operation on 27 June 2022.

### **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 (AGS).

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 2 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 by the service prior to the inspection there were 102 cases open under the CASP; 31 (30.4%) of which were retrospective disclosures of abuse and 71 (70%) were disclosures of abuse made by a child. It is noted that the service recorded if a disclosure was made by an adult or child, but did not change the age as time passed. This meant that while some people making a disclosure were under 18 years of age at the time of disclosure, they were adults, over 18 years, at the time of the inspection.

## How we inspect

As part of this inspection, inspectors met with social work managers and staff. Inspectors observed practices and reviewed documentation such as service user's 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 DML regional allegation assessment team held responsibility for two types of cases. Those that met the CASP criteria (please see outline earlier in report) and cases which were referred to Tusla prior to the introduction of CASP in June 2022, but did not transfer over to the CASP process. Over the course of the

inspection it was apparent that there were 13 of these pre-CASP cases. 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 general manager/CASP manager
- interview with the regional chief officer (RCO)
- interview with social work team leader
- focus group with CASP social workers
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the review of 33 CASP case files
- phone conversations with four service users
- phone conversation with one external professional
- focus group with external professionals
- focus group with Tusla professionals external to the CASP team.

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

## Profile of the child protection and welfare service

### **The Child and Family Agency**

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

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

- child welfare and protection services, including family support services
- existing Family Support Agency responsibilities
- existing National Educational Welfare Board responsibilities

- pre-school inspection services
- domestic, sexual and gender-based violence services.

Child and family services are organised into 17 service areas and are managed by area managers. The areas are grouped into six regions, each with a 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 Dublin Mid Leinster CASP team covers the service areas of Dublin South Central, Dublin South West/ Kildare West Wicklow, Dublin South East/ Wicklow and the Midlands. These local service area teams held responsibility and managed some CASP assessments relevant to their local areas which related to children in the community. However, in some contexts, where there was agreement at PSW level, some local cases involving children in the community were referred to the DML regional team. Overall, the CASP regional team have regional responsibility for CASP cases in the following context:

- Where there are allegations of child abuse made against foster carers (and adults in the same household as foster carers) supported lodgings providers / residential care workers
- Where there are historical allegations of child abuse (i.e. where an adult had made a disclosure that they were abused as a child by an identified adult) and where a substantiation assessment is required in accordance with the scope of the CASP.
- Where there may be a complex case of current allegations of child abuse and CASP is required and it is agreed between PSW for the area team and the CASP PSW that the case will be managed by the regional CASP team.
- Where there is a current allegations of child abuse and the area team may have insufficient resources and request assistance from the regional CASP team to take case management responsibility for assessment (agreed between area PSW and CASP regional PSW).

The CASP regional team also have regional responsibility for case management of suitable cases that fall within the remit of the child protection and welfare guidance supporting consistent responses including circumstances where:

- Persons self-disclose that they have a sexual interest in children

- Persons with convictions relating to child abuse and or neglect with no current contact with identified children that may or may not be open to the sex offender risk assessment management (SORAM)<sup>1</sup> multidisciplinary mechanisms
- Persons with convictions relating to the downloading, possession, distribution, production of indecent images of children with no current contact with identified children
- Criminal notifications relating to child abuse and or neglect, and where there are potential risk to a child received from An Garda Síochána (AGS) or from Garda National Vetting Bureau.

The DML regional team was led by the CASP Lead who was a principal social worker (PSW) who reported directly to the general manager. The general manager reported to the RCO for Dublin Mid Leinster region. There were seven social work practitioners on the CASP team who reported to one Social Work Team Leader.

## 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

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<sup>1</sup> Sex Offender Risk Assessment and Management (SORAM) supports enhanced levels of co-operation and co-ordination between key statutory organisations involved in managing the risks posed to the community by convicted sex offenders and in safeguarding the welfare of children-

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
13 November 2023	13.30hrs to 17.00hrs	Caroline Browne	Lead Inspector
	13.30hrs to 17.00hrs	Saragh McGarrigle	Inspector
	13.30hrs to 17.00hrs	Sabine Buschmann	Inspector
	13.30hrs to 17.00hrs	Sharon Moore	Inspector
14 November 2023	09.00hrs to17.00hrs	Caroline Browne	Lead Inspector
	09.00hrs to17.00hrs	Saragh McGarrigle	Inspector
	09.00hrs to17.00hrs	Sabine Buschmann	Inspector
	09.00hrs to17.00hrs	Sharon Moore	Inspector
15 November 2023	08.30hrs to 17.00hrs	Caroline Browne	Lead Inspector
	09.00hrs to 17.00hrs	Saragh McGarrigle	Inspector
	09.00hrs to17.00hrs	Sabine Buschmann	Inspector
	09.30hrs to 17.00hrs	Sharon Moore	Inspector
16 November 2023	08.30hrs to17.00hrs	Caroline Browne	Lead Inspector
	09.00hrs to 17.00hrs	Saragh McGarrigle	Inspector
	09.00hrs to17.00hrs	Sabine Buschmann	Inspector
	09.30hrs to 17.00hrs	Sharon Moore	Inspector



17 November 2023	09.00hrs to 13.00hrs 09.00hrs to 13.00hrs	Saragh McGarrigle Sabine Buschmann	Inspector Inspector
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## Views of people who use the service

Hearing the voices of adults and children who have experience of a particular service is an essential part of understanding the impact a service has had on people's lives. Inspectors were conscious of the sensitive and often traumatic reason for people being involved with the CASP team. 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 people who had experience of the CASP in the 12 months prior to the inspection. Four individuals rang the number and spoke to inspectors about their experience of the service.

Service users including a parent and foster carers spoke about concerns about the significant delays and lack of communication during the CASP assessment process, the personal impact that the CASP assessment process not only had on them but also their families. They spoke about delays in reporting to CASP and delays in meeting them, for example, seven months before one person was met with. Communication was poor in relation to the delays and the reasons for them, and while assurances were given that contact would be made, another person reported there were further delays in them being contacted again. While some safeguarding measures were implemented, safeguarding measures were not considered in all aspects of the person's life in which they were in contact with children. They described the process as demoralising, and that the process in of itself took too long. Some reported that at the initial stages of implementation, staff seemed unfamiliar with the process.

External professionals spoken to expressed their view that the CASP was implemented without adequate consultation with external professionals. They advised that the procedure was not child or person centred and noted that the CASP letters used to communicate with people were very formal and service users found them difficult to understand. The timelines within the CASP were too restrictive and did not take into account the therapeutic process and the victims own pace. The substantiation process was very long and protracted. They noted in cases, where the assessments were unfounded, alleged abusers were often on leave from employment for long periods of time due to the protracted nature of

the substantiation process. They also expressed concerns that adult survivors of abuse were deterred from disclosing abuse to counsellors due to their obligations under mandatory reporting in line with Children First (2017).

Some external professionals working closely with the CASP team advised that there were good interpersonal relationships with social workers on the team, however this was based on individual relationships rather than through a formal communication mechanism. They also advised in cases where the CASP team and Child in Care social work teams were involved when a child made a disclosure, communication between teams became difficult.

Professionals within Tusla who were external to the CASP team spoke positively of the DML CASP regional team and advised that the team were very approachable and they often consulted informally about potential CASP cases and the threshold for CASP. Staff advised that the CASP regional team were experienced in the implementation of the procedure and were a good support to other teams. They noted that the letters used within the CASP were more suitable for adults rather than children. Staff were of the view that the CASP was not aligned with existing Tusla policies. For example, when an allegation was made by a child in care, there was potential for three separate social work teams being involved with the child.

Tusla staff advised that the CASP team would not always communicate with the alleged victim, but on an informal basis, the CASP team were aware of what stage the case was at within child protection teams with regard to the management of child protection concerns and associated safety measures in place. They advised that the procedure was in operation over one year and they are still familiarising themselves with its implementation in practice.

## Capacity and capability

This was an inspection that assessed Tusla's compliance, in the application of Tusla's CASP, with the national standards. It is important to note that this is just one small part of the child protection and welfare service that Tusla provides. HIQA monitors the performance of the Child and Family Agency against 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 in Children First.

Overall, there were clear governance arrangements in place, however there was a delay in establishing some governance arrangements at regional level. Staff were aware of their roles and there were clear lines of accountability. There was a commitment on the team for quality improvement and plans were developed in order to improve service delivery. At the time of inspection, the CASP team was fully resourced, as a result of which, the team had effectively reduced waiting lists for CASP assessments. However, there remained substantial delays at all stages of the CASP assessment process which did not enable effective safeguarding for children where required and did not fully address the findings of the 2018 HIQA investigation. Management systems in place were not always effective and required further development in order to address the findings in this report. There were good communication systems at team level, however, there were delays in establishing formalised regional management meetings to provide assurances regarding the implementation of CASP and accountability on the team. The combination of Tusla's policy on the completion of NVB4 forms, (forms used to notify the Garda Síochána National Vetting Bureau, garda vetting (police vetting) of concerns about adults) and CASP, resulted in delays in these notifications being sent to the Garda Vetting Bureau. This meant that Tusla did not operate in line with its requirement as a scheduled organisation under the National Vetting Bureau (Children and Vulnerable Persons)<sup>2</sup> Act 2012. There was a risk management framework, however the management of risk was not always timely or effective.

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<sup>2</sup> The National Vetting Bureau Act provides a statutory basis for the vetting of people who carry out work with children and or vulnerable adults. This act stipulates organisations such as Tusla which are required to notify the National Vetting Bureau of a "bone fide" (genuine) concern that a person may harm or put at risk a child or vulnerable adult. Notifications made under the 2012 Act are made separately to notifications made to An Garda Síochána when Tulsa staff suspect a crime has been committed.

There were clearly defined governance arrangements and lines of responsibilities across the service. Staff were aware of their roles and lines of accountability. While there were clear governance arrangements, overall accountability and management systems required improvement in order to ensure that a timely, child-centred service was being delivered in line with policy and legislation. There was a team of seven social workers including two senior social work practitioners who reported to a social work team leader.

The DML CASP team was managed by a principal social worker who was the CASP lead in the DML region. The principal social worker reported to the general manager who in turn reported to the RCO. Management systems in place which included risk management, quality assurance, supervision, and a complaints management system were not always effective in ensuring that a good quality service was delivered.

There were no vacancies on the DML CASP team at the time of inspection. Two social workers were recruited in the 12 months prior to the inspection. As a result, the staff team were in a position to reduce wait lists in line with the area's service improvement plan developed in 2022. Due to the lack of capacity on local area teams, staff resources from the regional team were redirected to local area teams in order to assist local teams to reduce waitlists in the region. There was a mix of new and experienced social workers on the team. Staff received training with respect to CASP implementation, data protection and interviewing techniques. They spoke about the benefits of training with particular emphasis on the improvement in the quality of interview techniques and corroboration of evidence. Staff demonstrated knowledge of legislation, policy and standards relevant to their roles. They were cognisant of their specialised role and the importance of impartiality when conducting substantiation assessments. While staff were aware of their roles and the importance of impartiality, there was inconsistent understanding with respect to the interface between the CASP team and other social work teams and sharing of information.

The RCO noted that there was learning to be shared with regard to the implementation of the CASP among all six regional CASP teams on a national level. It was acknowledged that the DML regional team was in a stage of development, during which, time was given to the develop processes before seeking to improve practice regarding its implementation. Both the RCO and the general manager spoke of the geographical size of the DML service area in comparison to other areas and the unique challenges that this brought. They advised of the impending Tusla reform programme and the structural review which may impact the regions structure and therefore the delivery of services within the region.

Management demonstrated a commitment to service improvement. The service had a service improvement plan in order to improve service delivery and these plans were monitored through supervision. Service improvement plans gave the team clear direction for how the service was to be delivered and reflected that the focus of the service was on timely, child-centred practice and the needs of children. Inspectors found that the plan clearly outlined specific steps to reach goals, and waiting lists were discussed through supervision, however there were no records to show measurable monitoring and tracking of this service improvement plan. Notwithstanding this, the service had successfully implemented the 2022 service improvement plan which sought to reduce waiting lists on the CASP team. At the time of this inspection, there was one case on a waiting list for assessment in comparison with unallocated figures of 246 in April 2022.

The service improvement plan in operation at the time of the inspection had been finalised in October 2023 and its overarching aim was to improve communication with alleged victims and alleged abusers regarding the status of the substantiation assessment and delays with respect to assessments. This service improvement plan was developed following feedback from area teams within the region, and from recent HIQA inspections, about the inconsistent communication from staff with alleged victims and alleged abusers regarding the stage of the assessments, and whether there were delays in assessments. This service improvement plan also aimed to ensure that the area teams were kept informed of the progress of assessments to support those teams regarding any safety planning they may have in place for children. This plan also provided clarity with respect to the submission of notifications of 'bona fide' concerns to the Garda National Vetting Bureau through national vetting bureau (NVB4) forms. While this service improvement plan was in place, the service indicated that monitoring of this plan would be achieved through auditing of allocated cases. However, there were no clearly defined timeframes for monitoring and evaluation of its implementation.

Monitoring and oversight systems in place required development in order to ensure the service was operating in line with standards, procedures and legislation. There was a significant delay in the introduction of auditing systems to provide assurances regarding CASP in practice. At the time of the inspection, there was no regional audit framework in operation for both allocated and unallocated cases. A national framework for the systemic auditing of allocated CASP files had recently been developed and a pilot of the framework was underway in another service area. A national guidance for 'CASP case allocation and management of cases awaiting allocation' came into effect in June 2023, one year following the introduction of CASP. However, this guidance was not in operation nationally at the time of the inspection.

There had been no external monitoring by Tulsa's Practice Assurance and Service Monitoring (PASM) team, since the CASP came into effect in June 2022. The RCO requested an audit by the PASM team in April 2023 in order to provide assurances to senior management about the service and to identify service improvements required. However, this audit had not yet occurred at the time of the inspection.

In the absence of national auditing frameworks, the principal social worker completed an audit of 30 cases open to the CASP team in July and August 2023. However, these audits had not resulted in sustained improvement. Findings of audits were collated and areas identified for improvement included the recording of rationales for delays, prioritisation of cases for allocation, lack of communication with the alleged victim, the retrospective uploading of information on Tulsa's IT system and timelines not being adhered to.

While actions and agreed timelines for actions to be completed were recorded as 'before next audit', no specific dates were recorded and no further audits were completed by the time of the inspection. In addition, audits for individual cases were not available on Tulsa's information system. Further to this, it was acknowledged by the team leader that not all agreed actions were monitored for implementation.

There was no regular review of unallocated cases throughout the 12 months prior to the inspection. Therefore, cases waiting allocation for significant periods of time throughout the 12 months prior to the inspection were not reviewed in order to consider waiting periods, review communication with alleged victim's and alleged abusers, to reprioritise cases for allocation or to escalate delays such as the lack progression of AGS interviews or feedback in this regard. This meant that the CASP team were not always aware of developments in cases, there were long periods when alleged victims were not updated of the status of their assessment and inadequate oversight meant there was potentially avoidable drift and delays in cases.

There was a system in place in order to monitor complaints, concerns and adverse events such as serious incidents. A 'Need to Know' reporting procedure was used to notify Tusla's National Office of serious incidents and adverse events in relation to children in care and known to Tusla. There were no 'Need to Knows' relevant to the CASP team reported in the 12 months prior to the inspection and this was verified by inspector's review of files. There was a complaints system in place in which complaints were logged and tracked on a National Incident Management Systems (NIMS) and reports were available for monitoring by the RCO. There was one complaint tracked on this management system relevant to the DML CASP team. The complaint received related to the lack of communication and engagement from the CASP team with regard to safeguarding measures with respect to an employee in an organisation where the alleged abuser had contact with children. Inspectors found that this complaint was responded to by the social work team leader in a timely manner.

However, complaints which had been managed informally were not recorded to monitor and identify areas for learning and service improvement among the team. The RCO identified the recording and monitoring of informal complaints as an area for improvement across the DML region.

There was a risk management framework in place, however the management of risk was not always timely or effective. Inspectors found that risks specific to the DML CASP team were not escalated in a timely manner. At the time of the inspection, there were no risks on the Dublin Mid Leinster's CASP team's regional risk register. However, risks apparent on the CASP team, such as the associated potential risk to children as a result of cases on waiting lists and delays in progression of cases from screening to preliminary enquiry for considerable periods of time had not been escalated.

Furthermore, the delay in progression of cases within the DML region which compounded the delay in submission of NVB4 forms and the delays in identifying children potentially exposed to risk was not escalated. A risk assessment was completed in October 2023 with respect to the timeframes for contacting both alleged victims and alleged abusers and delays within the CASP processes, however there was a delay in the escalation of this risk, which was submitted the week of this inspection. Furthermore, this risk escalation did not specify the impact of the delays within CASP such as those outlined above. The regional team's recently developed service improvement plan sought to address delays in communication with alleged victims and alleged abusers.

Tusla maintained a national CASP risk, action and decision log. A risk assessment dated 28/10/23 was submitted to the inspection team on 1 December 2023, but at the time of inspection, no risk register was provided to inspectors.

However, not all risks escalated nationally in this way were responded to in a timely manner. Of the 23 risks and issues raised, 15 of those raised were managed and closed. When a risk was identified on this log, agreed actions were put in place to address the issue or the risk was discussed at CASP planning and development group meetings and or escalated to the national governance group. There was timely actions to address some issues raised, such as the contradiction between the CASP with the Foster Care Committee guidance and the formatting of CASP letters and booklets. However, there was a lack of timely response to some issues raised such as the timely submission of NVB4s, which was highlighted as an issue in February 2023, and while a mitigating action agreed was to meet with the relevant "Appropriate Person"<sup>3</sup>, this had not occurred by the time of the inspection. While this meeting was scheduled to occur in the DML area, steps were not taken in a timely way to address gaps in compliance. As a result, there was ambiguity with respect to the submission of NVB4's and the steps of the substantiation assessment in line with the CASP, which impacted on practice and potentially placed children at risk.

National oversight of the implementation of the CASP was achieved through CASP Planning and Development meetings. The Planning and Development forum met monthly and was attended by the Regional Implementation Leads for CASP, as well as professionals from data protection and legal services. Meetings were chaired by an Area Manager who was also the National Chair of the Planning and Development Group who reported to the CASP National Implementation Lead. A review of minutes showed discussion with respect to a review of identified risks and issues recorded on the national risk issue and action log. There was also a CASP implementation governance forum which was held monthly and attended by the National CASP Lead, the National Chair of the Planning and Development Group and a representative at area manager level from each region.

Items discussed included feedback and updates from regions with respect to implementation of CASP nationally, a review of risks, issues raised and metrics. However, there was slow progression in the management of some risks.

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<sup>3</sup> Under the act a scheduled organisation must nominate a person to make notifications to the Vetting Bureau. This person is known as the "Appropriate Person".



There was also a community of practice forum which met on a 6-8 weekly basis. This forum was established to bring together key staff within each region with responsibility for carrying out substantiation assessments to share knowledge, skills and expertise. The community of practice was established to support and develop capacity and experience of staff carrying out the work and to support the implementation of the CASP. This forum also facilitated a mechanism of escalation to Tusla's CASP Planning and Development group in relation to specific areas of concern and practice challenges. The inspection found that these meetings were an example of good practice. Minutes of meetings held reflected discussion with regard to practice issues arising on specific cases, relevant case law and international best practice.

There were good lines of communication within the DML CASP team. Team meetings were held monthly and were attended by the principal social worker, the social work team leader and social work staff. A review of these minutes showed meetings were used to disseminate information and updates with regard to practice within the region, referral trends, management of waitlists and the CASP process. Inspectors found that records of meetings reflected good thorough discussions with teams and clarity was provided with respect to standard operating procedures and implementation of the CASP. However, a formalised communication system was not in place between the CASP team and child protection teams who were also working with children who were subject to a substantiation assessment. As a result, there was a lack of integration between both teams in order to ensure a safe and child-centred service was provided.

The RCO advised that regional monitoring and oversight was achieved through supervision, review of metrics and audits. The RCO acknowledged that the integration between child protection and CASP teams was an area in which improvement was required. In order to improve oversight of the implementation of the CASP across the region, a regional oversight group was established in May 2023 to promote integration into the local management teams. The RCO of DML established a regional CASP implementation group in May 2023 in order to oversee CASP implementation in the region and feed back to national forum where there a need for practice changes. These meetings were attended by the RCO, the general manager, principal social worker for the DML CASP team and a representative from each local CASP team in the DML region. While this was a positive development in order to improve communication and oversight at senior management level, it was not established in a timely way.

The availability of metrics reports was delayed due to the functionality of the information system on the CASP team. As a result, two reports were available since the introduction of CASP which were for August and September 2023. These reports provided a summary analysis of the status of CASP assessments on the team. Some of the key data available included numbers of assessments open, closed and assessments awaiting allocation. However, inspectors found that there were significant variances in data generated from Tusla's information management systems and HIQA's review of cases during fieldwork. This was due to the retrospective uploading of case notes and the lack of timely sign off at relevant stages of the assessments. Inspectors found that the information system was not used effectively as a case management tool. Therefore, this raised concern with respect to the integrity of information gained from Tusla's Case Management system, which was used as a mechanism for the oversight and monitoring of cases by senior management.

The management team identified supervision as the main mechanism for oversight of cases and review of implementation of the CASP. Inspectors found that supervision was not always provided to social work staff in line with timelines agreed in national Tusla policy. For example, in one supervision file reviewed there were gaps of six months in supervision. In another case reviewed there were gaps of four months between supervision sessions. There was no auditing of supervision since the CASP team had been established in June 2022. Supervision provided by the principal social worker and general manager was regular and included discussion with respect to case management, numbers of unallocated cases, professional development and support. However, supervision records did not record agreed timeframes for completion of actions, as a result records did not enable effective oversight or monitoring of decisions made.

There were significant gaps in case management in order to provide clear direction and oversight to staff in cases. The inspection found that case management provided to staff on individual cases was not regular and the lack of direction resulted in drift and delay. Inspectors reviewed case management records on fourteen cases and found that there were limited records of oversight. For example, in two cases reviewed there was one record of case management since the case was opened in October 2022. In one case, inspectors identified a delay in the notification of child protection concerns to the child protection team and gaps in records of safeguarding plans in place. In another case, inspectors found drift and delay in escalation of this case. HIQA sought and received satisfactory assurances due to the lack of progression of the case, and were assured that the progression of a risk assessment of the alleged abuser would be completed in a timely manner. In another case, there was one case management record since the case was opened in February 2023. Inspectors sought assurances regarding this case due to the delays in submission of notification to the National Garda Vetting Bureau.

The inspection found that there were substantial delays at all stages of the CASP process and the majority of cases were not reaching the timelines as per the CASP. Delays in completion of assessments impacted on the ability of Tusla to act in a timely way to progress safeguarding actions for children, and therefore did not fully address the findings of the HIQA 2018 investigation. The management team acknowledged that there were substantial delays in some assessments. In response to the initial delays in the screening and transferring of cases to the DML team, resources were redirected to local CASP teams in order to complete a blitz of cases, which involved an intensive effort by staff to reduce cases awaiting transfer to the DML CASP team.

In some instances, delays in the progression of a substantiation assessment are due to reasons that are outside the control of the CASP team. For example, in some instances delays may be due to criminal proceedings, children undergoing a child specialist interview or to allow time for the person alleging abuse to determine whether they wish to proceed with a substantiation assessment.

In line with the CASP, the completion of an interview with the alleged victim and any potential witnesses are completed at stage 1, within 60 days, extended to 90 days (with management agreement where an extension is required), from the date the social work team leader makes a decision to move to stage 1. Stage 2 has a number of steps to allow time for the alleged abuser to respond to the allegations, while a provisional conclusion should be reached at 235 days, it could take 343 days for a final conclusion to be made.

Data provided by the CASP team indicated that 12 cases had a stage 1 and six cases had a stage 2 assessment completed in the previous 12 months. However, as discussed earlier in this report, inspectors found that Tusla's data and information system was not accurate as there were numerous variances between data provided prior to the inspection and the review of cases during fieldwork. For example, data provided to HIQA indicated a case was at preliminary enquiry stage, however on review the case was at stage 2 of the substantiation assessment.

A review of seven cases which were screened and remained at the preliminary enquiry stage at the time of inspection, found that cases were open at these stages for between 28 days and 391 days. Three of these cases were waitlisted due to ongoing AGS investigations, one case was recently opened, the remaining three cases identified long delays at both screening and preliminary enquiry stage, long periods of un-allocation without audit or review and as a result, delays in making initial contact with the alleged victim.

In data provided by Tusla prior to the inspection, 65 cases had a preliminary enquiry completed in the previous 12 months. Inspectors reviewed 10 of those cases which had a preliminary examination completed in the 12 months prior the inspection. The inspection found that cases were open at preliminary enquiry stage ranging from 42 to 320 days. Of the 10 cases reviewed, three cases were open under 100 days, two cases were open over 100 days, three cases were open over 200 days and two cases were open over 300 days. In many cases, the alleged victim did not wish to engage following preliminary enquiry stage or there were delays due to ongoing AGS investigations. However, the review of these cases found that there were lengthy periods when cases were open and unallocated or unassigned for periods of time between screening and preliminary enquiry without reviews of cases in the intervening period. There were limited case notes or records of rationale for delays or follow-up regarding the status of AGS investigations. As a result, there were periods of time in which staff could not be assured of developments and progress within cases which potentially exacerbated delays and prolonged even further the CASP process for alleged victims and alleged abusers.

In line with procedure, cases should reach stage 1 of the process at 60 days (extended to 90 days with management approval). A review of six cases that had completed stage 1 and were open at stage 2 at the time of the inspection identified cases were open from between a range of 75 days to 490 days. Four cases were provisionally concluded at stage 2 but were yet to reach a finalised conclusion. In line with the CASP, a provisional conclusion should be reached at 235 days. However, three cases had not reached a conclusion in a timely manner, one of which was provisionally concluded in 392 days, over 12 months, and two cases were provisionally concluded at stage 2 in over 400 days, over 13 months. A review of these cases further highlighted long delays at all stages of the assessment without clear rationale for the delay recorded on the file. Similar to the above findings, inspectors found delays in the transfer of cases from child protection teams to the CASP team, delays between stages such as screening to preliminary enquiry, lengthy gaps from when the case was open and when the child was interviewed.

Included in the above cases were ten cases where allegations were made by children in care of Tusla who were placed in foster care. A local interim standard operating procedure for the prioritisation of CASP cases was in operation. This guidance document stipulated cohorts of cases which required prioritisation for allocation and expediency in assessments, which included foster carers subject to an allegation of abuse by a child in care, who were identified as a vulnerable cohort of children. However, this was not followed or adhered to. For example, in one case relating to the child in foster care the case was immediately put on hold while awaiting AGS investigation, however there were no records of direction or communication from AGS in this regard.

While information outlining rationales for delays may have been recorded on the child's case files of allocated social workers on area child protection teams, these delays should also have been accounted for on the CASP files, to allow for good governance. The lack of information recorded on the CASP file regarding, communication with the child about the CASP process and AGS with respect to any potential ongoing criminal investigation raised concerns for the oversight and monitoring of these cases.

Inspectors found that there were delays in the submission of notifications to the Garda Vetting Bureau. These delays were as a result of delays in the progression of assessments coupled with the team's cautiousness with respect to the submission of a notification prior to the meeting with the alleged abuser to gain their response to the disclosure in line with the CASP. As a result, Tusla was not meeting its obligations as a scheduled organisation under the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (the 2012 Act) to notify the Garda Vetting Bureau once they establish a bone fide concern about an alleged abuser. In data provided prior to the inspection the area identified that 12 notifications were made to the Garda Vetting Bureau in the 12 months prior to the inspection. However, this data was incorrect and inspectors found that there were only five notifications sent and a further three were in the process of submission at the time of the inspection. Inspectors found that there were substantial delays in the submission of NVB4's which potentially placed children at risk due to the ability of the alleged abuser to seek and receive clear garda vetting which enabled them to work with children.

Inspectors reviewed six cases in which there were bone fide concerns established about the alleged abuser. Of the six cases reviewed, delays in sending the NVB4 form ranged from three to six months. In one case there was a delay of six months from screening to the completion of a preliminary enquiry which compounded the delay in establishing a bone fide concern and the submission of a notification. Once it was established that the concerns were grounded, it was a further six weeks before the NVB4 was submitted. As a result, correspondence indicated that this person received clear vetting disclosures for several positions working with children in the intervening period.

In another case inspectors sought assurances that the NVB4 form would be submitted during the inspection fieldwork. This case was audited by Tusla in August 2023 and the audit also raised issue regarding the submission of an NVB4, however this was not rectified by the time of the inspection. There was a delay of 18 months in the case being transferred to the CASP team. While this was not the responsibility of the CASP team, the delay in the transfer further exacerbated the timely submission of the NVB4. Delays in this case meant that the child was not met for nine months, as a result, the bone fide concerns were not established. Once concerns were established, there was a further two month delay in the submission of the NVB4.

The staff team acknowledged that they sought to have allegations founded or give a right to reply to the alleged abusers before the submission of the NVB4's. In September 2023, the principal social worker provided clarity to the team with regard to the submission of NVB4's once a bone fide concern was established. While there were delays in making submissions in the 12 months prior to the inspection, the staff team were clear at the time of the inspection that the requirement to submit a bone fide concern and the application of the CASP were two separate processes and that the timely submission of NVB4's needed improvement. The management team requested a briefing for the team with respect to NVB4's and to answer any queries that were arising from the team. The management team acknowledged that NVB4's should be sent in a timelier manner and an oversight mechanism needed to be developed in order to provide assurance that they were being submitted. Following the inspection HIQA issued a provider assurance report (PAR) to the service provider seeking assurances with respect to the timely submission of NVB4 forms to the National Vetting Bureau. In response, the service provider identified that:

- The "Appropriate Person"<sup>4</sup> for DML is meeting with the CASP team to ensure all staff are clear with regard to the threshold of bone fide concern and when to complete an NVB4 form as per policy.
- All cases to be reviewed to ensure the NVB4 form has been completed once the threshold for bone fide concern has been reached.
- All NVB4 forms discussed during the inspection are being progressed.
- An internal audit schedule has been developed to ensure effective oversight and governance of cases open to CASP.

The implementation of CASP in Dublin Mid Leinster addressed some but not all of the issues raised in the investigation of Tulsa in 2018. The procedure provided a standardised approach in the case management of retrospective abuse allegations that met the CASP criteria. However, not all retrospective allegations meet the criteria for CASP and so not all are assessed. Furthermore, the 2018 HIQA investigation found delays in commencing, carrying out and concluding the assessment of alleged abuse. This inspection also found there continued to be significant delays in assessing allegations under the CASP.

### **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.

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<sup>4</sup> Under the act a scheduled organisation must nominate a person to make notifications to the Vetting Bureau. This person is known as the "Appropriate Person".

Staff demonstrated knowledge of legislation, policies and standards appropriate to their role. However, due to the combination of the CASP and Tusla policy regarding the submission of notifications to the National Vetting Bureau, this led to delays, which in turn meant that Tusla was not meeting its obligation as a scheduled organisation under the National Vetting Bureau Act 2012. The provider did not take adequate steps to address the gaps in compliance in relation to this legislation. There were significant delays in the completion of substantiation assessments in line with the CASP which meant that the findings of the 2018 HIQA investigation were not fully addressed.

**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.

There were clear lines of accountability and staff were aware of their roles and responsibilities. There were management systems in place, however some systems required development. The service had successfully reduced the waiting list of cases for CASP assessment.

However, there were delays in implementing governance arrangements within the regional CASP team. Quality assurance systems were not developed in order to provide assurances with regard to the implementation of the CASP. Management systems in place were not effective or timely in addressing gaps in service delivery. For example, there were gaps in supervision and case management. In addition, deficits identified in audits were not addressed at the time of the inspection. Risks were not identified and managed in an effective way in line with Tusla's risk management policy.

**Judgment: Not Compliant**



## Quality and safety

Overall, the inspection found significant delays in communication with children and families. While there were some examples of child-centred and trauma informed<sup>5</sup> communication with children, in the majority of cases reviewed, there were delays in communication with children and families. There was a lack of consistent recording of safeguarding measures in place for children to assure staff of children's safety while substantiation assessments were ongoing. Inspectors found that, as a result of delays in the completion of substantiation assessments, children potentially placed at risk were not identified in a timely manner. A lack of formalised communication mechanisms at transfer of cases to the CASP team meant that records to demonstrate appropriate information such as clarity with respect to alleged abuser's contact with children or steps taken to establish this were not always confirmed between teams. There was a good level of engagement with external stakeholders in order to raise awareness about the CASP process. External professionals were complimentary of the teams support and advice, they acknowledged that there were no formal communication systems in place. The steps taken to explore the possibility of organisational, institutional abuse and children deemed especially vulnerable required strengthening.

There were significant delays in communication with children throughout the CASP substantiation process. The inspection found that when the team communicated with children, there was consideration of children's age and stage of development and efforts were made to communicate with children in a child-centred and trauma informed way. However, the service did not communicate in a timely manner with children and families both at the initial stages of the CASP assessment and throughout the substantiation process.

Information about the CASP substantiation process was available to children and families in an accessible format. However, some improvements were required to ensure this material was user friendly and more widely accessible to the general population. The CASP service had a number of publically available information leaflets on the Tusla website. There was a leaflet for children, young people and adults who were disclosing abuse or subject to an allegation. While these leaflets were only available in English, staff told inspectors that they would be translated if required, however access to translated information was not publically available. The publically available leaflets for children and young people were reviewed by inspectors who found they were not child friendly or easy to understand. The leaflets did not provide a clear explanation of what would happen with information that was shared by the child as part of the CASP. External professionals also spoke

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<sup>5</sup> Trauma informed practice is a way of providing services that recognises the impact of trauma on children and adults and promotes a culture of safety, empowerment and engagement that does not cause further harm.

about the information leaflets advising that they were not clear, too legalistic and difficult for both the alleged victim and alleged abuser to understand. The national planning and development group identified the need for leaflets in other languages and were progressing the development of these, with an initial focus on the most common languages spoken in Ireland.

While the CASP team sought to communicate in a child-centred manner, these efforts were often on the back of significant delays in the majority of cases reviewed. Inspectors reviewed 24 cases where the person making the disclosure was a child and in two of those cases the person against whom the allegation was made was also a child. In line with the CASP, initial contact should be made with the alleged victim within 14 days of receipt of the allegation to provide information about the CASP and verbally explain the process. In addition, the CASP outlined that updates regarding the progress of the CASP assessment should be provided to the alleged victim and alleged abuser every eight weeks. Inspectors found that there were long delays in making initial contact with children and families. In 18 of the 24 cases where a child had made a disclosure of abuse, there were delays ranging from three to 11 months in making initial contact to explain the process and provide relevant information to the parents and or guardians and children. In three files reviewed there was no records of any initial communication about the CASP process to children and families. In the majority of cases reviewed the rationale for delays was not recorded or communicated to children and families. Furthermore, in the majority of files reviewed there were no updates to the alleged abuser, children and their families about the progress of the substantiation assessment. Lengthy delays of this nature could potentially further distress a child. In addition, due to these delays, a child could potentially forget core details to support a substantiation of their disclosure.

The CASP team received referrals relating to both children in care and children in the community. The team were mindful of the impact of re-interviewing children and the impact that repeated interviews had on the child, which is good practice. Where possible, staff instead sought to access this information by reviewing AGS specialist interviews, transcripts and further documentation to prevent re-traumatising children. When a child in care made a disclosure of abuse, the service sought to promote a child-centred approach and liaised with the child's allocated social worker whom the child had already built a relationship with to explain the CASP assessment process and provide relevant information in a child-centred way.

Inspectors found that once the CASP team were in communication with children, there was good child-centred practice. The needs of children were considered and the service sought to promote a child-centred approach. Inspectors reviewed five cases where it was required that the child was interviewed by a CASP social worker. Inspectors found communication with children was clear, sensitive and

completed in a manner appropriate to the child's age and stage of understanding. In two cases reviewed where children had additional communication needs there was evidence of staff considering children's age and stage of development in order to plan communication and to minimise trauma to the child. In these cases the CASP team liaised with parents and external professionals in order to gain further understanding of the child's vulnerabilities and agreed that those professionals working with the child were best placed to discuss the CASP with the child.

There was no formalised communication mechanism in place between the CASP team and child's social worker external to the CASP team. In the DML region, all duty child protection teams screened and transferred all cases which met the criteria for CASP assessment to the DML regional team. These referrals included those which related to children in care, children in the community and retrospective allegations of abuse. While, there were informal discussions occurring with respect to the transfer of the cases to the CASP team, there was no formal transfer meetings or communication plan agreed or recorded. Inspectors found that the quality of screening was mixed. While screening was carried out by a team external to the CASP team, there were inconsistencies in the information recorded. Gaps in screening such as the necessary safeguarding in place had not been recorded as clarified on transfer to CASP.

Communication between social work teams required improvement in order to ensure all professionals were aware of the next steps in the progression of the case. The RCO acknowledged that integration between child protection and CASP teams was an area in which improvement was required. As a result, at the time of the inspection, the service was in the process of establishing a pilot meeting with one service area with a view to exchanging information relating to safeguarding measures in place for children subject to a substantiation assessment and the status of the substantiation assessments.

Once the case was transferred to the CASP team, there was some evidence of the CASP team's communication with relevant social work teams. On review of files, inspectors found some records of communications with the child's allocated social worker, however this was not consistent across all files. Mechanisms for the sharing of information between social work teams throughout the progress of the substantiation assessment were fragmented. For example, records were not always available of when the social worker met with the child. There were no records of feedback from the child's social worker following the sharing of information about the CASP assessment process, implications of decisions made or the timely response about whether the child wanted to proceed with the assessment. Further to this, there were no records of communication plans agreed between professionals so that all involved with the child were aware of the management of child protection concerns to date. While these records may have

been held on the CPW team, inspectors did not review these files as this was outside the CASP process. The lack of a clear record of communication available to the CASP team meant that there was no means of monitoring communication with the child about the CASP, there was drift in progressing cases and it was possible for children and families to not have received any communication in relation to CASP. In two cases reviewed with respect to children in care, initial contact with the children was delayed, however no records were on file to demonstrate the rationale for this, or any communication with the children, their family or the children's allocated social worker in the intervening period.

While there were some records of safeguarding measures available on CASP files this was not evident on all files reviewed. There was a lack of consistent sharing and recording of information about safeguarding measures taken for identified children on the CASP file. Similarly, this information may have been maintained by the child protection team and therefore not reviewed as part of this inspection. However, due to the lack of clear recording, there were limited assurances that the necessary safeguarding measures had been considered and that all child protection concerns were identified and assessed in line with Children First (2017). Inspectors reviewed six files, where it was not clearly recorded what safeguarding measures were in place for children. In a further two files reviewed while records of safety planning were available, these records indicated that there was a delay in implementing safety measures. Inspectors requested and received assurances that there were appropriate safeguarding measures for four cases reviewed. Following the inspection, HIQA sought further assurances that appropriate safeguarding measures were in place in two further cases.

Not all child protection referrals were assessed in line with Children First (2017). In line with Children First (2017), where a child or children are determined to be at immediate serious risk, Tusla will take all necessary steps to ensure that effective protective measures are taken to safeguard their welfare. In cases where a CASP social worker during the course of the substantiation assessment established that there were further identified children at risk of abuse, it is their responsibility to refer this to duty child protection team in order to ensure appropriate assessment and immediate action is taken to ensure that identified children were safe from harm. Due to the lengthy waitlists between duty social work team's transfer of cases to the CASP team and the lengthy delays of the progression of cases between screening and preliminary enquiries on the CASP team, the alleged abuser's contact with children could not be established in a timely manner which could potentially place children at risk.

Inspectors found that when children were identified, there were delays in referring children identified as being in contact with alleged abuser's to child protection teams to ensure the necessary protective actions or safeguarding measures were

in place. Inspectors identified six cases where necessary reports to duty social work teams were not made in a timely manner, potentially placing children at risk. In three of those cases, there were delays in mandated child protection referrals to the child protection team due to the information coming to light through the progression of the case through CASP assessment. However, in three cases reviewed while this information came to light through the progression of the case, inspectors identified that the possibility of children being at risk was highlighted at screening and preliminary enquiry, therefore available to the CASP team, however they were not referred in a timely way.

Following the inspection, inspectors issued a provider assurance report (PAR) to the service provider seeking assurances that:

- the service provider was assured that children's safety was established when the progression of cases are delayed between screening and preliminary examination, and that process for determining prioritisation of cases was adequate.

The service provider submitted a response which indicated that, should the alleged abuser's current contact with children not be assessed following the duty child protection teams screening of the referral, the CASP regional team will take appropriate steps to explore the alleged abusers current contact with children. Once a child is identified a child protection referral will be submitted to duty child protection teams in accordance with national approach to practice and Tusla's standard business processes. The service provider identified that all children identified will be maintained on a tracker by the regional team in order to cross reference alleged abusers involved in substantiation assessment and identified children that come into contact with them. The service provider assured HIQA that the regional CASP team principal social worker will meet with intake principal social workers from each area every eight weeks to share information regarding the alleged abuser's known contact with identified and identifiable children, actions taken to safeguarding them and to update the area team with respect to the stage of the CASP assessment.

In line with Children First guidance, in a situation where a child or children are determined to be at serious risk, Tusla will take all necessary steps to ensure protective measures are taken to safeguard their welfare. Where the child is not at immediate or serious risk Children First (2017) states that Tusla has a duty to ensure that any action taken affords natural justice and fair procedures to any person alleged to have caused harm to a child. In cases where it is apparent that the alleged abuser had contact with a group of identifiable children through their employment or activities they may be involved in and there was possible concerns for their safety, then it is the responsibility of the CASP social worker to seek appropriate safeguarding measures within that organisation until the CASP

assessment is complete. It was evident on three cases reviewed that the CASP team engaged with the organisations in order to seek assurances that clear safeguarding measures were in place while the CASP assessment was in progress. However, in two of these cases third party referrals were not timely. In four cases reviewed, similar steps were not taken, it was noted in these cases that alleged abusers were not in contact with alleged victims who made the disclosure, however, the CASP team were not aware of the alleged abusers current employment status. Inspectors sought assurances on one case that appropriate safeguarding measures were in place. In another the CASP team were awaiting the outcome of assessment before a third party referral was made.

The CASP team had a good level of engagement with external stakeholders in order to raise awareness about the CASP. There were several briefings held across the region in the 12 months previous to the inspection which included briefings to HSE Children First Officers, AGS, private fostering agencies, statutory foster carers, external support organisations and counselling services. There was extensive training with respect to the CASP to Tusla staff such as fostering teams and Tusla service experience and feedback. There was also a number of briefings delivered to the CASP team which included psychological trauma to children who experienced sexual abuse from a representative from a Sexual Assault Treatment Unit.

External professionals advised that they had a good relationship with the CASP team however there was no formal communication mechanism in place. They advised that there were delays in the process of assessments which can often be attributed due to criminal investigations. Professionals advised that communication can be difficult when there are different social work teams involved in the case, for example, if a child in care making a disclosure is placed in a different social work area and the alleged abuser resides in the DML area, this could mean that there are potentially three social work teams to liaise with.

Social work professionals who worked external to the CASP team also advised that there was good communication between teams and the CASP team were always available for advice for example relating to the threshold for CASP cases. Tusla staff advised that the transfer of responsibility for the screening of retrospective case to the DML CASP team was welcomed due to competing demands with safety planning being prioritised on child protection teams, a result of which, staff raised concerns that a person who disclosed retrospective abuse were not getting a timely service. They advised that any safety planning required was identified on the screening form which was provided to the CASP team. Staff advised that they were aware of the status of a case within the CASP team, but acknowledged that this was not formally communicated. Staff noted that further training was required

in local area teams, for example, training with respect to redactions required for information that may form part of the CASP assessment.

There were no formalised arrangements in place for on-going liaison with An Garda Síochána. While staff advised that social work teams had strategy meetings in place with AGS, CASP teams did not attend these meetings. As a result, there were limited records demonstrating communication about the status of investigation, the sharing of appropriate information and agreed actions. While there was evidence of staff communicating with AGS on a case-by-case basis, records of communication were not consistent across the team. There was limited records of collaboration between the CASP team and AGS to ensure timely exchange of information to avoid drift and delay in the progression of the case. Inspectors found that cases were put on hold without records of this direction from AGS. Furthermore, there was a lack of follow-up or escalation with AGS about that status of their investigations which further compounded the delays of substantiation assessments within the CASP teams.

There was no national policy document to support staff to identify and respond to organisational or institutional abuse or how to identify especially vulnerable children. In the absence of national guidance the DML CASP team had recently developed a practice guidance to support staff in this regard which was developed in October 2023. This was an interim practice document and a national working group was established in quarter 2 2023 to develop national guidance. The scope of the policy outlined that organisational abuse can be in multiple settings which included the family, community and gave guidance in relation to key considerations and escalations of concerns in this regard. The CASP team held a tracker with the names of all organisations in which there was suspected organisational and or institutional abuse. This identified information about the organisation, patterns of abuse and whether the alleged abuser has contact with children through that organisation. However, the staff team identified that there were no cases relevant to the CASP criteria listed on this tracker.

Inspectors found that CASP records did not adequately reflect how the service considered the possibility of abuse to other children. When a concern was raised relating to an organisation and or institution, the assessment of the concern should include exploring potential risks to other children or any possible pattern of abuse. The staff team advised that they would work with relevant safeguarding officers of organisations if they had concerns about the safeguarding practice within that organisation. The social work team leader advised that child protection duty teams when screening retrospective referrals were prompted to consider organisational abuse as part of the screening process before the case was transferred to the DML CASP team. The team leader advised that any cases flagged at screening would be prioritised for allocation. While there was a mechanism by which this was flagged

by screening teams for retrospective cases of alleged abuse, this recording mechanism was not on the screening of referrals of children making disclosures. None of the files reviewed by inspectors had been flagged as a case where organisational, organised or institutional cases should be considered as a possibility. There were no records on file to show exploration of potential risk or patterns of abuse, historical abuse or possible patterns of abuse. However, inspectors reviewed two cases where this might have been a consideration, for example, where the alleged abuser was linked to a religious institution and interfamilial abuse.

Following the inspection, HIQA issued a provider assurance report (PAR) to seek assurance about:

- How the service was assured that in the assessment of individual concerns of abuse in an institutional or organisational setting that there may be adequate considerations of the possibility of abuse of other children, both in relation to allocated cases and cases that have yet to have a preliminary enquiry completed.

The DML CASP team provided the following assurances:

- The regional CASP team and or principal social worker will audit CASP assessments awaiting allocation every 6-8 weeks. Any referrals regarding potential organisational abuse will be prioritised for allocation and a referral will be escalated as per regional interim Practice Guidance for Social Workers within DML.
- The regional interim guidance for social workers within DML relating to Identifying and Managing Risk associated with Allegations of Child Abuse in organisational settings, October 2023 was discussed at a regional Child Protection & Welfare forum held following the inspection.

Data provided prior to the inspection indicated that there were 31 allegations of retrospective abuse open to the CASP team at the time of the inspection. In the 12 months prior to the inspection, CASP screening of retrospective allegations was completed by local duty teams who also identified any children at risk, put necessary safeguarding procedures in place, made notifications of suspected abuse to AGS and made initial contact with the alleged victim to explain the CASP substantiation process. The social work team leader told inspectors that during the 12 months prior to the inspection, there were waitlists of retrospective cases on duty social work teams which were not prioritised for screening.

The general manager identified that due to the large waitlists of retrospective allegations, garda notifications while evident on the majority of cases were not always completed on retrospective allegations of abuse. There were concerns regarding the timely submission of notifications to An Garda Síochána in advance



of a referral to CASP team. In an effort to reduce waiting lists, the CASP team assisted duty intake teams across the DML region over a six months period. Further to this, in response to large wait lists in local areas and the competing priorities on child protection teams, the CASP team had recently resumed the responsibility for the screening of retrospective referrals which was a positive development.

Inspectors reviewed six retrospective allegations of abuse which showed delays in the processing of these CASP assessments without adequate explanations for delays. Three cases were closed for reasons such as the alleged victim did not wish to proceed with the assessment. In two of those cases, there were delays of seven and eight months before the CASP team sought to make contact with the alleged victim. Delays in progressing of allegations impacted Tusla's ability to act in a timely way to progress safeguarding actions for children who possibly were in contact with the alleged abuser. In addition, delays may potentially result in the victim changing their mind with respect to proceeding with the substantiation of their allegation. Staff advised there was an increase in child protection and welfare referrals since the CASP team have taken responsibility for retrospective allegations. As a result of the delays in progressing retrospective allegations, the CASP 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. There were some examples of child-centred and trauma informed practice in the CASP teams approach to interviews with children as part of the substantiation process. However, there were significant delays in communication with children with respect to the CASP. In 75% (18 of the 24) cases sampled where a child had made a disclosure of abuse, there were delays ranging from three to 11 months in making initial contact to explain the process and provide relevant information to the parents and or guardians and children. There were no formal forums between social work teams (who simultaneously assessed child protection concerns in line Tusla's national approach to practice), in which communication plans were agreed in the best interest of the child. The available CASP leaflets were not child friendly and were only publically accessible in English.

**Judgment: Not Compliant**

## Standard 2.5

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

The inspection was confined to the assessment of allegations of abuse and did not include a review of practice in relation to initial assessments of child protection concerns.

The inspection found that there was a lack of consistent recording of information about safeguarding measures taken for identified children on the CASP file. Not all child protection referrals were assessed in line with Children First (2017).

Inspectors found that there were delays in the referral of identified children as being in contact with alleged abuser in line with Children First (2017) to ensure the necessary protective actions or safeguarding measures were in place. The CASP team did not attend formal joint liaison meetings with AGS in order to ensure timely co-operative working on cases subject to substantiation assessment. There were substantial delays at all stages of the procedure, therefore it was not child-centred.

**Judgement : 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 Tusla Child Abuse Substantiation Procedure did not contain specific information about how to identify and respond to organisational or institutional abuse or how to identify especially vulnerable children. The regional team developed local guidance procedures with respect to key considerations in organisational and institutional abuse and escalations of concerns in this regard. There were mechanisms in place to track allegations which were subject to organisational and or institutional abuse. However, records of the CASP team's consideration of the possibility of abuse, historical abuse and or previous referrals required strengthening in order to ensure robust identification and monitoring of organisational and organised abuse. While, there were significant delays in the management of retrospective allegations of abuse, the CASP team had recently taken steps to manage retrospective referrals in a more timely way.

**Judgment: Substantially Compliant**

# Compliance Plan for Dublin Mid Leinster CASP OSV – 0004380

**Inspection ID: MON-0041692**

**Date of inspection: 13-17 November 2023**

## **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 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:**

<b>Standard 3.1</b>	<b>Judgment: Not Compliant</b>
<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><b>Actions</b></p> <ol style="list-style-type: none"> <li>1. CASP timelines will continue to be discussed in supervision between the PSW and Professional Support Manager and the rationale for non-adherence will be clearly recorded including timeframe extensions agreed as per policy.</li> <li>2. The CASP Timelines will be revised as a part of the National Review of CASP and aligned to practice requirements.</li> <li>3. Communities of Practice and learning forums for CASP social work team will enhance learning in context of High Court judgements informing practice, practice development and learning through the CASP Lead.</li> <li>4. Processes of supervision and monitoring of case management by CASP leadership will systematically evaluate cases where Bona Fide concern is established, existing mechanisms where social workers may consult with line management and where necessary, will communicate with Appropriate Person in order to refine and submit information submitted to National Vetting Bureau for consideration, where bona fide concern is established.</li> <li>5. CASP team will engage with QRSI Manager for DML to evaluate and incorporate new learning and trends emerging nationally from auditing, HIQA and Tusla internal PASM reviews and inspections in order to strengthen systems and compliance with Tusla PPPGs.</li> <li>6. The National Review of CASP in accordance with legislation, best practices and High Court rulings will enhance practice and assist practitioners to adhere to best practices, while fulfilling statutory obligations and efficacy of implementation of PPPGs in order best protect and promote welfare of children</li> <li>7. Strengthening auditing mechanisms incorporated into audit schedule for</li> </ol>	

2024 which will commit to auditing 40% of case management files will be audited within each quarter of 2024;

8. Appropriate Person for DML met with Regional CASP team on 14<sup>th</sup> December 2023 to discuss case examples and to review and ensure that all staff within the Regional CASP team are clear regarding threshold of Bona Fide concern and when to complete an NVB4 form as per Tusla Policy.
9. Service Improvement Plan, October 2023, includes the completion of NVB4 forms once Bona Fide concern has been established. (Implemented and will be reviewed end Q1 2024).
10. All cases have been reviewed to ensure that NVB4 form has been completed once the threshold for Bona Fide concern has been reached.
11. All NVB4 form discussed during inspection have now been completed and submitted.

**Person Responsible:**

SWTL -CASP & Screening, PSW -CASP & Professional Support Manager, National CASP Planning and Development Group

**Completion:**

Actions 1, 3, 4, 6, 8, 10, 11 - Current practice/ongoing

Action 2, 5, 7, 9 - National Action - Review of CASP has commenced and will be ongoing by end of Q2 2024

**Standard 3.2**

**Judgment: Not Compliant**

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

**Actions**

1. All case information is put on TCM by the business support worker at screening stage and signed off by the SWTL within agreed timeframes.
2. Each supervision record will be uploaded to TCM within 5 days of the supervision taking place, a memo will be issued by the PSW for CASP to remind relevant staff of their responsibilities in this regard.
3. A supervision schedule for open cases will be developed by the SWTL and PSW for CASP to ensure open cases are discussed at least bi-monthly, this will be in conjunction with the Supervision Policy.
4. Auditing of CASP cases (allocated and unallocated) audit schedule for 2024; Local / Team Management Governance & Oversight - Case Audits carried out quarterly by designated officer will provide SWTL with thematic report from audit cycle for this each respective quarter in 2024. Case management audit on identified cases under CASP will include actions required and this will be

communicated to the allocated social worker, the SWTL and will link with the case social worker's monthly supervision in relation to that case so it may be monitored, and actions have been implemented.

5. CASP PSW to review TCMS systems and mechanisms within CASP to identify ongoing grounds of concern and continued basis for assessment in CASP. The CASP PSW will carry out a systems audit in relation to a selected sample of 15 case management records at the end of Q2 and Q4 of 2024. This will be completed in order to ensure that TCMS is utilised effectively and to ensure that case auditing, supervision, case management are chronological and relevant, evidence that actions from audit/ supervision are completed or rationalised, evidence that escalation processes are effective.
6. CASP PSW will also complete systems audit to appraise and evidence inter-departmental cooperation and information-sharing / updates where there is an identified child(ren) at risk of harm and there is communication between duty/intake, Child Protection or Children in Care teams, as well as fostering teams in order to keep stakeholders informed of CASP progression.
7. CASP PSW will also appraise social workers analysis and communication in relation to consideration of NVB submissions where the threshold of bona fide concern is established.
8. Risk escalation will be completed in accordance with risk escalation procedures where there are issues arising in audit and supervision cycle that require notification to RCO office, escalation to the regional risk register, and/or National Operations and the CASP National risk and actions register.
9. CASP PSW will link with Regional QRSI lead quarterly to ensure all identified risks associated directly with CASP are captured accurately and controls / mitigations are up to date on the Regional risk register.
10. PASM will complete and audit/ review in 2024.
11. A bi-annual audit of supervision files.

**Person Responsible:**

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

**Completion:**

Action 1, 3, 6, 8 – ongoing practice; will be strengthened with effect from Q1 of 2024

Action 2, 4, 5, 7, 9,10, 11 - will be in place by the end of Q.1 of 2024

**Standard 1.3**

**Judgment: Not 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 support them to undertake this work. All staff have completed the CASP

training and

### **Actions**

1. Contact made with parents of children that are referred for CASP assessments by local areas by phone and they will be offered in-person meetings if they prefer. The purpose of this meeting will be to offer information relating to CASP processes. The parents of children (PMDs) and child PMDs will be offered age-appropriate information as well as being signposted to the CASP YouTube video on Tusla website. This will be further incorporated into Social Work practice with a view to assisting parents and children so they are informed and are satisfied they have received adequate information to make informed choices about engagement with CASP.
2. PMDs and PSAAs (or their guardians where PMDs or PSAAs are minors) will be in receipt of regular communication (minimum of every eight weeks) to advise of progress of assessment, possible delays to the process in accordance with CASP DML Service Improvement Plan (October 2023).
3. The regional CASP Team Leader/ Principal Social Worker will meet with the Intake Principal Social Worker or delegate within each area team once every 8 weeks. Part of this meeting will be to review cases where there is current safety planning in place for identified children and to provide information as to the Stage of the CASP assessment. This is already in place and had been planned at time of inspection.
4. Regular strategy meetings are convened with An Garda Síochána by the respective area child protection and welfare teams. The CASP team will be in attendance at least once per quarter to discuss relevant CASP cases in relation to the progression of cases subject of Garda investigations. This is aimed to enhance joint- decision making and information-sharing in accordance with the Tusla joint protocol. This is also so to avoid repetition and duplication in relation to information provided to families and clarity in relation to timelines, actions and progress of AGS investigation (where appropriate and there is an investigation) and Tusla (CASP assessments).
5. Liaison and information-sharing meetings facilitated with area duty/intake / screening, children in care and fostering teams aimed to assist in identification of children both identified and identifiable children that are reported to Tusla due to exposure to potential risk of harm so as to ensure there are no children at risk. Where there is an identified or identifiable child(ren) that is deemed to be in contact and potentially at risk of harm, there will be a referral made to the relevant area for appropriate safeguarding action and follow-up.
6. Liaison with An Garda Síochána of all cases that are set to progress to stage 2 of assessment (irrespective of whether there is an active garda investigation or not) and agreed actions relating to the progression of CASP assessment.
7. Briefing of An Garda Síochána Divisional Protective Services Units in DML region to increase awareness of CASP processes with AGS colleagues.

8. Continuation of briefing on CASP of wider stakeholder groups (including fostering (Tusla) and non-Statutory Agencies in respect of CASP process. Briefings to key referring agents including National Counselling Services and other service providers in relation to revised CASP scope throughout 2024.
9. Ongoing briefings with voluntary and statutory agencies to ensure the profile of CASP, criteria and processes that PMDs can anticipate when referrals are submitted to Tusla as mandated or non-mandated referrals.
10. The language in information and communication relating to CASP is subject to ongoing review and evaluation and will continue to be modified, as appropriate, to ensure that it is clear, understandable and age-appropriate – it is also reviewed for efficacy to ensure that stakeholders are signposted to more information where it is requested. This will continue to be raised at regional level and at national level and logged on regional risk register and National risk and change log as appropriate.
11. CASP Lead will review and appraise timeliness of actions in order to achieve compliance. CASP Lead will escalate in accordance with national risk escalation procedure and consider using the escalation mechanism where there are operational issues arising pertaining to timeliness and implementation being achieved.
12. Findings from inspection and recommendations from inspections will be escalated to CASP regional implementation group and to National Steering Group.

**Person Responsible:**

CASP social Worker, CASP Social Work Team Leader, PSW, General Manager DML, RCO, National Operations

**Completion:**

Action 1, 2, 5, 6, 7, 8, 9, 10, 11, 12 – ongoing practice; will be strengthened with effect from Q1 of 2024

Action 3, 4, - will be in place by the end of Q.1 of 2024

All actions will be in effect and subject of quarterly review for efficacy from Q1 of 2024. This will be audited by CASP PSW and any issues arising will be escalated to regional & national risk / change log for consideration and revision.

**Standard 2.5**

**Judgment: Not Compliant**

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. Should information come to the attention of the CASP regional team regarding a PSAAs contact with children, not previously known to duty/intake at time of screening, the regional CASP team alert the area, through submission of the CPWRF in relation to the identified child, who have responsibility for the safety planning of the child through Tusla's National Approach to practice, Signs of Safety. This is also a part of the Regional Team Service Plan.
2. The CASP PSW for DML has initiated meetings with the respective CP teams, children in care and fostering teams across the four areas in the region, on an eight-week cyclical basis, in order to share information:
  - Ensuring that there are no newly identified children at ongoing risk of harm
  - Ensuring that there is no new information that suggests that there are newly established or newly identified risks associated with the PSAA's contact with children.
  - share information with social work departments relating to progress or status of CASP assessment, identifying obstacles or prospective delays and consensus as to how this is communicated with key stakeholders.
3. Garda Liaison Meetings - A Social Worker from the regional CASP team has been identified and attends part of the area Garda Liaison meetings relating specifically to cases open as CASP cases to the CASP regional team. (Q1 2024).
4. Timelines in CASP has been identified by CASP National P&D as a recurring theme and obstacle to implementation of timely and fair processes and is subject of National CASP review.
5. Escalation of concerns to DML senior management or issues in accordance with escalation procedure and also add concerns to DML risk register, and where appropriate add to the National risk and change log through CASP National Planning & Development mechanism (through CASP PSW for DML).
6. CASP PSW will carry out systems audit at the end of Q2 and Q4 of 2024

**Person Responsible:**

CASP social Worker, CASP Social Work Team Leader, PSW, General Manager DML, RCO, National Operations

**Completion:**

Action 1, 4 – ongoing practice; will be strengthened with effect from Q1 of 2024  
 Action 2, 3, 5, 6 - will be in place by the end of Q.1 of 2024

**Standard 2.12**

**Judgment: Substantially Compliant**

Outline how you are going to come into compliance with 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.

### **Actions**

1. All staff within Regional CASP team are aware of and implement the DML Policy. (Ongoing and governed by CASP Social Work Team Leader and CASP Principal Social Worker for the CASP Regional team).
2. The Regional CASP Team Leader currently prioritises CASP referrals regarding a child for allocation. (In place and ongoing).
3. The area Intake Social Work Team Leader/ Principal Social Worker complete a screening form on retrospective referrals before the referral is transferred to the regional CASP team. The screening form includes consideration of possible organisational abuse at the point of referral. Once the referral is transferred to regional CASP team, the regional CASP Social Work Team Leader and/or CASP Intake Social Worker review the screening forms. Referrals which have been screened for possible organisational abuse are prioritised for allocation for a CASP assessment by CASP TL and/ or Principal Social Worker. (In place and ongoing).
4. The regional CASP Social Work Team Leader/Principal Social Worker will review all CASP referrals awaiting allocation every 6-8 weeks, and these will be reviewed for potential organisational abuse.

### **Person Responsible:**

CASP social Worker, CASP Social Work Team Leader, PSW, General Manager DML, RCO, National Operations

### **Completion:**

Action 1, 2, 3 – ongoing practice; will be strengthened with effect from Q1 of 2024  
Action 4 - will be in place by the end of Q.1 of 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).

<b>Standard</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
<b>Standard 3.1</b>	The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	<b>Not Compliant</b>		Q1 2024
<b>Standard 3.2</b>	Children receive a child protection and welfare service, which has effective leadership, governance and management arrangements with clear lines of accountability.	<b>Not Compliant</b>		Q1 2024
<b>Standard 1.3</b>	Children are communicated with effectively and are provided with information in an accessible format.	<b>Not Compliant</b>		Q1 2024
<b>Standard 2.5</b>	All reports of child protection concerns are assessed in line with Children First and best available evidence.	<b>Not Compliant</b>		Q1 2024
<b>Standard 2.12</b>	The specific circumstances and needs of children subjected to organisational	<b>Substantially Compliant</b>		Q1, 2024

	and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.			
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