



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Inspection of the HSE Child Protection and Welfare Service in Waterford Local Health Area in the HSE South Region

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About the Authority's monitoring approach

The Health Information and Quality Authority is the independent Authority established to drive continuous improvement in Ireland's health and personal social care services, monitor the safety and quality of these services and promote person-centred care for the benefit of the public. The Authority, through its monitoring programmes, aims to provide assurances to the public that service providers are implementing and meeting national standards and regulations.

In July 2012, the *National Standards for the Protection and Welfare of Children* were approved by the Minister for Children and Youth Affairs and publicly launched. These National Standards set out the key attributes of an effective child protection and welfare service. The Standards are child-centred and promote the delivery of safe and effective services to children and their families.

Under section 8(1)(c) of the Health Act 2007, the Authority monitors the compliance of the HSE Children and Family Services with the National Standards and advises the Minister for Children and Youth Affairs and the HSE as to the level of compliance.

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

- **Assess** if the HSE Children and Family Services (the service provider) has all the elements in place to safeguard children and young people
- **Establish** if failure to have these elements in place poses a serious risk to the children receiving these services
- **Seek assurances** from service providers that they are **safeguarding children** through the mitigation of serious risks
- **Provide** service providers with the **findings** of inspections so that service providers develop action plans to implement safety and quality improvements
- **Inform** the public and **promote confidence** through the publication of the Authority's findings.

The Authority's inspection process focuses on the effectiveness of the service in identifying children suffering, or likely to suffer, harm from abuse or neglect; and the provision of early help where it is needed. It also considers how the service provider protects these children if the risk remains or intensifies and how the service works in partnership with the community to safeguard and promote the welfare of children and young people.

The Authority's approach considers the key aspects of a child's journey through the child protection and welfare system, focusing on the experiences of the child or young person, and the effectiveness of the help and protection they are offered.

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1. Introduction

The purpose of the inspection report is to provide assurances to the public that service providers have implemented and are meeting the National Standards and are making the quality and safety improvements that safeguard children and young people.

The delivery of children and family services are undergoing a period of change in Ireland. Statutory responsibilities in relation to child protection and welfare will be transferred to a new agency, the Child and Family Support Agency once new legislation has been enacted. This inspection took place in the context of these imminent changes taking place within services, both in terms of new structures and systems and technical supports.

In accordance with section 8(1)(i) of the Health Act 2007, the Authority will provide a copy of the finalised report to the Minister for Children and Youth Affairs as to whether the service provider has the necessary arrangements in place to safeguard children. The findings of this inspection are set out under the six themes of the *National Standards for the Protection and Welfare of Children*. The first two themes relate to the dimension of quality:

- **Child-centred services** – how services place children at the centre of what they do. This includes the concepts of supporting families, access, equity and protection of rights.
- **Safe and effective services** – how services deliver best achievable and safe outcomes for children and families, using best available evidence and information.

Delivering improvements within these quality dimensions depends on services having capability and capacity in four key areas:

- **Leadership, governance and management** – the arrangements put in place by a service for clear accountability, decision making, risk management as well as meeting their strategic, statutory and financial obligations.
- **Use of resources** – using resources effectively and efficiently to deliver best achievable outcomes for children and families for the money and resources used.
- **Workforce** – planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies.
- **Use of information** – actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The inspection findings highlight areas of good practice as well as areas where improvements are required. The inspection report is available to children, parents, service providers and the public, and is published on www.hiqa.ie, in keeping with the Authority's values of openness and transparency.

Acknowledgements

The Authority wishes to thank the children and parents for their cooperation with the inspection process. HIQA inspectors also wish to acknowledge the cooperation of the members of the Health Service Executive (HSE) Child Protection and Welfare Service and senior managers in the area. We would also like to thank the voluntary and community agencies who met with us during the inspection.

2. Profile of HSE Waterford Local Health Area

The HSE is in a process of structural change. Currently HSE children and family services are delivered at local health area level. There are 32 local health areas (LHAs) which have been merged into 17 integrated service areas (ISAs) and are managed by area managers.

These functions will transfer into the new Child and Family Support Agency (CFSA) once established and a decision will subsequently be made on how these services will be delivered in the future. Pending this decision, child protection and welfare services will be inspected by the Authority at LHA level with governance inspected at an area manager level.

Waterford Local Health Area is in the wider integrated service area (ISA) of Waterford/Wexford. Waterford LHA provides services to Waterford City, most of Waterford county and parts of South Kilkenny. The total population of Waterford is 113,795, a third of which reside in the Waterford City area (Central Statistics Office, 2011). The area of South Kilkenny that is covered by Waterford LHA is from Piltown to Glenmore in the south and northwards to Mullinavat. The LHA operates its child protection and welfare service out of one main office in Waterford City and a satellite office in Dungarvan.

According to the information provided by the HSE, there were 1499 reports into the social work service in the 12-month period January–December 2012. The social work department provided a range of services, including a child protection and welfare service, a dedicated aftercare service, family support and parenting programmes and the assessment, recruitment and training of foster carers. There were 269 children in care and 37 children were subject to child protection plans. These are plans developed by the HSE with children, families and other agencies that outline the type of actions and supports required for children and their families to promote their welfare and safety. These plans are reviewed on an ongoing basis. At the time of the inspection there were 397 children on a waiting list for initial assessment and 31 children awaiting further assessments.

In the Waterford LHA, the child protection and welfare service was provided by seven teams consisting of social workers, child care leaders and family support workers. All the teams came under the direct management of one principal social worker and each team was individually managed by either a team leader or a child care leader.

The intake and assessment team operated the duty system as well as completing initial assessments. There were six social workers assigned to this team, and it was managed by one team leader. They operated a five-week rota system whereby each social worker on the team covered one week on duty followed by four weeks during

which they completed initial assessments on cases allocated to them. One of the social workers on this team was based in Dungarvan, and therefore they fulfilled the role of duty social worker in that office.

There was one child protection team and this comprised six social workers, two child care leaders and two family support workers. There were two children-in-care teams, one based in Waterford and one based in Dungarvan and these had 10 social workers, two child care leaders and three family support workers. Each team was managed by a team leader.

There was evidence that the LHA had a well-established aftercare service and this service was managed by a child care leader with considerable experience in the area.

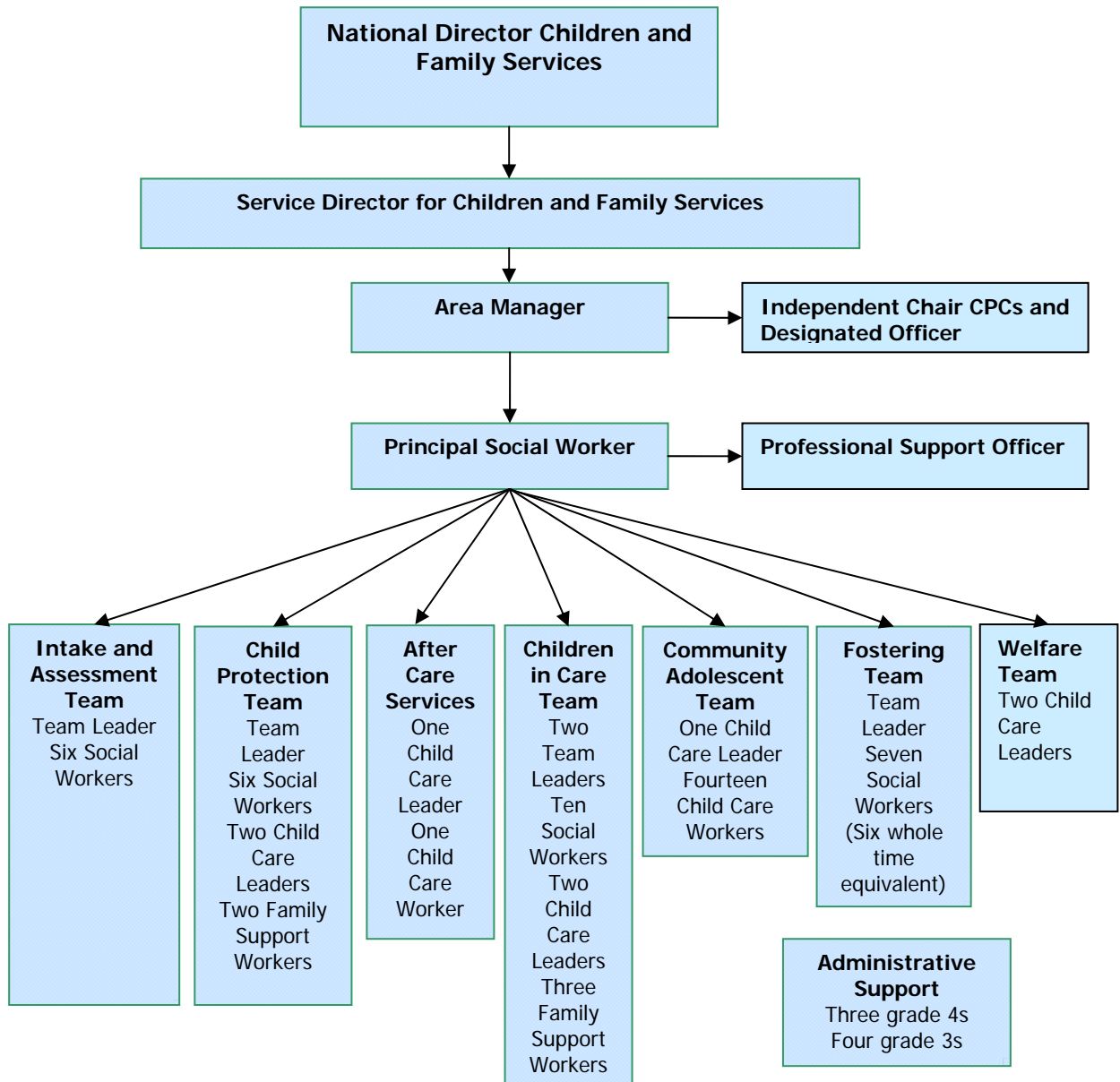
There was one fostering team and they were responsible for recruiting, assessing and training foster carers. There were six posts on this team covered by seven social workers and it was managed by a team leader.

The LHA had recently undergone restructuring of the service and, as part of this restructuring, two new teams were being developed at the time of inspection: a welfare team, run by two experienced child care leaders; and a community adolescent team managed by a child care leader.

The restructuring of the service by Waterford LHA was based on the National Service Delivery Framework (NSDF). The NSDF promotes the involvement of other statutory agencies, such as An Garda Síochána and education sectors, as well as community and voluntary organisations. This framework supports the development of Local Area Pathways (LAP), which is a network of agencies to work in co-operation with families in relation to child welfare concerns. Waterford LHA therefore modelled its reconfiguration and development of LAP on this framework.

The organisational chart in Figure 1 describes the management and team structure as provided by the LHA.

Figure 1. Organisational structure of the Child Protection and Welfare Service, Waterford LHA in the HSE South Region



3. Summary of findings

The Health Service Executive (HSE) has statutory responsibility to promote the welfare of children and protect those who are deemed to be at risk of harm. Such children require a proactive service which acts decisively to assess and meet their needs in order to promote their safety and welfare. As much as possible, children and families require a targeted service aimed at supporting families. However, there will always be some children who will need to be protected from the immediate risk of serious harm.

In this inspection, the Authority found that out of the 27 standards assessed, 11 standards were met by this area and 16 were met in part. The findings under each standard are outlined in section 5 of this report and see section 6 for the summary of judgments.

In the main, Waterford LHA provided a safe and effective service to those children identified as requiring a child protection and welfare service. The LHA had recently undergone reconfiguration of the child protection and welfare service. Prior to the appointment of the area manager in May 2012 and the principal social worker in October 2012, the LHA faced particular challenges in providing a safe and effective service. Following a comprehensive needs analysis of the area, the area manager re-configured the social work service in order to address the significant overspend of €4.7 million, long waiting lists and inconsistent responses to referrals.

The recent reconfiguration meant that the area was still in a state of flux; many policies and procedures were being rolled out and the model for the provision of the service was at the early stages of development. However, the findings of this inspection showed that the reconfiguration had resulted in a safer and more effective service, more timely responses to referrals and greater inter-agency cooperation. The challenge for the area will be the sustainability of this progress over time.

There were considerable waiting lists in place in the area, with a total of 397 children awaiting initial assessments and 31 children awaiting further assessments. However, attempts had been made in the preceding six months to address these waiting lists and clear plans were being put in place to assess and manage the risks associated with these waiting lists. During the inspection one temporary social worker had been specifically employed to commence work on the waiting list and the employment of a further two social workers had been approved; and inspectors were given assurance by the area manager that the waiting lists were to be prioritised.

One of the main concerns prior to the reconfiguration was the capacity of the existing service to meet the needs of children and families in the area. The service had been reconfigured to include a designated adolescent team and a specific

welfare team as well as a dedicated child protection service. The ability of social workers to respond immediately to child protection concerns was evident during the inspection and the referral of welfare cases and adolescents to these two teams and the development of the Local Area Pathway (LAP) resulted in a more effective approach.

The LHA showed a commitment to the implementation of Children First (2011) and had commenced Phase 2 of the Standard Business Processes on 8 April 2013. The quality of social work practice in the LHA was good, with the consistent use of recognised tools such as assessment frameworks.

The governance of the service was effective and the area manager and principal social worker managed experienced team leaders, which supported the overall improvement in service delivery. There were clear lines of accountability at individual, team and service level. The area manager's redeployment of resources through informed decisions and actions had resulted in consistent improvement to the provision of services to children and families in the area. The interventions of the service improved the lives of many children and their families and some of them reported that their lives had changed for the better as a result of the involvement of the service.

4. Methodology

The aim of on-site inspection fieldwork is to gather further evidence of compliance with the National Standards through document review, meetings and interviews and observation. The inspection focuses initially on one particular part of the child's journey: the point at which the child is referred to children's social care services because they are believed to be at risk of, or actually suffering, harm or have welfare needs.

During this part of the inspection, the inspectors evaluated:

- the timeliness and management of referrals
- the effectiveness of assessment and risk management processes
- the provision of immediate help where required
- the extent of focus on the child or young person's needs and
- the effectiveness of multi-agency work at the point of and immediately following referral.

The remainder of the fieldwork focused on all other aspects of the child's journey.

The key activities of this inspection involved:

- the interrogation of data
- the review of local policies and procedures, minutes of various meetings, 15 staff files, audits and service plans
- the review of 52 children's case files by both tracking and sampling information contained within their files
- meeting with 19 children and young people, eight parents and three carers
- meeting with 20 social workers, seven child care leaders, four family support workers, five team leaders, the principal social worker, the area manager and the chairperson of child protection conferences
- meeting with four external stakeholders and four external professionals including An Garda Síochána, National Education Welfare Board (NEWB) and Barnardos
- review of 17 questionnaires returned by schools, general practitioners (GPs), community groups and relevant external professionals
- observing staff in their day-to-day work
- observing practice in three multi-agency meetings, four strategy meetings and three child protection conferences.

5. Overall findings

Theme 1. Child-centred Services

Under this outcome measure, services working with children promote a child-centred approach through recognising children's rights, clear, open and honest communication and providing supports that children and family require as early as possible. Children's services value diversity and are inclusive of all groups of children. Child-centred services place children at the centre of what they do.

Related reference:

- *Standard 1:1 – Children's rights and diversity are respected and promoted.*
- *Standard 1:2 – Children are listened to and their concerns and complaints are responded to openly and effectively.*
- *Standard 1:3 – Children are communicated with effectively and are provided with information in an accessible format.*

Standard 1:1 – Children's rights and diversity are respected and promoted.

This standard was met.

Children's rights were promoted by the social work practice in the LHA. Social workers were aware of children's rights and they referred specifically to children's rights in court reports. The assessment framework used by social workers supported and recognised the rights of children. All social workers in the area were familiar with the assessment framework and inspectors observed social workers referring to it to guide their practice.

Children were aware of their rights and were supported in exercising them. Children who met with inspectors said they were aware of their rights and that they felt supported by staff in exercising them. There were several advocacy services in use in the area, such as EPIC and Focus Ireland and several children availed of an independent guardian ad litem. Files reviewed by inspectors showed that social workers advocated on behalf of children and case notes showed that there was a good level of communication with children about their basic rights.

The LHA identified and considered the needs of different ethnic, cultural and religious groups and were proactive in engaging with community groups who represented these families. Inspectors observed interpreters being used on a regular basis to facilitate communication with families. A Diversity Group representing a specific ethnic community had been set up and regular meetings were held between the social work department and members of this group. There was a meeting with this

group during this inspection and minutes showed the close liaison in place. This group were in the process of devising a cultural awareness training session for social workers. Inspectors found that there were good links with organisations within the community which provided services to different cultural and ethnic groups. The area manager was active in promoting links between different cultural and ethnic groups through direct engagement with them at meetings and through the provision of funding to several community-based projects to assist their work with vulnerable families. This was confirmed to inspectors by the community groups contacted as part of this inspection. The area manager chaired the local children services committee, which was set up under the aegis of the Department of Children and Youth Affairs and comprised of statutory and voluntary agencies with a remit for working with children.

Standard 1:2 – Children are listened to and their concerns and complaints are responded to openly and effectively.

This standard was met in part.

Children were listened to and consulted about decisions that affected their lives. There was consistent evidence on files that children were met with and spoken to by social workers in private and that their views were sought and then clearly recorded on the case file. The templates used by the area for conducting assessments contained a specific section to record children's views and files reviewed by inspectors showed that this was routinely completed by social workers. Children were invited to meetings about them such as case conferences and statutory care reviews and files reviewed by inspectors showed evidence of participation by children in these meetings, where appropriate.

There was close liaison with the disability services in the area when required, to assist children with communication difficulties to express their views. In cases where children had communication difficulties, inspectors were informed that social workers consulted with disability services to assist them in communicating with these children. Files reviewed confirmed that the disability services were regularly invited to attend strategy meetings. If children were non-verbal, the views of those that were closest to them were considered or family support workers were engaged to observe the children's interactions. Young children had access to play therapy as an alternative means to express themselves and one particular case reviewed by inspectors showed the use of a specific form of play therapy suitable for very young children which directly involved the parent. The area did not have any alternatives available for children or parents with visual or hearing impairments, such as information in Braille or a loop system.

Children were not informed about how to make a complaint and the area did not have a working policy in place for dealing with children's complaints. Complaints made by children were not recorded centrally, which meant that there was no system in place to ensure that all complaints were responded to appropriately.

While social workers told inspectors that all complaints made by children were dealt with appropriately, there was no central record kept. The complaints register did not contain any complaints from children over the past 12 months and inspectors were unable to establish if children's complaints were being taken seriously or being dealt with appropriately. Inspectors viewed a policy that was being developed for children's complaints, but this was still in draft form. The HSE's 'Your Service, Your Say' facility was in use in the area, although children were not routinely informed about it. Children who spoke with inspectors said that they would make a complaint if they felt it was necessary. However, they did not know how to do so. The absence of a formal children's complaints policy and failure to inform children of how to make a complaint could mean that children would not bring important information or voice their concerns to the social work department and therefore potentially exacerbate their situation.

The area had developed a complaints register and there was evidence that all recent complaints made by adults were dealt with in a timely fashion. Inspectors viewed the complaints register and found that significant time delays were evident historically in responding to complaints. However, inspectors found that efforts were made following the review to retrospectively deal with all complaints and that recent complaints were now being dealt with in a timely fashion.

Standard 1:3 – Children are communicated with effectively and are provided with information in an accessible format.

This standard was met in part.

Social workers communicated verbally with children and families in relation to the service provided. There was written information available for parents and children explaining some aspects of the service, such as case conferences and aftercare. However, there was no written information for children and parents explaining the assessment process and what to expect from the service once a referral had been received. Inspectors were informed that social workers explained the assessment process and the service verbally to parents and children, though relative carers and parents said that they did not know exactly what to expect when they first became involved with the service.

In one social work office, social workers issued a letter which outlined the assessment process for parents. However, this was not used throughout the service and files reviewed by inspectors did not routinely contain any evidence of written information being provided to parents and children. Inspectors found that written correspondence with families at key stages of social work involvement, such as the outcome of an assessment or the closure of a case, was not always evident on files. This meant that children and families were not always fully aware of what to expect from the service once a referral was received, or what the most up to date status of their case was.

The principal social worker and social workers in general stated that families could access their information if they required and that they could apply through the Freedom of Information Acts 1997 and 2003 (FOI) for access to their information. However, inspectors found that there was no clear understanding of when information could be shared with a family by the social worker or when the family would need to go through the FOI process to obtain it. Inspectors were informed that there was no written policy on what information could be shared directly or when the family would need to apply through FOI. In addition there was no written guidance for families outlining how to access their information or how to make an application under FOI. This meant that information could potentially be withheld from families or alternatively information which they were not entitled to could be inadvertently shared with them.

The LHA did not actively engage in projects to raise public awareness in relation to child abuse and neglect. Given the recent changes to the service they had not yet made any concerted effort to inform the public of these changes and how to report a concern or access services. Inspectors found that because of the recent reconfiguration of the area and engagement with community and voluntary agencies, their engagement with the public had been generally through this medium. Inspectors found that their efforts concentrated on the development of the service and efforts to raise public awareness of these issues were at a planning stage.

Theme 2: Safe and effective services

The safety and welfare of the child is paramount in all children's services. A safe and effective service endeavours to protect children from the risk of harm through effective interventions that protect children and support families. Children First (2011) is consistently implemented by the service and timely and effective actions are taken to protect children. The service regularly monitors its service to children and families, to identify safe practice, minimise risks and learn from adverse events.

Related reference:

- Standard 2:1 – Children are protected and their welfare is promoted through the consistent implementation of *Children First*.
- Standard 2:2 – All concerns in relation to children are screened and directed to the appropriate service.
- Standard 2:3 – Timely and effective action is taken to protect children.
- Standard 2:4 – Children and families have timely access to child protection and welfare services that support the family and protect the child.
- Standard 2:5 – All reports of child protection concerns are assessed in line with Children First and best available evidence.
- Standard 2:6 – Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare.
- Standard 2:7 – Children's protection plans and interventions are reviewed in line with requirements in Children First.
- Standard 2:8 – Child protection and welfare interventions achieve the best outcomes for the child.
- Standard 2:9 – Inter-agency and inter-professional cooperation supports and promotes the protection and welfare of children.
- Standard 2:10 – Child protection and welfare case planning is managed and monitored to improve practice and outcomes for children.
- Standard 2:11 – Serious incidents are notified and reviewed in a timely manner and all recommendations and actions are implemented to ensure that outcomes effectively inform practice.
- 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.

Standard 2.1 – Children are protected and their welfare is promoted through the consistent implementation of *Children First*.

This standard was met in part.

Children were protected and their welfare was promoted by the LHA. The assessment and management of child protection and welfare concerns were in

keeping with Children First (2011). Inspectors found that policies, procedures and guidelines used in the LHA reflected the requirements of Children First (2011), though many were still at development stage or not fully implemented as yet.

The LHA did not have a dedicated family welfare conference service and family support plans and child protection plans were not fully developed. The policies and procedures, while understood by the social workers interviewed, were not consistently implemented, particularly in relation to intake records on open cases. This meant that recommended timelines in relation to screening and preliminary enquiries on some cases were not always met. Phase 2 of the standard business processes adopted by the HSE at a national level to support the consistent implementation of Children First (2011) had only been implemented since 8 April 2013.

All staff interviewed by inspectors understood their roles and responsibilities. Social workers demonstrated a good understanding of thresholds of harm when determining further actions required.

Standard 2.2 – All concerns in relation to children are screened and directed to the appropriate service.

This standard was met.

Child protection and welfare concerns were screened effectively and there was a robust system to carry out preliminary enquiries. Historically, there were inconsistent responses to referrals due to different criteria being used at the existing three points of contact with the service. Since January 2013, a dedicated intake and assessment team had been set up to deal with all referrals, which had led to a more consistent approach. Inspectors viewed standard operational practices for the processing of referrals.

Risks, vulnerability and strengths were considered in the decision-making process to inform actions. Inspectors observed social workers receiving and screening concerns. Checks were carried out by the social worker receiving the referral to determine if the child/children were already known to the HSE. Screening of concerns was guided by Children First (2011) and a threshold of need model was used which assisted consistency in their professional judgment. Inspectors found that preliminary enquiries were being conducted in a consistent manner during the inspection, which determined the appropriate response to the concern, such as further advice to the referrer, taking no further action or recommending an assessment. All referrals to the service were appropriately recorded and stored on an electronic information system (RAISE).

Children were generally referred to appropriate services to meet their assessed needs. Data provided by the LHA showed that initial assessments were recommended for 887 children in the 12 months prior to the inspection. Two

hundred and ninety five initial assessments had been completed up to the time of inspection and 72 were ongoing. Those that had been assessed were referred to an appropriate service if required and inspectors saw evidence of this on children's case files and through interviews with staff. Inspectors were told by staff and managers that there was a sufficient number of community-based services for children and families, particularly in the city. However, this was not the case in the rural areas. The LAP members held regular meetings with a view to ensuring a coordinated approach to working with children and families to achieve better outcomes.

Standard 2.3 – Timely and effective action is taken to protect children.

This standard was met in part.

When immediate and serious risk was identified, the service took emergency action. Inspectors observed social workers responding to emergencies and convening strategy meetings at short notice. A review of files showed that emergency action was taken by social workers to ensure children were protected from harm when serious risks were identified. Inspectors also saw evidence that the welfare of the child was considered the paramount consideration.

However, there was a significant difficulty in relation to the cases which had been on waiting lists for long periods of time. A review of these lists showed that the impact of long-term harm and neglect had not always been considered. A review of practice and audit of the management of cases of neglect had been undertaken by an external consultant in 2011. This followed from recommendations of the *Roscommon Child Care Case Inquiry Report (2010)*, which stated that 'the HSE should develop and implement a national policy of audit and review of neglect cases' commencing with Roscommon and extending to include other LHAs.

The Waterford review began in January 2011 with a final report issued in March 2012. The 2011 audit demonstrated this failing and an action plan had been put in place by the area manager to address this. Inspectors also found a significant number of repeat referrals about children over a period of years, but there had been no cohesive response to multiple referrals and many children remained on a waiting list. The area manager acknowledged that what they referred to as the 'legacy' waiting list was a significant difficulty in the area and had requested additional social work staff in an effort to address this deficit.

At the time of inspection one temporary social worker had begun a review of the waiting list cases and the area was carrying out a risk assessment on these cases. A further two temporary social workers had also been approved to carry out initial assessments on those cases identified as requiring initial assessment. The LHA was in the process of recruiting these social workers at the time of inspection. The area manager assured inspectors that these cases would be prioritised and that the reconfiguration of the service was a further measure to ensure that all new referrals would be responded to in a timely manner.

There was a clear understanding of the thresholds of harm to instigate supervision or care proceedings. The LHA secured 13 supervision orders and 148 care orders in the year prior to inspection.

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

This standard was met in part.

There was a clearly-defined service delivery model for services to children and families, based on the national service delivery model. The area manager outlined this model to inspectors and other staff and external agencies were able to describe it also. The recent reconfiguration of the child protection and welfare service supported early interventions with children and families, though there was historical evidence that demonstrated this to have been a severe deficit. This is already discussed under Standard 2:3. The LHA utilised a large number of services in the community for vulnerable groups. There were 47 projects and four service level agreements with external agencies in the area with clear referral pathways all aimed at providing timely access to community-based interventions and services.

The area manager told inspectors that information on vulnerable groups in the community was collated from various sources, including regular meetings between the area manager and An Garda Síochána as well as meetings with external service providers, which assisted in identifying the needs of various vulnerable groups in the community.

There was a system in place to assess and meet the welfare needs of children and families. The recent establishment of a dedicated welfare team had created a clear process in which to identify and assess welfare needs and develop child welfare plans. This was in an early stage of development. With regard to the closure of welfare cases there was now a system in place for the regular review of the child's needs and decision making about the level of service required. The LHA was in the early stages of developing a community adolescent team who work closely with the social work teams to carry out specific pieces of work. Child welfare and/or family support plans were not fully implemented by the LHA. This is discussed further under standard 2.1. These plans were at a developmental stage following on from the establishment of a dedicated welfare team.

At the time of inspection there were 31 children on a waiting list for further assessment, following the completion of the initial assessment. The principal social worker informed inspectors that this occurred as staff who had gone on maternity leave and/or sick leave on the child protection team had not been replaced. While the area manager gave inspectors an assurance that cases on the waiting lists in the area would be prioritised, the children on this waiting list had not received a timely response.

Standard 2.5 – All reports of child protection concerns are assessed in line with Children First and best available evidence.

This standard was met.

The initial assessment process was carried out by an appropriately qualified and experienced social worker. Inspectors found that initial assessments were carried out by social workers in the intake and assessment team with management oversight provided by the team leader. Where a concern was deemed to be of a welfare nature, it was referred to the welfare team led by an experienced child care leader and supervised by the principal social worker. There was evidence of good communication between social workers and their team leader.

The current initial assessment process complied with Children First (2011) and set out the risks of ongoing harm to a child. Inspectors viewed a sample of initial assessments and found them to be recorded on standardised templates. The assessments demonstrated risk and protective factors and considered the voice of the child and their family. The records also evidenced where there was ongoing risk which required further assessment, child protection conferences or case closure.

There was evidence that An Garda Síochána were involved at an appropriate time when there were concerns about a child. Inspectors spoke with the local superintendent and sergeant who confirmed that the relationship with the child protection and welfare service was positive with good inter-agency communication. Notifications of alleged abuse were generally sent in a timely manner. Attendance at strategy meetings, case conferences and other liaison meetings were observed during the inspection. There were 76 Garda notifications made in the year prior to inspection.

The assessment processes were sufficiently robust to support workers in making good professional and timely decisions to protect children and support their welfare. Since the reconfiguration of the service, inspectors found that the initial assessment process was implemented consistently and supported workers in making good professional and timely decisions.

Strategy meetings were effectively used to share information and inform actions to protect children. Inspectors observed several strategy meetings during the inspection, which were held at various stages of the assessment process to share information and identify the necessary protective actions to be taken. Relevant professionals from various agencies such as An Garda Síochána, public health nurses, school principals, child and adolescent mental health services (CAMHS), advocacy groups, medical professionals etc. were consulted or took part in strategy meetings on a regular basis. All decisions taken were appropriately recorded and in the best interests of the child.

Standard 2:6 – Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare.

This standard was met in part.

Child protection conferences (CPCs) were convened in a timely manner when children were identified as being at risk of significant harm. A designated chairperson, who was permanent, independent and experienced, had been in place since October 2012 and had convened over 70 CPCs up to the time of inspection. There was also a full time secretary for CPCs. The records showed that CPCs were generally convened a short time after the request was received and that a number of emergency CPCs had also been convened at very short notice. The chairperson told inspectors that she was in the process of fully implementing the HSE national guidelines for CPCs, which were at a final stage of development. Inspectors reviewed the national guidelines and observed a number of CPCs and found this to be the case. In each CPC, the question of whether or not the child was at risk of significant harm was highlighted by the chairperson as a main focus for discussion.

Child protection plans focused on improving the lives of children and making them safe and they were informed by the key agencies involved with the children and their family. Prior to 8 April 2013, the child protection plans took the form of decisions and recommendations rather than a set of agreed actions. Since then, formal child protection plans had been developed at CPCs. These set out the actions agreed, specific timeframes for implementation, persons responsible, including the key workers, decisions on notification to the Child Protection Notification System (CPNS) and review dates. The risks to the child and the protective factors in the child's environment were contained in the record of the conference and not in the child protection plan. Inspectors found that the decisions agreed at the CPCs they observed were reflected in the child protection plans and were focused on ensuring the safety and wellbeing of the children concerned.

Data submitted to the Authority prior to the inspection showed that seven of the 44 children, whose names were active on the CPNS, did not have a formal child protection plan. The area manager told inspectors that review CPCs were scheduled for these children in the coming weeks and that formal child protection plans would then be drawn up. In the interim, however, these children did not have a comprehensive plan in place for their protection.

Observation of CPCs and a review of case files showed that professionals and staff from the key agencies involved with the children and their families attended CPCs and contributed to child protection plans. These included a range of professionals such as teachers, public health nurses, health and social care professionals, members of An Garda Síochána and representatives of voluntary and community organisations. The roles and responsibilities of these organisations were set out in the child protection plans. While the contributions they made in the CPCs were recorded in the

CPC records, the reports they compiled were not always submitted to the chairperson or gathered as part of the CPC records.

There was effective engagement with children and families, but the sharing of information about key decisions could be improved. The records of CPCs showed that parents were routinely invited to them and that, where appropriate, children and young people were also invited. There were explanatory leaflets for both parents and children, which were given to them in advance. The leaflet for children contained a section inviting them to write any comments or questions they had in relation to the CPC. Both the presentation and content of the leaflet for children and this method of consulting needed improvements. Inspectors observed that the chairperson met the parents privately before the CPC to explain the proceedings.

Interpreters were used to assist parents for whom English was not their first language and parents were also facilitated to bring a friend/advocate with them for support. Inspectors observed that, in what was a stressful situation for parents, no refreshments were offered and there were no name tags/signs to assist parents in identifying the various attendees, as required by the HSE national guidelines for CPCs. At each CPC observed by inspectors, the chairperson stressed that the voice of the child should be heard. Parents were treated in a respectful manner and given ample opportunity to make their views known. A review of CPC records showed that neither the decisions and recommendations of the CPCs or the newly-developed child protection plans were sent to parents nor, where appropriate, to children. If parents wished to receive a copy, they were expected to make a request under Freedom of Information legislation. This was contrary to the guidance contained in Children First (2011).

The CPNS was not used effectively to support the protection of children and was not managed in accordance with Children First (2011). There was a local CPNS list in place and there were 44 children whose names were active on the list at the time of inspection. It was kept securely in electronic form and was password protected and maintained by an administrator. The CPC had a role in deciding if the child's name should be placed on the CPNS and the designated person/chairperson of the CPC had responsibility for activating or deactivating a child's status on this list. However, the CPNS could not be accessed by other agencies and was, therefore, ineffective in supporting the protection of children and could not be managed in the manner described by Children First (2011). This is a national problem and will require an ICT system to address this.

Standard 2:7 – Children's protection plans and interventions are reviewed in line with requirements in Children First.

This standard was met.

A system was in place for child protection plans to be reviewed within six months of the CPC. The designated chairperson of CPCs told inspectors that, since 8 April 2013, all child protection plans would be reviewed within six months of their formulation

and that a schedule of CPCs and reviews had been developed to ensure that this took place. Inspectors viewed a number of child protection plans and found that a date had been included for a review to take place within six months. In one case, a contingency plan had also been included, which made specific reference to the need for an emergency child protection review conference to be convened in the event of certain critical actions not being implemented.

The review process, which was undertaken at case conference reviews, focused on the risks to children and considered the impact of interventions on improving the lives of children. Inspectors observed a number of these case conferences in which progress on the decisions and recommendations of the previous conference were reviewed. The allocated social worker presented a report, which summarised the case and, in particular, focused on the risks to the child's safety and the interventions that were undertaken during the previous months and then made recommendations regarding the need for further interventions or courses of action. Members of other agencies reported on their roles and interventions and parents were given the opportunity to give their views on the impact of the interventions. This meant that informed decisions were made on the issues of whether the child continued to be at risk and whether or not protective measures should continue and if so, what they should be.

A robust system was in place to close cases based on the outcomes for children. The system to close cases where there were welfare concerns was being developed in conjunction with voluntary and community agencies. Cases where there were no longer any child protection or welfare concerns were closed following discussion between the social workers and their team leaders and decisions to close cases were made in supervision meetings and recorded in supervision notes. Inspectors viewed a number of files where there were closing summaries which referenced the outcomes for the children. In some cases, where there were no longer any child protection concerns, the case could be closed to social work but the welfare team and voluntary or community organisations remained involved.

The welfare team leader told inspectors that the issue of which agency would take lead responsibility for monitoring low level welfare cases was under discussion and the principal social worker told inspectors that, if any future child protection concerns arose in relation to these cases, they would be referred to the intake and assessment team for initial assessment. The chairperson of the CPCs told inspectors that she had recently introduced a system of monitoring and tracking the outcomes for the children subject to CPCs. Inspectors viewed the documentation associated with this and the preliminary findings it contained. Inspectors also viewed documentation in relation to cases which had been on a waiting list but had been closed following a detailed review by the area manager, principal social worker and the team leader of the intake and assessment team.

Standard 2:8 – Child protection and welfare interventions achieve the best outcomes for the child.

This standard was met in part.

Decisions were informed by evidence-based practice in order to achieve the best outcomes for children. Staff received appropriate training and were familiar with evidence-based best practice in working with children and families. From discussion with staff, observation of their practice and a review of case files, inspectors found that evidence-based tools were consistently used in their assessments and their interventions and recognised guidance documents such as the Child Protection and Welfare Practice Handbook were referred to in the decision-making process. Decisions at CPCs were informed by the opinions of a variety of professionals, including medical, nursing and other health and social care professionals, whose contributions were based on the application of evidence-based practice from their own areas of expertise. Inspectors also observed members of senior management meeting to discuss the implications of court decisions and relevant legislation in order to ensure the best outcomes for all concerned in a particular case.

The interventions of the social work department improved the lives of many children and their families, but not all, and there were some young people whose lives continued to be beset by difficulties. Inspectors spoke to a number of children, young people and parents whose experience of interventions by the social work department were mainly positive. For example, children who spent a short period of time in care while their parents were engaging in therapeutic work were happy that they were reunited with their parents in a more stable environment. A number of young people told inspectors that being taken into care had provided them with a great deal of support and they had educational and vocational opportunities that they felt they would never have received had they remained at home. Some parents spoke about interventions that had helped them in understanding their role as parents and others were relieved that staff were providing them with practical support in difficult situations.

However, a review of case files showed that some children and young people continued to experience difficulties in their lives despite the involvement of the social work department over substantial periods of time. When the level of risk changed or there was lack of progress, timely reviews were not always held and appropriate action was not taken to improve the outcomes for children. Children who had an allocated social worker were reviewed regularly in supervision. Supervision notes showed that lack of progress or changes in the children and families' circumstances were discussed and appropriate action decided upon and implemented. However, there was no system in place to ensure the cases of children about whom multiple re-referrals were received were reviewed in order to evaluate changes in the level of risk. The data returned by the area showed that of the 1,499 referrals received in the 12-month reporting period, 657 of these related to children previously known to the service, which showed that nearly 44% of referrals related to children that previously had been involved with the service. The presenting concerns in each referral had

been screened in isolation from those of other referrals and the concerns reported were categorised as low priority and the cases were placed on a waiting list. Failure to make the connection between multiple referrals and lack of progress or possible deterioration in a child's situation meant that, in some cases, appropriate action was only taken when the child's situation had reached crisis point.

Children and their families were assisted to engage with support networks in their own communities. Case files contained records of referrals of children and their families to support networks in their local area. The newly-formed welfare team arranged meetings between children, their parents and staff from support agencies to introduce them to each other, to clarify the services to be offered and to develop welfare plans. Family support workers were sometimes tasked with facilitating the visits by parents and children to statutory and community agencies as agreed in child protection plans. Children and young people told inspectors that they were given advice and information about agencies in the community and that, if required, staff of the service sometimes acted as advocates on their behalf to make the initial contact with the agencies concerned.

Standard 2:9 – Inter-agency and inter-professional cooperation supports and promotes the protection and welfare of children.

This standard was met.

Considerable efforts were made to ensure that inter-agency and inter-professional collaboration was maximised in order to promote the best interests of children and their families. Formal protocols were in place between the HSE and An Garda Síochána and meetings were held between senior managers in both organisations every quarter to review these arrangements. Inspectors met with members of An Garda Síochána who expressed satisfaction with the level of cooperation between the two organisations. Inspectors also observed a strategy meeting attended by members of An Garda Síochána which demonstrated a high level of collaboration. A system was in place to record the formal notifications sent to An Garda Síochána and to acknowledge notifications received from them.

Since the introduction of the LAP, regular meetings had been held between the social work department and members of other statutory, voluntary and community agencies with a view to enhancing their cooperation and adopting a coordinated approach to working with children and families. Inspectors observed one such meeting and found that the issue of clarifying roles was on the agenda. During interviews and through questionnaires, staff of a number of other agencies told the inspectors that cooperation and information sharing between their agencies and the social work department had improved considerably during the previous months.

Overall, external agencies reported that the new structure was welcomed and they felt that it would improve the service to the children and families with whom they worked. These agencies reported significant difficulties prior to the new structure but

were optimistic that the new system would lead to improved responses from the area to child protection and welfare concerns.

The manner in which information was shared between agencies and professionals assisted in the protection of children. Systems were in place for the formal exchange of information between professionals and agencies, relevant to the protection of children. Inspectors observed this at CPCs and strategy meetings in which a wide variety of professionals and agencies took part. Case files contained reports from professionals on key aspects of their involvement with children and their families. Inspectors observed that attendees at the LAP meeting discussed the development of joint protocols on information sharing that they planned to put in place in line with data protection requirements. The area manager told inspectors that he had reached agreement to re-constitute the former child protection notification management team (CPNMT) into a forum for heads of various HSE departments to meet regularly in relation to child protection issues.

Children and families understood the duties and responsibilities of agencies and professionals involved with them, though this could be enhanced by the provision of suitable written information.

Standard 2:10 – Child protection and welfare case planning is managed and monitored to improve practice and outcomes for children.

This standard was met in part.

The operational structure supported social workers and child care leaders to spend the majority of their time in work that directly benefited children and was designed to ensure continuity of contact with children and families. Inspectors observed social workers and child care leaders at work and found that activities such as home visits, strategy meetings and CPCs, assessments, report writing and court work took up a large portion of their time and that this work was of direct benefit to children. Supervision records and completed assessments showed that there was a strong emphasis on establishing the views of children and on social workers meeting directly with children. Managers and staff told inspectors that the formation of new teams earlier in 2013 had ensured that social workers had more clearly-defined caseloads and that this ensured more continuity of contact between staff and children and families. For example, staff who had previously had a mixed caseload, comprising duty work, child protection and work with children in care, were now able to focus on the children in care and plan their regular contact and work with them. Inspectors tracked the cases of several children and found that this continuity of contact was evident in case files and this was confirmed by parents and young people as well.

All children who had been identified as being at ongoing risk of significant harm had an allocated social worker. However, there was no robust system in place to ensure that these children continued to have an allocated social worker in times of staff absences. Inspectors viewed the CPNS records and found that all 44 children listed had an allocated social worker.

There were structures in place to support effective communication and cooperation between members of all the teams in the social work department and to assist them in reflection on their practice. Social workers, child care leaders and family support workers told inspectors that they held weekly team meetings. The agenda included feedback from the weekly management meeting by the team leader, information about developments in the service, discussion of policies and practice, learning from national reviews or inquiries, training and any other issues of relevance to the team. They spoke about the team meetings as necessary and supportive, especially during the period of restructuring of the service and the formation of new teams.

Peer supervision sessions had been introduced for the child protection and children-in-care teams and the team leaders told inspectors that these would be introduced for all teams. These were facilitated by the team leaders and provided opportunities for team members to engage in reflection on their practice and its effectiveness. Departmental meetings, which took place approximately every quarter, provided an opportunity for the entire staff team to meet and engage with each other around issues of concern to all, such as the restructuring process.

Caseloads were organised in line with the particular focus of a team. For example, the children-in-care team dealt with all children in foster care and residential care and according to the capacity and skills of the particular worker. However, there was no clear strategy for dealing with complex cases. The principal social worker and team leaders told inspectors that there was no caseload management/weighting tool in use but that the service had recently engaged in a national caseload management pilot project with a view to putting such a system in place. Cases were allocated in supervision sessions and both social workers and team leaders told inspectors that they took into account the current caseload of the social worker, their capacity to take on more complex cases and the needs of the children concerned. However, there was no definition of what constituted a complex case and there were no senior social work practitioners on the child protection teams, whose role it would be to deal with a small number of more complex cases.

There was no system in place to review the service and the outcomes it provided for children. The principal social worker told inspectors that his focus since taking up his post had been the re-structuring of the service and a system for monitoring and review needed to be built in to this and a staff member would be assigned to research appropriate models for reviewing the system. However, inspectors found that at the time of inspection there was no such system in place and that valuable learning about the effectiveness of the service at a time of major transition could be lost as a result.

Standard 2:11 – Serious incidents are notified and reviewed in a timely manner and all recommendations and actions are implemented to ensure that outcomes effectively inform practice.

This standard was met.

Serious incidents which impacted on children's safety and welfare were notified to the relevant persons. There were two serious incidents which were notified to the HSE incident management team within the past 24 months. These notifications preceded the appointments of the principal social worker and the area manager, but they were fully aware of the protocols and procedures which govern the reporting arrangements. Reviews were carried out in accordance with agreed processes and recommendations arising from reviews were implemented in a timely manner.

One of the serious incidents was reviewed by the HSE National Review Panel immediately prior to this inspection. The report arising from this review had not yet been published. Following the 2011 audit of cases of neglect the area manager and principal social worker told inspectors that the findings and recommendations of the audit report were considered carefully and that an action plan was put in place. Inspectors viewed the action plan and found that the actions listed were clear and specific with a definite timeline in place for the implementation of Phase 2 of the HSE standard business processes. Staff and managers told inspectors that they had discussed the results of the audit and that they had changed a significant number of practices within the department as a result. Inspectors found that the timeline for the implementation of Phase 2 of the standard business processes had been met and various other recommendations, including that of increased cooperation with voluntary services, had also been implemented. Processes were in place for learning from national inquiries, including the Roscommon Inquiry, training on which was provided to staff during the inspection.

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.

This standard was met in part.

The LHA raised awareness about children with additional vulnerabilities with some voluntary and community organisations and had done some work on raising public awareness about organisational and institutional abuse of children. Inspectors spoke to a HSE information officer, who had provided some training to community and voluntary organisations within the area on the subject of safeguarding young people with whom their staff came into contact with. This training highlighted legislation such as the Child Abuse Act 1998 and the Reckless Endangerment of Children (Criminal Justice Act 2006) and Children First (2011). Specific details of when the training took place and who participated were not available to the inspectors.

The area manager told inspectors that he had close liaison and regular meetings with senior members of An Garda Síochána and a senior member of a religious organisation on the issue of clerical abuse of children and young people.

There were no specific processes in place, informed by Children First (2011), for the assessment of allegations of organisational and/or institutional abuse, including risks to other children. The area manager and principal social worker told inspectors that reports of concerns about organisational or institutional abuse would be dealt with through the duty social work system, that there were no formal procedures or protocols in place to guide practice in this area and that there was no named manager within the service with responsibility for managing such complex cases. Inspectors found that this approach was problematic for a number of reasons.

The duty system was set up to deal with reported concerns about children and the names of adults about whom concerns were expressed were not recorded unless specific children were named. Duty social workers were not specifically trained to deal with this issue. The nature of organisational and institutional abuse requires a coordinated multi-agency response and needs to be managed by experienced personnel. While the area manager and principal social worker told inspectors that they would make themselves available in the event of a concern about organisational or institutional abuse, a pre-planned approach to managing serious issues of this nature was not in place.

Inspectors were told that at the time of the inspection there were no cases of organisational or institutional abuse under investigation in the area. In relation to a case of retrospective disclosure, inspectors observed that the area manager and managers within the social work department planned a response, which involved liaison with An Garda Síochána and contact with relevant voluntary organisations and families in order to establish if there was immediate risk to any children or young people. They considered relevant legislation and court judgments in relation to affording due process for the alleged perpetrator.

Theme 3: Leadership, Governance and Management

Under this theme, a well governed service directs and manages activities using objectivity, accountability and integrity and supports the delivery of effective and safe services to children and families. Overall accountability for the delivery of the services is clearly defined with ongoing audit and monitoring of its performance.

Related reference:

- 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.
- Standard 3:2 – Children receive a child protection and welfare service which has effective leadership, governance, and management arrangements with clear lines of accountability.
- Standard 3:3 – The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.
- Standard 3:4 – Child protection and welfare services provided on behalf of statutory service providers are monitored for compliance with legislation, regulations, national child protection and welfare policy and standards.

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.

This standard was met.

Staff demonstrated a good knowledge of legislation, policies and standards relevant to the service. Through interviews with social workers, observation of practice, review of children's case files, supervision records, management and departmental team meetings, inspectors found that staff were using legislation, policies and standards to direct and inform their practice. Copies of relevant legislation and policies were readily at hand. Inspectors observed good use of the *National Standards for the Protection and Welfare of Children* (2012) and *Children First* (2011) by social workers on a day-to-day basis with regular reference to the National Standards and Child Protection and Welfare Practice handbook. Social workers confirmed in interviews that the dissemination of information pertaining to national policies and guidelines was good, with regular updates at team and departmental levels.

Appropriate actions had been taken in response to recommendations from investigations and regulatory bodies. Inspectors were told by the area manager and principal social worker of the actions taken in response to the neglect audit carried out in the LHA in 2011 and examined the records of same. Inspectors also found correspondence between the area manager and senior managers outlining gaps identified by the audit and the plans to address these. Workshops and other core components of the action plan were planned in respect of the findings.

The LHA had a process to assimilate new policies, procedures and legislation into practice. The area manager communicated directly with the principal social worker who in turn discussed new information at management meetings. Inspectors were told by staff that the dissemination of information through the department was good and well communicated verbally and by email. Weekly team meetings were held with each social work team and at management level. Inspectors observed a range of these meetings and viewed minutes of meetings which evidenced discussion of new policies and practices relevant to the service.

Standard 3.2 – Children receive a child protection and welfare service which has effective leadership, governance and management arrangements with clear lines of accountability.

This standard was met in part.

The management and governance structure was found to be robust, with clear lines of accountability and defined roles and responsibilities. There was evidence that the recent reconfiguration of the child protection and welfare service had resulted in a safer and more effective service led by a strong management team. The lines of authority and accountability were clear at individual, team and departmental level. Inspectors found, through interviews, observation at management meetings and a review of team and management meeting minutes that staff were clear in their roles and responsibilities. There was evidence of accountability and how operational issues were resolved at appropriate levels.

Managers provided good leadership and commitment in the delivery of services to children and families. There was evidence of good leadership and managerial oversight of the service so as to ensure a safe service which used resources to their maximum effect. The area manager had been in post since May 2012 and was faced with many challenges to the service at that time, which included long waiting lists, major budget overspend and a significant number of children and families not receiving a good service. Through interviews with the area manager and principal social worker, a review of management meeting minutes and the resulting documents developed, inspectors found that the delivery of services was now more structured, safer and more effective. The reconfiguration of the service was still at an early stage of development at the time of inspection, but improvements in service delivery were obvious; external stakeholders spoke positively about this and were optimistic about the changes made.

An up-to-date operational plan had been developed by the area manager. The area manager provided the Authority with a statement of purpose and function and a comprehensive strategic operational plan based on the most up-to-date information on the needs of the area. This outlined statutory functions, services provided and the objectives of the service with a clear direction for delivering a quality service.

The LHA did not have a robust process to evaluate and improve the services to children and families. There was little evidence of consultation with children and families apart from the decisions that affected their lives. The LHA had not participated in the national audit for quality assurance purposes to date. The absence of a formal evaluation process which includes the opinions of children and families could hinder effective improvements to the service.

Standard 3.3 – The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.

This standard was met in part.

There was no formal arrangement in place to ensure the service was compliant with national standards, policies and legislation. Inspectors found little evidence of a robust monitoring system that reported regularly on compliance or non compliance alike. Without a consistent approach to monitoring the service, the LHA had no way of obtaining this information to ensure that it was compliant or whether changes were required.

There was a risk management framework in place which determined how risks were managed and a local risk register for the child protection and welfare service had been developed. Risks identified included those associated with the number of referrals, waiting lists for other services and children without an allocated social worker. There was a corporate risk register to which the local risk register could escalate certain information, though the area manager told inspectors that the majority of risks are dealt with at area level. Informal monitoring was undertaken primarily through the supervision process with each social worker. Case files reviewed evidenced that social workers applied risk assessment principles using the assessment framework, national policy and practice handbook. Inspectors found that social workers carried out good quality risk assessments and this was evident in case files, observation of practice and interviews.

The LHA collated data on key performance indicators (KPIs) and quarterly reports on KPIs were submitted to the National Office for Children and Family Services. The area also used the national policy *A Framework for measuring, managing and reporting social work intake, assessment and allocation activity*. The aim of this framework is to provide information to local, regional and national managers with an oversight of pressure and risk within social work teams. Inspectors viewed a number of these documents which were used to inform the regional plan and annual adequacy reports by the HSE.

Standard 3.4 – Child protection and welfare services provided on behalf of statutory service providers are monitored for compliance with legislation, regulations, national child protection and welfare policy and standards.

This standard was met.

There were formalised agreements for the provision of services by agencies on behalf of the HSE. The LHA used an extensive range of voluntary and community groups. Inspectors viewed four service level agreements and 47 grant-aided agreements with external service providers which outlined clear monitoring and governance arrangements. Inspectors also met with a sample of external service providers who confirmed that their service provision was in line with the service level or grant-aided agreements.

There was evidence that there were robust monitoring arrangements of external providers so as to ensure a safe and quality service. The area manager reported that he held regular meetings with external agencies to address service delivery issues and developments. Annual reports were required of some agencies, which fulfilled their obligation under the service level agreements. A number of external providers reported to inspectors that the relationship between the LHA and themselves was positive. They were well informed of the reconfiguration of the service and were optimistic for the future. Inspectors saw evidence of good involvement in service development process in the LAP.

Theme 4: Use of Resources

A well-run service uses resources effectively to deliver best achievable outcomes for children and families for the money and resources used.

Related reference:

- Standard 4:1 – Resources are effectively planned, deployed and managed to protect children and promote their welfare.

Standard 4.1 – Resources are effectively planned, deployed and managed to protect children and promote their welfare.

This standard was met.

A comprehensive needs analysis had been undertaken by the area manager of the service in early 2012 to identify what resources the service required. The analysis included information on deprivation statistics in the city and county, community and voluntary sector projects supporting children and families, performance indicators (PIs) and other key demographics and census information. The findings of the analysis identified that a significant change was required to the organisational structure so as to effectively meet the required needs in the LHA. The key developments identified for 2013 were the reconfiguration of services to reflect the National Service Delivery Framework (NSDF) so as to improve outcomes for children, the establishment of one point of referral through a dedicated intake and assessment team and the implementation of the LAP model of service delivery. A single Children's Services Committee (CSC) had been set up recently on a joint city and county basis.

There were arrangements in place to monitor and evaluate the financial performance and cost effectiveness of the service. The area manager told inspectors that there had been a budget overspend of €4.7 million in 2012. He said that given the level of overspend for 2012, it was challenging to develop a cost improvement plan but this had been achieved. Minutes of departmental meetings since 2011 and other management meetings evidenced discussions on cost containment, value for money and cost effectiveness while being mindful of the need to respond to the needs of children and families.

Theme 5: Workforce

The service organises and manages its workforce to ensure that staff members have the required knowledge, skills, experience and competencies to protect children and promote their welfare and to provide an effective service to children and families.

Related reference:

- Standard 5:1 – Safe recruitment practices are in place to recruit staff with the required competencies to protect children and promote their welfare.
- Standard 5:2 – Staff have the required skills and experience to manage and deliver effective services.
- Standard 5:3 – All staff are supported and receive supervision in their work to protect children and promote their welfare.
- Standard 5:4 – Child protection and welfare training is provided to staff to improve outcomes for children.

Standard 5:1 – Safe recruitment practices are in place to recruit staff with the required competencies to protect children and promote their welfare.

This standard was met.

All staff were recruited in line with national policy and legislation through the National Recruitment Board and files viewed by inspectors showed that all staff had the required Garda Síochána vetting, three references and evidence of qualifications. Inspectors viewed evidence that staff recruited some time ago had updated Garda vetting completed when they were made permanent or changed post.

Personnel records were stored securely and contained all the required information. There was a designated personnel officer with responsibility for maintaining staff personnel files. While all files were securely stored and the staff files viewed by inspectors contained all the relevant information required, navigating through the files to obtain this information was cumbersome and time consuming, as the layout of the files was not user friendly. For example, information was filed in no particular order, which entailed inspectors looking through entire personnel files to locate one key document, such as Garda Síochána vetting.

The national policy in relation to induction was implemented and staff informed inspectors that they had undergone an induction process in line with this policy. Supervision records showed that a programme for induction was in place for staff and that staff were expected to sign sections of it to confirm that they had been completed. The induction programme contained reference to key documents which

were required reading for staff during the induction period and this was found to be comprehensive.

Agency staff were appropriately vetted and recruited and the LHA used one specific recruitment agency to ensure that the requirements in this regard were met. During the inspection one agency staff member began work in the LHA, through a recruitment agency. Inspectors found that the principal social worker obtained all the documentation required in advance of recruiting the staff member and also interviewed the staff member to ensure they had the required competencies for the post.

Standard 5:2 – Staff have the required skills and experience to manage and deliver effective services.

This standard was met in part.

Staff were skilled, experienced and competent to meet the needs of children and families. However, there were insufficient staff to meet the needs of all children and families referred. While experience varied, the minimum experience was two years nine months and the majority of staff had over five years' experience. However, many children and families did not get a satisfactory service due to the lack of sufficient numbers of staff to deal with all referrals and this resulted in a waiting list which had continued to increase over time. During the inspection, the area received approval for three agency staff in an effort to address the waiting lists. In addition, the area manager had some time ago received approval for four social work posts, following the publication of the Ryan report, but these posts had not been filled. During the inspection, the area manager obtained approval to fill two of these permanent social work posts.

There was no contingency plan in place in the event of a shortfall in staffing levels. During the inspection there were staff members out on sick leave or maternity leave and one caseload in particular was un-worked. One team leader was in an acting position while the area awaited a permanent team leader. However, this team leader continued to provide a service to his/her own case load in the interim. Inspectors were told that if an emergency arose then it would be dealt with by the team leader, or the team leader could assign another social worker to deal with the specific issue. This served to place additional pressure on team leaders and social workers, who inspectors found were already under significant pressure.

Managers were qualified, experienced and had undergone specific management training. Training records viewed by inspectors showed that all the managers in the area had received formal training in management skills and, when interviewed by inspectors, they presented as competent and skilled in the management of staff. In addition, inspectors found that the managers had significant experience in the area prior to being appointed to their management positions and this led to the overall effective management of the service.

Standard 5:3 – All staff are supported and receive supervision in their work to protect children and promote their welfare.

This standard was met in part.

The national policy on supervision was implemented in the LHA and staff were supervised in accordance with good practice. Supervision records were viewed by inspectors; these contained copies of the national policy on supervision and supervision generally occurred on a monthly basis. Inspectors found, from speaking with staff and team leaders, that supervision was prioritised and staff felt supported through the supervision process. There had been a new principal social worker appointed and at the time of inspection, he had not engaged in any formal supervision sessions with the team leaders. He informed inspectors that his main priority since his appointment had been in the restructuring of the service. He said that he had an 'open door' policy, which meant that team leaders could approach him at any stage to discuss any issues and team leaders confirmed to inspectors that this was the case. However, he acknowledged that formal supervision needed to be scheduled in line with the national policy, and prior to completion of the inspection dates had been set for supervision between the principal social worker and team leaders.

The quality of supervision was good and all managers had been trained in an approved supervision programme. Training records viewed by inspectors showed that all the managers had received between three and five days' training in supervision, using this supervision programme. Supervision files reviewed covered key aspects of case management and supervision records relating to each child were then uploaded onto RAISE, so that a record was available of the decisions made and actions required. Managers spoke to inspectors about encouraging reflective practice and this was encouraged within the team and there was visible evidence of a reflective practice model displayed prominently in offices. Two of the teams held peer supervision and the guidance they used for this type of supervision showed that reflective practice was a key component of this.

The LHA had a risk register and a health and safety statement which considered the safety of their staff. Inspectors viewed these documents and found that measures were put in place by the principal social worker to identify and minimise any safety risks to the staff. The principal social worker informed inspectors that staff notified him of any safety issues so that they could be dealt with in a timely fashion. Inspectors saw evidence of this in practice, when a recent issue had been brought to his attention and he dealt with it immediately. Staff also had the option of availing of support through the HSE employee assistance programme and they were aware that these measures were in place. Social workers themselves were aware of the risks involved with their work and took proactive steps to ensure these were minimised, such as contacting An Garda Síochána for information prior to conducting home visits in cases where the risk was unknown and conducting home visits with another social worker or child care leader.

The LHA had a policy in relation to protected disclosure. However, not all staff were aware of it. Inspectors were given a copy of the policy on protected disclosure and it was readily available to staff if required. However, some staff spoken to by inspectors were not aware of the policy and did not know that it was in place. This could mean that staff might not report a concern about the safety of the service if it came to their attention or that they would not know how to report it, resulting in failure to address a concern, as well as being contrary to legislative requirements. The protected disclosure legislation provides a safety mechanism both to staff and for children in the service and this was not robust.

Standard 5:4 – Child protection and welfare training is provided to staff to improve outcomes for children.

This standard was met in part.

The LHA training department provided some training in core areas relating to child protection and welfare, though there was no needs analysis of training needs for staff working in the area. Inspectors were informed that the service did not routinely complete training needs analysis in relation to staff's ongoing training needs. Staff also informed inspectors that since the reconfiguration and movement of some staff between teams, their training needs had changed and this had not been discussed with staff in a comprehensive manner. Team leaders confirmed to inspectors that besides the core training provided by the training department, they did not complete any formal training needs analysis with their supervisees, though they intended to do so through the rolling out of individual professional development plans. However, staff were knowledgeable about recent developments in child protection and welfare practice and were proactive in sourcing training outside of the HSE, often at their own expense.

Inspectors found evidence on supervision files that social workers sourced training from other agencies and sought approval for attendance. Training records viewed by inspectors showed a reduction in training provided by the LHA over the past 12 months, in comparison to training provided by the area in previous years. Inspectors were informed that due to budgetary constraints within the LHA only core training was being provided and many staff in the area had already completed this. The main areas of training provided were in relation to court skills training and Children First (2011). All staff had attended briefings in relation to Children First (2011). The lack of a comprehensive training needs analysis and ongoing training programme could lead to staff not being effectively trained or skilled to meet the emerging needs of children and families.

Staff were aware of the *National Standards for the Protection and Welfare of Children* (2012). Inspectors found that the Standards were displayed prominently in offices and staff spoken to by inspectors showed a good knowledge of the Standards. Inspectors found from speaking to staff and observing their practice that

staff were aware of key sections of the Standards. Inspectors reviewed minutes of meetings and found that the Standards were discussed and key components were highlighted, for example, ensuring that children were listened to. Inspectors found when speaking to staff that they indicated their commitment towards improvement of the service they provided, based on the National Standards and in turn improving their practice.

Interdisciplinary and multi-agency training was not regularly provided by the LHA. Children First (2011) briefings had been held for other professionals, but attendance and ongoing training of other professionals was not consistent. While inspectors were informed that Children First (2011) briefings had been held for professionals in other disciplines, records did not clearly show that all relevant professionals had attended. Inspectors found that as a result not all aspects of Children First (2011) were being implemented, such as the use of the standard referral form and, as evidenced in one case, resulted in a significant delay in a health and social care professional making a referral. This meant that key information usually included on the referral form was missing and there could be possible delays in children receiving a service as a result. The consistent adherence to Children First (2011) is key to ensuring the ongoing safety and protection of children in the area.

Theme 6: Use of Information

Quality information and effective information systems are used to plan, deliver, manage and improve the quality of child protection and welfare services.

Related reference:

- Standard 6:1 – All relevant information is used to plan and deliver effective child protection and welfare services.
- Standard 6:2 – The service has a robust and secure information system to record and manage child protection and welfare concerns.
- Standard 6:3 – The service has a robust and secure record-keeping and file-management system to manage child protection and welfare concerns.

Standard 6:1 – All relevant information is used to plan and deliver effective child protection and welfare services.

This standard was met.

There was a robust system in place for gathering information in order to support the delivery of services and this information was used to develop more effective child protection and welfare services. Information relevant to the delivery of services was gathered from a variety of sources, both internal and external. RAISE, an electronic information management system, was used to generate statistics on service activity in the social work department, such as timeframes for assessments and the number of notifications to An Garda Síochána. Specific information on service activity was submitted on a regular basis by agencies in receipt of major funding from the LHA.

Useful information on the demographics of local communities within the city and county had been produced by the Children's Services Committee (CSC) and disseminated to the area manager and the LAP group. The information gathered from these sources was used in a number of ways. Statistics on social work activity were reported monthly to managers at local, regional and national level and served as performance indicators in relation to operational goals, as outlined in the HSE national and regional service plans. These statistics and the information received from community agencies were also used to highlight strengths and deficits in the services, to identify changing patterns of need and to plan and deliver more effective services. The use of this information was reflected in the development of a strategic plan for the service, in the reconfiguration of services that had recently taken place and in the negotiation of service level agreements with community agencies.

Information was managed appropriately and in accordance with legislation. Inspectors viewed policies and procedures, dated March 2013, which governed the management of sensitive information on children and families. It addressed areas

such as the ethical use of information and the protection of sensitive information and it referenced relevant legislation such as the Data Protection Acts of 1988 and 2003 and the Freedom of Information Acts of 1997 and 2003. The RAISE system was password protected and secure. Paper files on children and families were kept in secure storage when not in use. Protocols were in place between the HSE and An Garda Síochána for the formal exchange of relevant information and inspectors noted that the social work department and voluntary and community agencies were in the process of developing procedures on the exchange of sensitive information.

There were informal and formal procedures in place to facilitate access to personal information by children and families. Social workers told inspectors that, prior to and in preparation for formal meetings such as child care reviews and child protection conferences, they met with parents and the children, where appropriate, and discussed or explained the contents of social work reports. Inspectors observed social workers meeting privately with parents for this purpose. Parents and children, where appropriate, attended these meetings in which some personal information about them was outlined and discussed. Some parents confirmed to inspectors that they were kept informed by social workers. There were also formal procedures in place for information such as the activating or de-activating of children's names on the CPNS to be communicated in writing to parents.

Standard 6:2 – The service has a robust and secure information system to record and manage child protection and welfare concerns.

This standard was met in part.

The service had an information system that supported the management of child protection and welfare concerns, though the system was not robust or reliable and did not contain all information required under *Children First* (2011), standards and relevant legislation. The social work department used RAISE to record, store and manage information in relation to child protection and welfare concerns and much of this information was then printed and placed in children's individual paper files.

Inspectors found that the RAISE system was not user-friendly or easy to navigate around. For example, social workers could not easily access records of particular home visits or specific reports without scrolling through pages of records. The number of referrals on some children and the dates of those referrals could not always be clearly established without going into the details of each individual referral and there was no mechanism for changing the level of priority given to a case if a priority level had already been established. The introduction of RAISE pre-dated *Children First* (2011) and information on how many CPCs or reviews were held on a particular child and the child protection plan was not available on RAISE. Inspectors also found that the system was not reliable. For example, information that was available in the records of some children should also have been available in the records of their siblings but was not. The lack of a robust and reliable information system meant that information which social workers relied on to support their work

was not easily accessible nor was it comprehensive and this could lead to key information being omitted, resulting in unsafe decision-making.

Relevant information on children about whom there were ongoing child protection and welfare concerns was not always up to date and recorded on a secure, integrated system. RAISE was password-protected and secure, though it was not part of an integrated system. For example, certain documents such as court orders were contained in the paper files but not on RAISE and the information was not integrated with the CPNS. Without contacting the administrator of the CPNS list, it was difficult to establish whether or not a child about whom there were ongoing child protection concerns was listed on the CPNS and whether or not a current child protection plan was in place for the child. As neither the electronic nor paper files contained chronologies of significant events, this meant that it was sometimes difficult and time consuming to piece together a complete picture of social work interventions in the life of a child.

The HSE was in the process of developing a national child care information system to address this deficit across all LHAs, but it was still in the developmental stage.

Standard 6:3 – The service has a robust and secure record-keeping and file-management system to manage child protection and welfare concerns.

This standard was met in part.

A draft records management policy was in place and children's records generated in the social work department were held, stored and archived in accordance with the policy. However, records which derived from children's residential centres or other facilities such as hospitals were stored elsewhere, were poorly managed and difficult to access.

Inspectors viewed a draft policy on record management, which was dated May 2012 and was comprehensive. Inspectors also viewed the storage facilities for paper files. Social work files relating to current cases were stored securely in locked filing cabinets in the social work offices and when these cases were closed, the files were archived and well managed on-site in a secure facility. However, children's paper files which related to their time in residential centres or hospitals and other confidential documentation were stored off-site and the storage of these files in particular was not well managed and the files were not easily accessible. This meant that if a former service user who had spent time in residential care requested their files or if historical information was required as part of a social work assessment, these files would be difficult to locate. Furthermore, there were several databases relating to archived files. These databases had not been integrated and were managed by different personnel, which was not efficient or effective.

The content of children's records did not comply fully with the Standards and there was no system of regular audits of record-keeping and file-management systems and practices. Inspectors found that, while children's records were legible, regularly

updated, accessible during periods of leave and generally compliant with the information requirements of Children First (2011), they were not maintained in chronological order and some records contained inaccuracies such as incorrect names and dates on reports. The system of regular auditing of files which had been established by the HSE national office had not been implemented in the LHA and the area manager and principal social worker acknowledged that this was a deficit in the system.

Closing the fieldwork and next steps

On the final day of the fieldwork a feedback meeting was held to report on the inspectors' findings, which highlighted both good practice and where improvements were needed. Following the fieldwork, a plan was received from the provider detailing their actions to address the areas of non-compliance. This action plan is published with this report.

6. Summary of judgments under each standard

Theme	National Standards for the Protection and Welfare of Children	Standard Met, Met in Part and Not met
Theme 1: Child-centred Services	Standard 1:1 Children's rights and diversity are respected and promoted.	Met
	Standard 1:2 Children are listened to and their concerns and complaints are responded to openly and effectively.	Met in part
	Standard 1:3 Children are communicated with effectively and are provided with information in an accessible format.	Met in part
Theme 2: Safe and Effective Services	Standard 2:1 Children are protected and their welfare is promoted through the consistent implementation of Children First.	Met in part
	Standard 2:2 All concerns in relation to children are screened and directed to the appropriate service.	Met
	Standard 2:3 Timely and effective action is taken to protect children.	Met in part
	Standard 2:4 Children and families have timely access to child protection and welfare services that support the family and protect the child.	Met in part
	Standard 2:5 All reports of child protection concerns are assessed in line with <i>Children First</i> and best available evidence.	Met
	Standard 2:6 Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare.	Met in part

Theme	National Standards for the Protection and Welfare of Children	Standard Met, Met in Part and Not met
Theme 2: Safe and Effective Services	Standard 2:7 Children's protection plans and interventions are reviewed in line with requirements in Children First.	Met
	Standard 2:8 Child protection and welfare interventions achieve the best outcomes for the child.	Met in part
	Standard 2:9 Inter-agency and inter-professional cooperation supports and promotes the protection and welfare of children.	Met
	Standard 2:10 Child protection and welfare case planning is managed and monitored to improve practice and outcomes for children.	Met in part
	Standard 2:11 Serious incidents are notified and reviewed in a timely manner and all recommendations and actions are implemented to ensure that outcomes effectively inform practice at all levels.	Met
	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.	Met in part
Theme 3: Leadership, Governance and Management	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.	Met
	Standard 3:2 Children receive a child protection and welfare service which has effective leadership, governance, and management arrangements with clear lines of accountability.	Met in part

Theme	National Standards for the Protection and Welfare of Children	Standard Met, Met in Part and Not met
Theme 3: Leadership, Governance and Management	Standard 3:3 The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.	Met in part
	Standard 3:4 Child protection and welfare services provided on behalf of statutory service providers are monitored for compliance with legislation, regulations, national child protection and welfare policy and standards.	Met
Theme 4: Use of Resources	Standard 4:1 Resources are effectively planned, deployed and managed to protect children and promote their welfare.	Met
Theme 5: Workforce	Standard 5:1 Safe recruitment practices are in place to recruit staff with the required competencies to protect children and promote their welfare.	Met
	Standard 5:2 Staff have the required skills and experience to manage and deliver effective services to children.	Met in part
	Standard 5:3 All staff are supported and receive supervision in their work to protect children and promote their welfare.	Met in part
	Standard 5:4 Child protection and welfare training is provided to staff working in the service to improve outcomes for children.	Met in part
Theme 6: Use of Information	Standard 6:1 All relevant information is used to plan and deliver effective child protection and welfare services.	Met

Theme	National Standards for the Protection and Welfare of Children	Standard Met, Met in Part and Not met
Theme 6: Use of Information	Standard 6:2 The service has a robust and secure information system to record and manage child protection and welfare concerns.	Met in part
	Standard 6:3 Secure record-keeping and file-management systems are in place to manage child protection and welfare concerns.	Met in part

7. Glossary of Terms

Care orders: under the Child Care Act, 1991 there are a number of procedures, which the Health Service Executive (HSE) can use when dealing with children who are at risk or who are in need of care. The HSE may apply to the courts for a number of different orders, which give the courts a range of powers including decisions about the kind of care, and the access to the children for parents and other relatives. The HSE must apply for a care order if a child needs care and protection which he/she is unlikely to receive without an order. The district court judge may make an interim care order while the decision on a care order is pending. This means that the child is placed in the care of the HSE for eight days. It may be extended if the HSE and the parents agree. Generally the parents/guardians must be given notice of an interim care order application.

A care order may be made when the court is satisfied that:

- the child has been or is being assaulted, ill-treated, neglected or sexually abused
- or that the child's health, development or welfare has been or is likely to be impaired or neglected
- the child needs care and protection which he/she is unlikely to receive without a care order.

When a care order is made the child remains in the care of the HSE for the length of time specified by the order or until the age of 18 when he/she is no longer a child. The HSE has the rights and duties of a parent during this time.

Child Abuse: child abuse can be categorised into four different types; neglect, emotional abuse, physical abuse, and sexual abuse. A child may be subjected to one or more forms of abuse at any given time. For detailed guidance and signs and symptoms on each type of abuse, please refer to Children First (2011).

Child protection concern: the term 'child protection concern' is used when there are reasonable grounds for believing that a child may have been, is being or is at risk of being physically, sexually or emotionally abused or neglected.

Children First: National Guidance for the Protection and Welfare of Children 2011: Promotes the protection of children from abuse and neglect. It states what organisations need to do to keep children safe, and what different bodies and the general public should do if they are concerned about a child's safety and welfare. It sets out specific protocols for HSE social workers, Garda Síochána and other front-line staff in dealing with suspected abuse and neglect.

Child protection conference (CPC): a child protection conference (CPC) is an inter-agency and inter-professional meeting, convened by the designated person in

the HSE. The purpose of a child protection conference is to facilitate the sharing and evaluation of information between professionals and parents/carers, to consider the evidence as to whether a child has suffered or is likely to suffer significant harm, to decide whether a child should have a formal child protection plan and if so to formulate such a plan.

Child Protection Notification System (CPNS): the Child Protection Notification System (CPNS) is a HSE Children and Family Services record of every child about whom there are unresolved child protection issues, resulting in the child being the subject of a Child Protection Plan. The decision to place a child on the CPNS is made at a child protection conference.

Child welfare concern: a problem experienced directly by a child, or by the family of a child, that is seen to impact negatively on the child's health, development and welfare, and that warrants assessment and support.

Designated liaison person: every organisation, both public and private, that is providing services for children or that is in regular direct contact with children should identify a designated liaison person to act as a liaison with outside agencies and a resource person to any staff member or volunteer who has child protection concerns.

Designated person: every HSE health area has a designated person within the HSE with responsibility for coordinating child protection services.

Family Support: activities for families that are developmental (e.g. parenting for the first time), compensatory (e.g. helping a child cope with a disability) and/or protective (e.g. ensuring safety of a young person).

Screening: the evaluation of a referral made for a child and/or family to assess which service the referral should be forwarded to.

Serious incident: a death or a potentially life-threatening injury or serious and permanent impairment of health, wellbeing or development. Defining a serious incident in child protection and welfare is extremely complex. The nature and number of serious incidents reported will inform any future revisions of this definition.

Service: the term in this document refers to the HSE Children and Family Services.

Service level agreement: is part of a service agreement or contract where the level of service is formally defined.

Social worker: the social worker assigned by the HSE to carry out its statutory responsibilities for the safety and welfare of a child.

Staff: the people who work in, for or with the service provider. This includes individuals that are employed, self-employed, temporary, volunteers, contracted or

anyone who is responsible or accountable to the organisation when providing a service to children and families.

Support network: friends, family, relevant agencies and others who provide support to children and families when they face difficulties coping and managing with their personal circumstances and day-to-day routines.

Timely: refers to action taken within a timeframe which meets the welfare and protection needs of any particular child and his/her circumstances. Particular timeframes are outlined in Children First (2011) and HSE business processes.

8. Action Plan

Health Information and Quality Authority
Regulation Directorate



HSE response to report*

HSE Area	Waterford
Service ID as provided by the Authority:	622
Date of inspection:	15 April 2013 – 18 April 2013 24 April 2013 – 26 April 2013 30 April 2013 – 2 May 2013
Date of completed Action Plan:	9 August 2013

Recommendations

These requirements set out the actions that should be taken to meet the identified child care regulations and *National Standards for the Protection and Welfare of Children 2012*.

Theme 1: Child-centred Services

The LHA was not compliant with the standard in the following respects:

The LHA did not have a working policy in relation to responding to children's complaints and were not proactive in ensuring that children were aware of their right to complain.

1. Action required:

The LHA put in place policies and procedures to actively ensure that children are aware of their right to complain and how to do so and develop a system to collate and record complaints from children.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and compliance with legal norms.

<p><i>Related reference:</i></p> <p>Standard 1:2 Children are listened to and their concerns and complaints are responded to openly and effectively.</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale & Post holder responsible:</p>
<p>HSE response:</p> <p>Action 1</p> <p>Waterford Children and Family Services will put in place a policy and procedures document to guide social work staff in the management of complaints from children and young people.</p> <p>Age-appropriate leaflets and posters will be developed and displayed within Social Work Departments, HSE buildings and key agencies (statutory, community and voluntary) advising children and young people about their rights and how to make a complaint. The aforementioned leaflets will be distributed to young people at key contact points such as Intake Assessment, Protection & Welfare, Fostering and the adolescent services. It is the role of the Social Work Team Leaders to ensure compliance by all staff in the dissemination of information.</p> <p>A central children and young person's complaints register will be maintained and reflect current HSE policy 'your service, your say'. The register will contain details of the complaint and the child/young person's view of the outcome.</p> <p>All Social Workers and staff of the Waterford Children and Family Services will receive briefing sessions at Team Meetings in respect of the implementation of the children's complaints policy and procedures.</p> <p>All children and young person's files will contain a complaints section which will cross reference with the central register.</p>	<p>Principal Social Worker and Area Manager</p> <p>31 October 2013</p> <p>Professional Support Officer to Principal Social Worker Focus group with children and young people Quarter 1 2014</p> <p>Professional Support Officer to Principal Social Worker Quarter 4 2013</p> <p>Principal Social Worker and Social Work Team Leaders Quarter 4 2013</p> <p>Principal Social Worker and Social Work Team Leaders</p>

<p>All complaints recorded and subsequent actions will be evaluated and be subject to an audit process on a quarterly basis. A Standard Operating Procedure will be developed to ensure compliance.</p>	<p>Quarter 4 2013</p> <p>Principal Social Worker and Social Work Team Leaders Quarter 1 2014</p>
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<p>Theme 1: Child-centred Services</p>	
<p>The LHA was not compliant with the standard in the following respects:</p> <p>Children and families were not provided with information in an accessible format outlining the service or keeping them up to date at key stages of the process.</p> <p>There was no information available in an accessible format for children and families outlining how to access their personal information and procedures under FOI.</p>	
<p>2. Action required:</p> <p>The LHA provide information in an accessible format about the service to children and families.</p>	
<p>3. Action required:</p> <p>The LHA put in place a policy in relation to children and families access to their personal information and provide information in an accessible format on how to access their information under FOI if required.</p>	
<p>Related reference:</p> <p>Standard 1:3 Children are communicated with effectively and are provided with information in an accessible format.</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale & Post holder responsible:</p>

<p>HSE response: Action 2</p> <p>Child-friendly and age-appropriate information leaflets will be developed outlining the child protection and welfare services. The National Office is currently developing an appropriate leaflet.</p> <p>Each new client, child and parents will receive the key information about Children and Family Services within seven working days of initial contact.</p> <p>Action 3</p> <p>Waterford Children and Family Services will develop a policy and procedure on client access to information and using the Freedom of Information Act.</p> <p>Training for all staff in regards to Data Protection and the Freedom of Information legislation will be arranged.</p> <p>A monitoring and evaluation process will be implemented to ascertain service user's views on the issue of accessing information on service provision and personal information. This will be captured by arranging interviews with service users and requesting questionnaires are completed by service users.</p> <p>Waterford Children and Family Services will implement the nationally developed information leaflet in braille and audiotape outlining services.</p>	<p>National Office Quarter 4 7 December 2013</p> <p>Social Work Team Leaders and Social Workers Quarter 1 2014</p> <p>Principal Social Worker and Area Manager Quarter 1 2014</p> <p>Principal Social Worker and Professional Support Officer to Principal Social Worker Quarter 1 2014 Commenced</p> <p>National Office, Principal Social Worker, Professional Support Officer to the Principal Social Worker Quarter 2 2014</p>
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Theme 2: Safe and Effective Services	
The LHA was not compliant with the standard in the following respect:	
Implementation of <i>Children First</i> (2011) was not consistent across all teams, in particular in regard to open cases and the development of child welfare and child protection plans.	
4. Action required:	
The LHA should implement standard operating procedures to ensure the consistent implementation of <i>Children First</i> (2011) for all cases open to the service.	
5. Action required:	
The LHA should put in place child protection plans for all children for whom there are unresolved child protection concerns and child welfare plans for those children and families requiring a welfare service.	
Related reference:	
Standard 2:1 Children are protected and their welfare is promoted through the consistent implementation of <i>Children First</i> .	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
HSE response: Action 4 A Standard Operating Procedure will be put in place to effectively manage 'new referrals' on open cases, ensuring appropriate service interventions are initiated. Currently all new referrals on open cases are screened by Social Work Team Leaders as per RAISE protocols. The Social Work Team Leaders will ascertain with the allocated Social Workers the status of the new referral and will monitor/evaluate the service response through case management and supervision.	Principal Social Worker and Area Manager Quarter 1 2014 Principal Social Worker and Social Work Team Leaders Quarter 4 2013

<p>Action 5</p> <p>All children deemed to be 'at risk of ongoing significant harm' now have a child protection plan. All children referred to the Local Area Pathways have a written welfare plan.</p> <p>The designated chairperson for CPC's will monitor the child protection plans implementation by arranging review CPC's and close liaison with the appropriate Social Worker and Social Work Team Leader.</p> <p>The co-ordinator of the welfare team will monitor all welfare plans implemented with key service providers and will ensure children and families when necessary are referred back to the child protection system.</p>	<p>Principal Social Worker, Social Work Team Leader and Designated Chairperson of Case Conferences</p> <p>Completed</p> <p>Designated Chair, Social Work Team Leaders and Social Workers</p> <p>Completed</p> <p>Co-ordinator Welfare Team, Principal Social Worker, Area Manager</p> <p>Quarter 1 2014</p>
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Theme 2: Safe and Effective Services

The LHA was not compliant with the standard in the following respects:

Timely and effective action had not been taken by the LHA in response to referrals that had been placed on a waiting list for a considerable period of time.

6. Action required:

The LHA should ensure that robust assessments are carried out on all children placed on the waiting list and that all further actions deemed necessary are taken to ensure their safety and protection.

Related reference:

Standard 2:3
Timely and effective action is taken to protect children.

Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response: Action 6</p> <p>Waterford Children and Family Services will continue to proactively monitor and address the referrals on current waiting lists (legacy issues) and ensure appropriate interventions occur. Waterford Children and Family Services have appointed 2WTE Social Work posts specifically to deal with the legacy waiting list and are committed to retaining these posts to clear same.</p> <p>The established Local Area Pathways to Adolescent Community Services and Welfare Family Support will ensure an identification of need is completed in a timely manner.</p> <p>Waterford Children and Family Services will continue to monitor and evaluate referrals to Local Area Pathways which will inform the strategic and operational planning process.</p>	<p>Principal Social Worker, Social Work Team Leader, Intake and Assessment Team. Ongoing</p> <p>Principal Social Worker, Social Work Team Leader, Intake and Assessment Team. Ongoing completion Completed Quarter 2 2014</p> <p>Principal Social Worker, Social Work Team Leaders, Co-ordinator Welfare Team, Manager Community Adolescent Team Ongoing</p>

Theme 2: Safe and Effective Services

The LHA was not compliant with the standard in the following respect:

Children and families assessed as requiring a child protection service did not receive a timely response when placed on a waiting list for further assessment.

<p>7. Action required:</p> <p>The LHA put in place a process to ensure that children and families assessed as requiring a child protection service have timely access to an allocated social worker.</p>	
<p>Related reference:</p> <p>Standard 2.4 Children and families have timely access to child protection and welfare services that support the family and protect the child.</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale & Post holder responsible:</p>
<p>HSE response: Action 7</p> <p>Waterford Children and Family Services will ensure that through its Intake/Assessment and Child Protection Teams that the prioritisation and response to children assessed as most in need of protection will have first call on staff and resources.</p> <p>One WTE temporary post has been appointed to the Child Protection Team to address the current waiting list.</p> <p>A Standard Operating Procedure will be developed to assist Social Work Team Leaders to prioritise the allocation of cases from the waiting list that are in need of immediate intervention.</p> <p>A National Policy on Threshold Criteria of Prioritisation is due to be published which will be implemented by Waterford Children and Family Services.</p> <p>The implementation of the National Delivery Framework has assisted the categorisation of all referrals made to the social work department and thereby redirecting inappropriate referrals to appropriate services.</p>	<p>Area Manager, Principal Social Worker and Social Work Team Leaders</p> <p>Effective Immediately</p> <p>Completed</p> <p>30 September Quarter 4 2013</p> <p>National Office Quarter 4 2013</p> <p>Completed</p>

Theme 2: Safe and Effective Services	
<p>The LHA was not compliant with the standard in the following respects:</p> <p>Not all children listed on the Child Protection Notification System had Child Protection Plans in place. The LHA did not circulate Child Protection Plans to parents and children where appropriate.</p>	
<p>8. Action required:</p> <p>The LHA should put in place Child Protection Plans for all children on the CPNS and ensure that all Child Protection Plans are distributed to parents and children where appropriate.</p>	
<p>Related reference:</p> <p>Standard 2:6 Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare.</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response: Action 8</p> <p>Waterford Children and Family Services implemented a significant change programme in May 2012 which culminated in the implementation of Children First (2011) and phase 2 of Business Processes on 8 April 2013.</p> <p>Arrangements and undertakings are completed that in effect closed down the CPNMT (Children First 1999) and a new CPN list has developed locally which is fit for purpose to transfer to the national CPN list when launched by the National Office of Children and Family Services.</p> <p>All children on the CPN list have a Child Protection Plan, except for five children who transferred from the previous Child Protection Notification Management System (Children First 1999). Children and Family Services have arranged Child Protection Conferences for these five children in order to</p>	<p>National Office Quarter 4 (December) 2014</p> <p>Principal Social Worker, Social Work Team Leader, CPC Designated</p>

<p>review the Child Protection concerns and where appropriate to agree a Child Protection Plan.</p> <p>A Standard Operating Procedure will be developed ensuring parents and, when appropriate, children will receive a copy of the Child Protection Plan.</p>	<p>Chairperson Quarter 4 2013</p> <p>Area Manager, Designated Chairperson, Principal Social Worker Quarter 4 2013</p>
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Theme 2: Safe and Effective Services

The LHA was not compliant with the standard in the following respects:

The LHA did not consider the impact of long term risk or neglect on children through a systematic review of children for whom multiple referrals had been received.

9. Action required:

The LHA should put in place a system to evaluate the interventions provided by the service to children, in cases whereby multiple referrals are received regarding a child or family.

Related reference:

Standard 2:8
Child protection and welfare interventions achieve the best outcomes for the child.

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

Timescale & Post holder responsible:

HSE response:

Action 9

An alert system within the Intake/Assessment Team will be devised to 'red flag' children and families within a short timeframe therefore ensuring children referred under the category of 'neglect' will be prioritised for a Child Protection Service Intervention.

Key learning from national inquiries i.e. Roscommon, A Review of Practice and Audit of the Management of Cases of Neglect and 'best practice' will be formulated into a professional pack to assist raising awareness to the

Social Work Team
Leader (Intake and
Assessment Team)
Quarter 4 September
2013

Area Manager,
Principal Social
Worker, Professional

<p>characteristics of neglect and therefore enhancing timely responses.</p> <p>Multiple referrals of open child protection and welfare cases will trigger a case management review with the objective to implement a 'smart plan' of intervention and to evaluate same within a defined time frame. A Standard Operating Procedure will be developed to ensure compliance.</p> <p>Waterford Children and Family Services will put in place a monitoring and evaluation of referral trends by category of abuse and neglect and service response. Information gathered will be quality assured via the file audit process.</p> <p>Findings will contribute to the strategic and operational planning of future service design.</p>	<p>Support Officer to Principal Social Worker Quarter 4 December 2013</p> <p>Principal Social Worker, Social Work Team Leader (Protection and Welfare Team)</p> <p>Area Manager, Principal Social Worker, Social Work Team Leaders (Intake and Assessment, Protection and Welfare Teams) Quarter 4 December 2013</p> <p>Q4 December 2013</p>
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Theme 2: Safe and Effective Services

The LHA was not compliant with the standard in the following respects:

The LHA did not have a system in place to monitor and review the case management process.

The LHA did not have procedures in place for the identification and management of complex cases.

10. Action required:

The LHA should put in place a system to monitor and review their case management process and put in place procedures for the identification and management of complex cases.

<p>Related reference:</p> <p>Standard 2:10 Child protection and welfare case planning is managed and monitored to improve practice and outcomes for children.</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale & Post holder responsible:</p>
<p>HSE response: Action 10</p> <p>Waterford Children and Family Services will ensure that each staff member will receive adequate supervision focusing on their Continuous Professional Development Plan and the application of an evidence-based approach to case management.</p> <p>Health and Safety dimension pertaining to complex cases needs to be considered and discussed at supervision with individual staff members.</p> <p>Caseloads will be formally discussed and allocated on the basis of individual skills and experience of staff. Newly qualified social workers caseloads will adhere to the National Policy.</p> <p>When it is determined by SWTL/PSW that a case is deemed to be of a complex nature this will necessitate a 'case management review' in order to ascertain the appropriate level of resources required.</p> <p>A Standard Operating Procedure will be developed to guide the management of complex cases.</p>	<p>Principal Social Worker, Social Work Team Leaders</p> <p>Quarter 4 December 2013</p> <p>Principal Social Worker, Social Work Team Leaders Completed</p> <p>Principal Social Worker and Social Work Team Leaders Ongoing</p> <p>Quarter 4 December 2013 Principal Social Worker and Professional Support Officer to the Principal Social Worker</p> <p>Principal Social Worker and Social</p>

<p>relationships with An Garda Síochána.</p> <p>When referrals pertaining to Organisational and Institutional abuse are received the Social Work Team Leader (Intake/ Assessment Team) will escalate the matter to the Principal Social Worker who will initiate a Multi-Disciplinary/Inter Agency Meeting in order to define roles and responsibilities.</p>	<p>Completed</p> <p>Social Work Team Leader (Intake and Assessment Team), Principal Social Worker</p>
<p>A standard Operating Procedure has been developed to assist staff in the management of Institutional and Organisational Abuse.</p>	<p>Completed</p>
<p>Waterford Children and Family Services will participate in the development and implementation of a national policy and procedure governing the management of organisational and institutional abuse.</p>	<p>National and Regional Office March 2014</p>
<p>The Social Work Team Leader for the Intake Assessment Team is a core member of the Sex Offender Risk Assessment Management interagency group which meet to share information and agree plans in respect of the management of high risk sexual offenders living in the community.</p>	<p>Completed</p>

Theme 3: Leadership, Governance and Management

The LHA was not compliant with the standard in the following respects:

The LHA did not formally participate in any audit to evaluate and assess their service provision in order to drive improvement and achieve better outcomes for children.

12. Action required:

The LHA should ensure that the service is audited on a regular basis and appropriate actions taken to address identified deficits.

Related reference:

Standard 3:2
Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.

Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response: Action 12</p> <p>Waterford Children and Family Services will ensure audits are carried out on a monthly and quarterly basis in line with the national audit for quality assurance.</p> <p>Deficits that are highlighted in the Audit Process will initiate an appropriate response aimed at effecting change/promoting Best Practices.</p>	<p>Area Manager and Principal Social Worker</p> <p>Quarter 4 2013</p> <p>Area Manager, Social Work Team Leaders and Principal Social Worker</p> <p>Quarter 4 2013</p>

Theme 3: Leadership, Governance and Management	
<p>The LHA was not compliant with the standard in the following respects:</p> <p>The LHA had no formal regular system in place to monitor and evaluate the compliance of the service with key standards, policies, legislation and regulations.</p>	
<p>13. Action required:</p> <p>The LHA should put in place a system to monitor and review the services they provide to ensure compliance with relevant legislation, standards and regulations.</p>	
<p>Related reference:</p> <p>Standard 3.3 The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:

<p>HSE response: Action 13</p> <p>Waterford Children and Family Services will develop and implement a Quality Assurance System in partnership with the National Children and Family Services office, thereby ensuring compliance with the national standards policies and legislation.</p> <p>Waterford Children and Family Services will strengthen the current risk management system by ensuring quarterly reviews take place on cases that are on the system and escalated within the governance structure of Children and Family Services.</p> <p>Social Work Management will ensure part of the Supervision process will be to monitor and track that allocated work is being completed. Audit tools will be devised to assist this function and activity.</p>	<p>Area Manager Principal Social Worker, National Office and Regional Office February 2014</p> <p>Area Manager Principal Social Worker October 2013</p> <p>Area Manager Principal Social Worker October 2013</p>
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Theme 5: Workforce

The LHA was not compliant with the standard in the following respects:

There was insufficient staff to meet the needs of all children and families referred in the LHA.

In the event of staff absence there was no contingency plan to ensure the ongoing delivery of effective services to children and families.

14. Action required:

The LHA should ensure, in as far as it is possible, that there are sufficient numbers of staff in place to provide effective and safe services to children and families and put in place a contingency plan to address staff absences or shortfall.

Related reference:

Standard 5:2

Staff have the required skills and experience to manage and deliver effective services to children.

Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response: Action 14</p> <p>Waterford Children and Family Services will complete a Business Case Proposal seeking to fill all WTE posts within the service.</p> <p>A Standard Operating Procedure will be developed to ensure that uncovered cases arising from staff absences are reviewed and if appropriate an activity based staffing resource model will be implemented to address specific deficits.</p>	<p>Area Manager Principal Social Worker</p> <p>30 September Quarter 4 2013</p> <p>Principal Social Worker and Social Work Team Leaders</p> <p>December Quarter 4 2013</p>

Theme 5: Workforce
<p>The LHA was not compliant with the standard in the following respects:</p> <p>Staff were not aware of the policy on protected disclosures, therefore were not facilitated to make protected disclosures about the effectiveness and safety of the service in line with legislative requirements.</p>
<p>15. Action required:</p> <p>The LHA should operationalise the policy on protected disclosure and ensure that all staff are fully aware of the policy and how to utilise it.</p>
<p>Related reference:</p> <p>Standard 5:3 All staff are supported and receive supervision in their work to protect children and promote their welfare.</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale & Post holder responsible:
<p>HSE response: Action 15</p> <p>Waterford Children and Family Services will ensure that the Policy on Protected Disclosure will be placed on the agenda of the next Social Work Department meeting where it will be discussed in detail.</p> <p>Social Work Team Leaders will ensure that the policy is addressed at individual team meetings.</p> <p>Social Work Team Leaders will place the Policy on Protected Disclosure on the agenda for individual supervision with staff.</p> <p>The Policy on Protected Disclosure will be included in the Induction Pack for all new staff in Children and Family Services Waterford.</p>	<p>Quarter 4 2013 Principal Social Worker</p> <p>Social Work Team Leaders Quarter 4 2013</p> <p>Social Work Team Leaders Quarter 4 2013</p> <p>Quarter 4 2013 Principal Social Worker</p>

Theme 5: Workforce

The LHA was not compliant with the standard in the following respects:

The LHA had not undertaken a training needs analysis to inform their staff training programme.

The LHA did not have a comprehensive staff training programme in place to ensure the ongoing development of skills for staff working in the service.

<p>16. Action required:</p> <p>The LHA should undertake a training needs analysis of all staff working in the child protection and welfare service to inform their training programme and develop and implement a comprehensive staff training programme based on the training needs analysis to improve the outcomes for children accessing child protection and welfare services.</p>	
<p>17. Action required:</p> <p>The LHA should put in place a multi-disciplinary training programme to ensure that <i>Children First</i> (2011) is fully implemented by all professionals that come into contact with children.</p>	
<p>Related reference:</p> <p>Standard 5:4 Child protection and welfare training is provided to staff working in the service to improve outcomes for children.</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale & Post holder responsible:</p>
<p>HSE response: Action 16</p> <p>An individual training needs analysis will be completed by the Management Team of all staff with whom they have responsibility for supervising.</p> <p>Ongoing training needs will be reviewed in supervision as part of the Continuous Professional Development Plan for all staff.</p> <p>All information on training needs will be collated and forwarded to the Training Unit and Service Director.</p> <p>Waterford Children and Family Services will undertake a review of training needs for each staff member, to be completed within the supervision process.</p>	<p>Quarter 1 2014 Principal Social Worker</p> <p>Social Work Team Leaders</p> <p>Area Manager, Principal Social Worker</p> <p>Principal Social Worker and Social Work Team Leaders</p> <p>Quarter 4 Dec 2013</p>

<p>Action 17</p> <p>The Area Manager will request the Children's First Implementation Officer to identify and initiate training programmes to ensure that <i>Children First</i> (2011) is fully implemented by all professionals that come into contact with children.</p>	<p>Quarter 4 2013</p> <p>Area Manager</p>
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Theme 6: Use of Information

The LHA was not compliant with the standard in the following respects:

The LHA did not have an information system to record and manage child protection and welfare concerns that was robust or reliable and it did not contain all information required under *Children First* (2011), standards and relevant legislation.

18. Action required:

The LHA should put in place a robust and reliable process to ensure that relevant, up-to-date information is recorded and easily accessible on an integrated secure system to support the management of child protection and welfare concerns.

Related reference:

Standard 6:2
The service has a robust and secure information system to record and manage child protection and welfare concerns.

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

Timescale & Post holder responsible:

HSE response:

Action 18

The National Office of Children and Family Services has commissioned the development of a new National Information System to record and manage child protection and welfare concerns.

Quarter 4 2014

National Office

<p>As an interim measure Waterford Children and Family Services will continue to engage with the RAISE governance group to improve the robustness and reliability of the child protection information recorded.</p> <p>The management team will liaise with the National Lead for NCCIS to ensure the development of a robust National Information system which reflects the current service delivery model.</p> <p>Waterford Children and Family Services have developed a secure Excel database system to capture relevant information pertaining to welfare cases. In conjunction with this a recording system for referrals from the child protection system to the LAP has also been developed.</p> <p>A similar database and recording system has been created for the local Community Adolescent Team.</p>	<p>Principal Social Worker and Social Work Team Leaders Ongoing</p> <p>Principal Social Worker and Social Work Team Leaders Ongoing Completed</p> <p>Completed</p>
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Theme 6: Use of Information

The LHA was not compliant with the standard in the following respects:

The LHA did not have robust record keeping and file management systems in place to support the management of child protection and welfare information, in particular in relation to the filing, archiving and secure storage of records sent to the offsite archiving facility.

The LHA did not undertake regular audits to evaluate the record-keeping and file management system and practices.

19. Action required:

The LHA should put in place a robust system for the secure storage and archiving of all confidential information.

<p>20. Action required:</p> <p>The LHA undertake regular audits in relation to record keeping and file management systems.</p>	
<p>Related reference:</p> <p>Standard 6.3 The service has a robust and secure record-keeping and file-management system to manage child protection and welfare concerns.</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale & Post holder responsible:</p>
<p>HSE response:</p> <p>Action 19</p> <p>Suitable sites have been identified for the development of adequate and secure archiving for Children and Family Services.</p> <p>An Archiving Officer has been appointed to the Children and Family Services on a temporary basis to ensure compliance with the policy of securing confidential files in a safe environment and to also ensure the upkeep of an efficient database.</p> <p>Action 20</p> <p>The Principal Social Worker will audit staff records on a monthly basis in line with National Policy.</p> <p>The Area Manager Waterford/Wexford will audit staff records on a quarterly basis in line with National Policy.</p>	<p>Quarter 4 2013</p> <p>Principal Social Worker Completed</p> <p>Quarter 4 2013</p> <p>Area Manager</p> <p>Principal Social Worker</p>

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