

**Health Information and Quality Authority
Regulation Directorate**

**Monitoring Inspection report of the HSE
Children and Family Services under the
National Standards for the Protection and
Welfare of Children under Section 8(1) (c)
of the Health Act 2007**



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Name of Local Health Area (LHA):	Galway
LHA ID:	100-210-317
Dates of inspection:	25 November 2013- 06 December 2013
No. of Fieldwork days:	5
Lead inspector:	Bronagh Gibson
Support inspector(s):	Helen Donovan
Type of inspection:	<input checked="" type="checkbox"/> announced <input type="checkbox"/> unannounced
Inspection ID:	659

About monitoring of compliance

The purpose of monitoring is to safeguard vulnerable children of any age who are receiving child protection and welfare services. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer lives.

The Health Information and Quality Authority (the Authority) has, among its functions under section 8(1) c of the Health Act 2007, responsibility to monitor the quality of service provided by the Child and Family Agency, Tusla to protect children and to promote their welfare.

The Authority monitors the compliance of Tusla with the National Standards and advises the Minister for Children and Youth Affairs and Tusla as to the level of compliance.

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

- **Assess** if Tusla (the service provider) has all the elements in place to safeguard children and young people
- **Seek assurances** from service providers that they are **safeguarding children** 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.

Monitoring inspections assess continuing compliance with the standards, can be announced or unannounced and take place:

- to monitor compliance with standards
- arising from a number of events including information affecting the safety or well-being of children

Summary of compliance with Health Act 2007 and National Standards for the Protection and Welfare of Children for the Health Service Executive Children and Family Services

This inspection report sets out the findings of a monitoring inspection:

- to monitor ongoing regulatory compliance with National Standards
- following receipt of solicited and unsolicited information
- following notification of a significant incident or event

The table below sets out the themes that were inspected against on this inspection.

<p>Theme 1: Individualised Supports and Care</p> <p>Services for children are centred on the individual child and his/her care and support needs. Child-centred services provide the right support at the right time to enable children to lead their lives in as fulfilling a way as possible. A child-centred approach to service provision is one where services are planned and delivered with the active involvement and participation of the children who use services.</p>	<input checked="" type="checkbox"/>
<p>Theme 2: Effective Services</p> <p>Effective services ensure that the proper support mechanisms are in place to enable children to lead a fulfilling life. Personal planning is central to supporting children to identify their goals, needs and preferences and what supports need to be put in place by the service to ensure that each child maximises his/her personal development.</p>	<input checked="" type="checkbox"/>
<p>Theme 3: Safe Services</p> <p>Services promote the safety of children through the assessment of risk, learning from adverse events and the implementation of policies and procedures designed to protect children. Safe services protect people from abuse and neglect and follow policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities.</p>	<input checked="" type="checkbox"/>
<p>Theme 5: Leadership, Governance and Management</p> <p>Effective governance in services for children is accomplished by directing and managing activities using good business practices, objectivity, accountability and integrity. In an effective governance structure, overall accountability for the delivery of services is clearly defined and there are clear lines of accountability at individual, team and service levels so that all people working in the service are aware of their responsibilities and who they are accountable to.</p>	<input checked="" type="checkbox"/>
<p>Theme 6: Use of resources</p> <p>The effective management and use of available financial and human resources is fundamental to delivering child-centred safe and effective services and supports that meet the needs of children.</p>	<input type="checkbox"/>
<p>Theme 7: Responsive workforce</p> <p>Each staff member has a key role to play in delivering child-centred, effective and safe services to support children. Children's services organise and manage their workforce to ensure that staff have the required skills, experience and competencies to respond to the needs of children.</p>	<input type="checkbox"/>
<p>Theme 8: Use of Information</p> <p>Quality information and effective information systems are central to improving the quality of services for children. Quality information, which is accurate, complete,</p>	<input type="checkbox"/>

legible, relevant, reliable, timely and valid, is an important resource for providers in planning, managing, delivering and monitoring children’s services. An information governance framework enables services to ensure all information including personal information is handled securely, efficiently, effectively and in line with legislation. This supports the delivery of child-centred, safe and effective care to children.	
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As part of this inspection inspectors met with children, parents/guardians, and other agencies and professionals. Inspectors observed practices and reviewed documentation such as child protection plans, relevant registers, policies and procedures, children’s files and staff files.

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.

The Local Health Area (LHA) provided a limited Child Protection and Welfare Service within a context of insufficient resources to meet ongoing demands. There were timely, effective and beneficial actions taken for the majority of children at immediate risk and there was a rights based approach to day-to-day practice within the department which was supportive and respectful.

However, high thresholds of harm had to be reached before a direct social work service was provided to all children and families and there were significant challenges to the LHA in providing a consistent and safe service when faced with waiting lists and limited resources. The deficits in systems for gathering and analysing information did not support the service to improve based on known outcomes for children.

6. Summary of judgments under each standard

Theme	National Standards for the Protection and Welfare of Children	Compliant Non-compliant – minor, moderate, major
Theme 1: Child-centred Services	Standard 1:1 Children’s rights and diversity are respected and promoted.	Compliant
	Standard 1:2 Children are listened to and their concerns and complaints are responded to openly and effectively.	Minor non-compliance
	Standard 1:3 Children are communicated with effectively and are provided with information in an accessible format.	Minor non-compliance
Theme 2: Effective Services	Standard 2:4 Children and families have timely access to child protection and welfare services that support the family and protect the child.	Moderate non-compliance
	Standard 2:7 Children’s protection plans and interventions are reviewed in line with requirements in <i>Children First</i> .	Moderate non-compliance
	Standard 2:8 Child protection and welfare interventions achieve the best outcomes for the child.	Moderate non-compliance
	Standard 2:9 Interagency and inter-professional cooperation supports and promotes the protection and welfare of children.	Moderate non-compliance
	Standard 2:10 Child protection and welfare case planning is managed and monitored to improve practice and outcomes for children.	Moderate non-compliance

Theme	National Standards for the Protection and Welfare of Children	Compliant Non-compliant – minor, moderate, major
Theme 3: Safe Services	Standard 2:1 Children are protected and their welfare is promoted through the consistent implementation of <i>Children First</i> .	Moderate non-compliance
	Standard 2:2 All concerns in relation to children are screened and directed to the appropriate service.	Compliant
	Standard 2:3 Timely and effective action is taken to protect children.	Moderate non-compliance
	Standard 2:5 All reports of child protection concerns are assessed in line with <i>Children First</i> and best available evidence.	Moderate non-compliance
	Standard 2:6 Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare.	Compliant
	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.	Compliant
	Standard 2:12 The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.	Moderate non-compliance
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.	Moderate non-compliance
	Standard 3:2 Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of	Moderate non-compliance

Theme	National Standards for the Protection and Welfare of Children	Compliant Non-compliant – minor, moderate, major
Theme 3: Leadership, Governance and Management	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.	Moderate non-compliance
	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.	Compliant

Section 8(1) (c) of the Health Act 2007

Compliance with Health Act 2007 and National Standards for the Protection and Welfare of Children for the Child and Family Services

Theme 1: Individualised Supports and Care

Services for children are centred on the individual child and his/her care and support needs. Child-centred services provide the right support at the right time to enable children to lead their lives in as fulfilling a way as possible. A child-centred approach to service provision is one where services are planned and delivered with the active involvement and participation of the children who use services.

National Standards for the Protection and Welfare of Children 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.

Inspection findings

This inspection found that on a day-to-day basis, children received a child-centred service that promoted their rights as individuals and valued their participation in decisions about their lives. Improvements could be made to the quality and availability of literature for children and families, particularly in relation to accessing personal information and the complaints process. Improvements could also be made to systems of reporting and recording all complaints.

Inspectors found that children and families in receipt of a social work service were supported to exercise their individual rights, particularly those related to expressing their views and inclusion in decision making processes. Children and parents who spoke to inspectors said that overall, their views were sought and valued by social workers. The majority of case records reviewed by inspectors showed that children's views were represented in social work reports and sought throughout various social work assessment processes. Inspectors read case records relating to families where there were several children of various ages and found that each child's needs were assessed on an individual basis and recommendations were made for each child involved. Inspectors also reviewed cases that showed social workers had access to disability and interpreter services to enhance participation by and consultation with children and families. Some cases also showed that children were appointed guardian ad litem at the request of the social work department, to support them to express their views in complex situations. Staff interviewed told inspectors that a child's right to safety and to

being heard was central to their everyday practice. Inspectors saw this in practice at meetings they attended.

Inspectors reviewed cases which showed how managers and staff advocated strongly for the rights of children with diverse needs, such as those with a disability or who were particularly vulnerable. This was demonstrated at meetings inspectors observed. Meeting records showed that the area manager was engaged with disability services to ensure children who required additional or specialised supports were receiving them, although this was a work in progress.

The service had a complaints process and system of reporting and recording complaints made by or on behalf of children. Inspectors reviewed complaints received by the service and found that they were dealt with according to HSE policy. However, case records showed that the majority of complaints made directly to and dealt with by social workers were recorded on case notes and were not always reported to the complaints officer. The area manager and social workers interviewed confirmed this to inspectors. This practice did not allow for managerial oversight of all complaints made by children and their families, did not provide sufficient information about these complainants' level of satisfaction with the outcomes of investigations, and did not facilitate learning from any trends in the nature of complaints.

Inspectors found that literature about the service was available to the public, other professionals and those in receipt of a social work service. The area manager told inspectors that a web site was being designed that would further enhance access to information about the service. Although written information was available, there was no clear plan for how it was disseminated. Inspectors saw social workers providing literature to some children and parents. However, children and parents interviewed said they did not receive this information, and were unsure about, for example, the complaints process and how or if they could access information held about them. There was no evidence on files reviewed by inspectors that a child or parent had requested to or had accessed information held about them. Inspectors found that literature about the service could be improved and presented in a way that was easy for children of all abilities and ages to understand. This would further promote children's right to complain and access their information.

Standard	Judgment
Standard 1.1 Children's rights and diversity are respected and promoted.	Compliant
Standard 1.2 Children are listened to and their concerns and complaints are responded to openly and effectively.	Minor non-compliance
Standard 1.3 Children are communicated with effectively and are provided with information in an accessible format.	Minor non-compliance

Theme 2: Effective Services

Effective services ensure that the proper support mechanisms are in place to enable children to lead a fulfilling life. Personal planning is central to supporting children to identify their goals, needs and preferences and what supports need to be put in place by the service to ensure that each child maximises his/her personal development.

National Standards for the Protection and Welfare of Children Reference:

Standard 2.4

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

Standard 2.7

Child 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

Interagency and inter-professional co-operation 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.

Inspection findings

This inspection found that child protection and welfare services were not fully effective due to the impact of significant waiting lists and limited access to support services. Access to child protection and welfare services was determined on the basis of risk but even so cases prioritised as being at 'high risk' did not always receive a timely service. Managers were taking initiatives to address such issues but this was in the context of limited resources. The quality of interagency working was good.

Many children and families received a timely and effective service as managers took initiatives to address and manage waiting lists to provide the most effective service possible. The LHA had a system of prioritising cases based on risk. Data provided by the area manager and case records showed that children at highest risk, such as those at risk of significant and ongoing harm, were allocated a social worker. Lower risk cases were placed on a waiting list. Inspectors observed cases being prioritised during social work team meetings. Figures provided by the service prior to inspection fieldwork showed that there were 327 children waiting to be allocated a social worker and 265 referrals were awaiting an initial assessment. The area manager and principal social workers told inspectors that waiting lists were reviewed regularly in order to consider if levels of risk to children had changed. One principal social worker provided inspectors with records of waiting list reviews carried out over a one month period. These

confirmed that waiting lists were proactively managed and reviewed by the social work team leaders, principal social workers and area manager. Actions to be taken as a result of each review were clearly recorded. The area also carried out a 'blitz' every few months. This meant that one team covered for another whilst backlogs were addressed. This had proved successful in closing cases and freeing up social workers to take on new cases. The waiting lists for children to be allocated to a social worker or have an initial assessments completed had continued to reduce over the course of the inspection period, but remained significant.

There was evidence that resources were not sufficient to provide a fully effective service but that managers were proactive in trying to address this. The area manager and principal social workers told inspectors that there were inadequate social work resources to meet ongoing demands on the service but they were making efforts to maximise the use of available resources. They said that the structure of the social work teams was under review with the intention of optimising response times and ensuring that resources were allocated to areas of greatest need. However, they said this would not provide them with the capacity to eliminate waiting lists. In addition, the social work department was one of several pilot sites for a national caseload management system. The national pilot scheme had an inbuilt review process and a principal social worker said that to date, it was proving effective in many regards. This system took into account the complexity of cases, as well as social workers' capacity and levels of experience. A principal social worker believed that this would produce equitable caseloads and improve the quality of social work practice. This view was upheld by social workers interviewed. A principal social worker stated that this system had the potential to reduce caseloads and this would impact further on service capacity. Furthermore, the area manager said that, although family support workers did carry out assessments in many welfare cases, this would not fully address the backlog of initial assessments of welfare concerns. The role of the family support service in relation to carrying out initial assessments of welfare concerns was being negotiated at a national level and this was reflected in management meetings read by inspectors.

Support services accessed by children and families were effective and beneficial but there were significant waiting lists for HSE Family Support Services and challenges in accessing psychological services. Inspectors found that social workers put a high value on early interventions with families and that there were strong working relationships between the social work department and other services and disciplines. There were many good quality services in the community to support children and families. They included family support, child sexual abuse assessments, services for adolescents, support for families experiencing domestic violence or homelessness and the impact of mental health concerns.

The HSE Family Support Service provided direct interventions to families in need, particularly where children and families were awaiting a social work service. Many cases awaiting allocation to a social worker received early and consistent interventions in the community which had the potential to prevent the escalation of risk to children and to provide early warning signs if risks increased. Although inspectors found many cases where the intervention of community based services reduced the impact of the shortage of other services, this was not always the case and some children were exposed to risk

as a result. For example, some children and families were not engaged with or had limited contact with another discipline/service whilst awaiting a social work assessment. This did not allow for consistent monitoring or management of risk. One principal social worker provided inspectors with assurances about the safety of some children during the inspection fieldwork, and identified the need for a social work visit and or immediate allocation to a social worker in a small number of these cases. Data provided by the area manager showed that there was a significant waiting list for the HSE Family Support Service (192) and cases referred were prioritised for interventions.

All staff interviewed told inspectors that there was a shortage of psychological services in the LHA. Inspectors found examples of cases that had to be referred to psychology services outside of the LHA, including referrals for parenting assessments. This was discussed at meetings attended by inspectors.

Case work was well planned and carried out. Cases reviewed by inspectors showed that once children and families were engaged either directly with a child protection and welfare social work service or a community based service, they received an effective child protection and welfare service. Inspectors found examples of comprehensive social work assessments, child protection plans, family support plans and family welfare plans that clearly recorded actions to be taken and identified persons responsible for their implementation.

The service did not have an effective system of closing cases and this meant that some cases remained open unnecessarily to an already stretched team of social workers. Principal social workers, social work team leaders and social workers interviewed told inspectors that levels of risk and protective factors, determined whether cases remained open to the service or other aspects of the child protection system, such as child protection conferences/ reviews and the child protection notification system. However, inspectors found examples of cases that remained open to the service for long periods of time although risk had reduced and there was successful engagement with other services that had resulted in positive outcomes. One principal social worker told inspectors that some social workers were reluctant to close cases based on potential risk. Other social workers had yet to complete the administrative tasks associated with officially closing a case. The area manager, a principal social worker and social workers interviewed told inspectors that some of these cases were related to families from the travelling community. They said this was a complex issue that although acknowledged by the social work department, had yet to be resolved.

Inspectors found cases where interagency and interdisciplinary working was of good quality and information was shared for the purpose of protecting children. Attendance at various types of case meetings was generally good and where professionals could not attend, reports were usually provided. This supported decision making based on good information. However, these practices were not adequately supported by written procedures and guidelines on interagency working and safe sharing of information. Development of such an infrastructure would contribute to sustainable and consistent practice associated with interagency and interdisciplinary working.

Standard	Judgment
Standard 2.4 Children and families have timely access to child protection and welfare services that support the family and protect the child.	Moderate non-compliance
Standard 2.7 Child protection plans and interventions are reviewed in line with requirements in <i>Children First</i>	Moderate non-compliance
Standard 2.8 Child protection and welfare interventions achieve the best outcomes for the child.	Moderate non-compliance
Standard 2.9 Interagency and inter-professional co-operation supports and promotes the protection and welfare of children.	Moderate non-compliance
Standard 2.10 Child protection and welfare case planning is managed and monitored to improve practice and outcomes for children.	Moderate non-compliance

Theme 3: Safe Services

Services promote the safety of children through the assessment of risk, learning from adverse events and the implementation of policies and procedures designed to protect children. Safe services protect people from abuse and neglect and follow policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities.

National Standards for the Protection and Welfare of Children 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 actions are taken to protect children

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 2.11

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.

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.

Inspection findings

This inspection found that the LHA took measures to promote the safety of children in accordance with *Children First* (2011). Systems were in place to try and manage risk in all cases and although children at high risk were given priority, others were placed on waiting lists. Inspectors were concerned that the child protection system was not effective in some regards as some cases were subject to continual review indicating successful interventions may not have been made.

There were standard procedures in place to respond to and manage child protection and welfare referrals and concerns and these complied with *Children First* (2011). Thresholds of risk varied as cases progressed through the child protection and welfare system and this created inconsistencies in practice. The service received 2,907 referrals in the year prior to inspection and there were five social work offices operating a duty system to receive referrals. This meant that social workers could respond to immediate risk as a matter of priority. Inspectors observed social workers responding to referrals that indicated immediate risk to a child and saw evidence of this in case records they

reviewed.

Duty case records showed that preliminary enquiries and screening of referrals were of good quality. Records also showed that thresholds of harm were applied consistently at this stage of processing a referral and this determined access to social work services.

Completed initial assessments reviewed by inspectors were found to be of a good standard. Other professionals told inspectors that they were contacted as part of the assessment process. Data provided by the area manager and case records reviewed by inspectors showed that generally, An Garda Síochána were notified promptly of incidences of suspected or confirmed abuse. However, delays in carrying out initial assessments meant that notifications to An Garda Síochána were not always made in a timely manner. As a consequence children could remain at risk unnecessary risk for a period of time.

Inspectors found that thresholds of harm were not applied consistently in the management of risk to some children from the travelling community. Case records showed that children from the travelling community were more likely to be received into the child protection and welfare service even when low levels of risk existed. However, information provided by the service and case records showed that further action was not taken to protect some children from the travelling community and there was a high tolerance of risk to some of these children over long periods of time. Although inspectors did not find inequities in service responses across all populations, high tolerance of risk in these situations meant for example, that the decision to take actions such as pursuing a care order for a child was not always made or was delayed. The area manager and a principal social worker told inspectors that they had identified this issue and although different approaches based on cultural sensitivity balanced with children's needs had been tried by social workers in specific cases it remained a complex area of practice.

The Child Protection Conference System (CPCS) was not effective. In some instances children were subject to numerous reviews and this indicated that appropriate action might not have been taken to reduce risks. Inspectors found that child protection conferences and reviews were held about children assessed by social workers as being at risk of ongoing significant harm, and child protection plans were in place for these children. Data provided to the Authority by the area manager showed that there were 119 child protection conferences and 264 child protection conference reviews in the year prior to inspection. Information and data provided by a principal social worker during the inspection fieldwork showed that cases remained open to the child protection conference system for prolonged periods of time, indicating that risks to children had not been reduced by social work or other interventions. For example, five children from one family had been subject to child protection conferences and reviews since 2003 with another review date set for March 2014. Four children from another family had remained in this system since 2008. Inspectors examined a number of closed cases and found that some had been open to this system for three years or more. This raised questions as to the effectiveness of the child protection system for some children and whether their safety and quality of life improved as a result of the service they

received. The significant number of child protection conferences and reviews held in the previous year was a serious draw on already stretched social work resources. It was acknowledged by the area manager and principal social workers that practice would have to change, particularly in light of standard business processes.

The Child Protection Conference Systems (CPCS) themselves were well chaired and managed although there was no independent chair as is required by Children First (2011). An independent chair had been appointed for the LHA but had not yet taken up the position. The area manager told inspectors that there was no identified date as to when this would happen. In the meantime, although every effort was made to ensure these conferences were chaired by a principal social worker not directly involved in the line management of the case, inspectors found examples of where this was not possible. Inspectors attended two child protection conferences and found that although the independent element of the system was not in place, this did not adversely affect the objectivity shown by the principal social workers chairing these conferences and did not impact negatively on decisions made about children.

The LHA had a child protection notification system which was managed in accordance with Children First (2011). Records showed that it was up-to-date and held all the relevant information. The area manager had the overall responsibility for managing the system and had delegated administrative tasks associated with it to a principal social worker. Inspectors observed that access to the system was limited to key personnel and it was monitored regularly by the area manager. The area manager told inspectors that the child protection notification system was essentially a list and a principal social worker said that there were no queries about children placed on it. The child protection notification system was not accessible on a 24 hour basis but this is a national issue.

Inspectors found that there was good use of strategy meetings to protect children and records showed they were convened on an emergency basis when necessary. Strategy meetings observed by inspectors were well attended and reports were provided by external agencies and professionals. This supported sound decision making about children at risk.

Children continued to be re-referred to the service despite social work interventions. Inspectors reviewed some intake records of new referrals about children who were previously known to the service. Some of the common characteristics of these cases were issues of neglect and or domestic violence. Each referral was dealt with on a one off basis and then closed to the system. Inspectors found examples of cases that were opened and closed on more than one occasion and assessments of these children's circumstances did not always address or acknowledge the impact of cumulative harm despite previous referrals being recorded on intake records. The area did not collate and therefore could not analyse the number of children re-referred to the service on several occasions. This meant that effective interventions may not have been made to reduce risks, improve outcomes and keep children safe.

National Policies and Procedures in relation to serious incidents were implemented by the LHA. Information provided by the area manager showed that serious incidents were reported and reviewed in line with National Policy. Written communication between

managers and staff and minutes of team meetings showed that learning from these events was identified and disseminated.

All reports of suspected organisational/institutional abuse were received through the duty intake system. The area manager provided records of all reports of alleged and or confirmed organisational/institutional abuse held by the LHA. These showed oversight by the area manager. Inspectors found that there was collaborative working with Children First officers of other organisations when such cases were reported. The area manager told inspectors that concerns of this nature were passed on to a principal social worker at referral stage and were then usually referred on to the area manager. There was an overall policy and procedure on how to respond to these types of reports that had due regard for the legalities involved. However, policy and procedures did not guide staff on the appropriate steps to take on receipt of a referral that indicated such abuse, having due regard for the sensitivities involved.

Standard	Judgment
Standard 2.1 Children are protected and their welfare is promoted through the consistent implementation of <i>Children First</i> .	Moderate non-compliance
Standard 2.2 All concerns in relation to children are screened and directed to the appropriate service.	Compliant
Standard 2.3 Timely and effective actions are taken to protect children.	Moderate non-compliance
Standard 2.5 All reports of child protection concerns are assessed in line with <i>Children First</i> and best available evidence.	Moderate non-compliance
Standard 2.6 Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare.	Compliant
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.	Compliant
Standard 2.12 The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.	Moderate non-compliance

Theme 5: Leadership, Governance and Management

Effective governance in services for children is accomplished by directing and managing activities using good business practices, objectivity, accountability and integrity. In an effective governance structure, overall accountability for the delivery of services is clearly defined and there are clear lines of accountability at individual, team and service levels so that all people working in the service are aware of their responsibilities and who they are accountable to.

National Standards for the Protection and Welfare of Children Reference to;

Standard 3.1

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

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.

Inspection findings

The service was led and well managed on a day-to-day basis within a child focused, respectful and supportive working environment. There were management structures and some systems in place. However, service planning did not set sufficiently detailed direction for the delivery of a consistently safe quality service. There were limited risk management systems in place and it was not clear how key issues such as delays for children prioritised as being at high risk were mitigated at a corporate level. Although some key risks were escalated to the regional office it was not evident how they were managed at a local level. Information systems were limited and were unable to support meaningful quality improvement within the service.

The service had a statement of purpose and function which detailed the basis in Legislation and statutory functions and described how the service protected children and promoted their welfare. However, it did not specify how resources were allocated to deliver service objectives. The area manager told inspectors that this was a generic document provided by the National Office for Children and Family Services¹ and acknowledged that it was not modified to reflect in full the local service being provided.

¹ At time of inspection the service was provided by the HSE and managed by the National Office. The Child and Family Agency was established with effect from 1 January 2014 and now provides this service.

This service had experienced a period of change in terms of managers and management structures, and further change during the transition to the new Child and Family Agency (CFA) was expected. Inspectors found that the area manager had shown good leadership in the management of these changes and standard business processes were being implemented as they were developed. Although many new policies and guidance for staff were implemented, others were in draft form. A key example of this was guidance on determining thresholds of harm and this could cause some inconsistencies and uncertainty in day-to-day social work practice.

There was a clearly defined management structure that assigned responsibility and provided accountability. The area manager had overall responsibility for the service and line managed two principal social workers and the family support service manager. Principal social workers managed social work team leaders who in turn managed social workers. Inspectors found evidence of accountability for practice in senior management and staff meeting minutes and supervision records for managers. For example, area meetings held managers to account for meeting standards, implementing Children First (2011), caseload management and managing complaints. Inspectors found that the area manager demonstrated a commitment to improving outcomes for children particularly in regard to safety. This was consistently highlighted by staff interviewed. On a day-to-day basis, leadership was provided at every level of the service according to respective roles and responsibilities. This was particularly evident in direct service provision to children and families, advocacy on behalf of children with a disability and effective interagency working.

Staff interviewed were clear about their individual roles and responsibilities and these were available in written form. Inspectors found that the service was managed by qualified and experienced staff. Senior managers had attended management training provided by the HSE. Staff interviewed told inspectors that they had managers who were accessible, supportive and provided guidance to them on an ongoing basis. This was evident in staff meeting minutes and at meetings attended by inspectors.

The service planning in the area was not sufficiently detailed to set clear direction for delivering a consistently safe quality service. The area manager provided the Authority with a copy of the Child and Family Agency Plan (2014-2017), the National Service Plan (2013), the Regional Service Plan 2013 and the local strategic plan for Galway Children and Family Services (2014). Collectively, these had the potential to provide a framework for the current and projected delivery of local services. The area manager said that directions for services delivered in 2013 were provided by the National and Regional Service Plans. The local 2014 strategic plan highlighted, amongst other things, the need to address wait lists for high priority cases and build on community based resources. However, it required more detail as, for example, it did not identify how waiting lists would be reduced or eliminated. This was particularly relevant for cases which met the threshold for a child protection and welfare service according to Children First (2011).

There were effective formal and informal communication systems in place. For example, policies were effectively disseminated to staff by managers using email, dissemination of paper documents and through computer access. Decision making processes were in place which included staff and managers. For example, team days were held regularly

to decide how regional objectives would be met locally, communication groups were established between the service and other agencies/professionals on how to improve services and communicate changes in practice and national decisions. There was a robust escalation policy in place. Overall, relationships within and external to the service were good and this promoted effective communication.

There were also systems in place that provided managerial oversight of individual cases, waiting lists and record keeping. There were several forums built into everyday practice that allowed for managerial oversight of cases. These included supervision, case reviews and monthly meetings for managers. Inspectors saw records and minutes of these meetings and found managerial oversight of cases was satisfactory. Inspectors were provided with records of managerial reviews of waiting lists. These showed that they were reviewed at all levels, from social work team leader to area manager. Day-to-day reports were signed off by social work team leaders and cases reviewed showed that managers carried out case file audits as per standard business processes.

The area manager had taken initiatives to improve service delivery in the area. Inspectors read reports and meeting minutes that showed the area manager had taken a lead role in developing resources and services in the community which included structures to enhance joined up working and the delivery of a seamless service to protect children. The area manager stated that providing a child-centred and safe service was central to service objectives and this was supported continuous quality improvement. This included establishing a children services committee and several subgroups where representatives of other agencies and organisations met regularly with the area. Individually and collectively, these groups provided specific services for children and families in the area and supported social work services to deliver needs based service. Inspectors found demonstrable improvements to areas of practice such as reporting risk and implementation of a common assessment framework, following recommendations of 'A Quality and Patient Safety Audit' published in April 2013. A principal social worker and team leader told inspectors that improvements had been made in relation to developing an effective intake system and further restructuring of teams were under consideration. External professionals interviewed as part of the inspection acknowledged these improvements.

There were some aspects of a quality and risk management framework in place. The area had a risk assessment tool that guided practice. There was a near miss and serious incident log that was held in each office and completed when necessary. The managers showed a good understanding of the shortfalls in the service, but there was a lack of defined actions to address the risks they posed. The area had a process to escalate the service's risks to the service manager and inspectors found that waiting lists for high priority cases were notified to the regional risk register. There was no accompanying risk management plan in place to manage the risks that resulted from the waiting lists reported and overall, there was requirement to develop systems of analysing and responding to risk.

The area did not have a robust information system. Data was recorded in a number of different systems and could not be analysed in order to take steps to improve the quality and safety of the service. All data was gathered manually which was time

consuming and unsafe. There was no system in place to validate the data. The only data collected in the area was related to the HSE's Framework for Measuring, Managing and Reporting Social Work intake, Assessment and Allocation Activity, a system of identifying and reporting pressures on the service. This data was analysed by the area and actions were taken for example, to reduce risks associated with waiting lists. However, there were opportunities for analysing some data which were missed. For example, the area collected information in relation to complaints but did not analyse or trend the information to make quality improvements.

A new quality initiative had taken place in the area to assess how the service performed its functions in accordance with the National Standards. At an operational level, a principal social worker had carried out a self-assessment against the National Standards to identify areas of good practice and where challenges existed. Actions to be taken were clearly defined in this self assessment. Findings of this self-assessment and actions required were presented at managerial meetings and minutes showed that progress was monitored by the management team. This was found to be an inclusive and consultative process. A quality assurance group was established in October 2013 to assess, on an ongoing basis, how the area was meeting national standards. This group fed back directly to the area management team and this work was ongoing.

External agencies were held accountable for the services they delivered. There were formal service level agreements and grant aid agreements in place. Inspectors were provided with a copy of these agreements and found them to be detailed and included requirements for safe, quality services which complied with national guidance, legislation and policies. The family support service manager had the responsibility for monitoring these agencies and he/she met regularly with their representatives. Inspectors were provided with copies of these weekly and monthly meeting minutes. The agencies also reported directly to the HSE on yearly activities.

Standard	Judgment
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.	Moderate non-compliance
Standard 3.2 Children receive a child protection and welfare service, which has effective leadership, governance and management arrangements with clear lines of accountability.	Moderate non-compliance
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. Moderate non-compliance.	Moderate non-compliance
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.	Compliant
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.	Moderate non-compliance

Action Plan

Provider's response to Inspection Report No.	659
Name of Local Health Area (LHA):	Galway
LHA ID:	100-210-317
Date of inspection:	25 November – 6 December 2013
Date of response:	21 February 2014

REQUIREMENTS

Put in place a plan which addresses all deficits identified in this report including those relating to minor non-compliances not described in requirements below, taking into account the significance of the non-compliances, the risks involved in them, when identifying time frames and individuals responsible for actions.

Review the plan at regular intervals to ensure that progress is being made to address all non-compliances.

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

Theme 2: Effective Services

Moderate non-compliance with Standard - 2.4/2.7

The provider is failing to comply with Standards in the following respect:

Not all children and families had timely access to child protection and welfare services.

Not all children and families had timely access to support services in the community.

Systems to close cases were ineffective.

Interagency working was not supported by written guidelines and procedures, in particular those related to information sharing.

Action 1 required:

Provide children and families with timely access to services² based on identified need, assessed risk and priority.

Action 2 required:

Monitor and review the level of risks to a child so that appropriate actions, including the closure of cases, are taken in a timely manner to protect them from harm.

Action 3 required:

Establish clear procedures to support good effective interagency and inter-professional working relationships to support and promote the protection and welfare of children.

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

Timescale:

² Such as CAMHS, social work service, validation service, family support, service, family welfare conference, child protection conference, alternative care placement, psychology assessment.

<p>Action 1.</p> <p>The local area will continue to review the duty and intake system. These reviews take the form of the PSW, team leaders and social workers examining at a dedicated monthly meeting the processing of referrals, the prioritisation and decision making criteria and the alternative arrangements in place to engage with cases deemed welfare within available resources. This process will take into account the recently published national 'Threshold of Need' guidance document and the national 'social work assessment' framework when available. The PSW for child protection will conduct regular bi-monthly sample reviews of cases in the duty and intake system, and an audit of cases awaiting allocation and re-prioritise if thought necessary.</p> <p>The 'Threshold of Need' document was issued on 10 February 2014; this will be implemented and will ensure that cases with a higher prioritisation are addressed primarily through social work intervention, while those cases with a lower prioritisation are referred to the family support services. This will allow social workers more time to address the cases with the highest assessed risk.</p> <p>Training has already taken place with all Managers in the service and all staff will receive briefings in its use throughout February and March 2014. This training will be rolled out at Team level; it will be coordinated by the team leaders and PSW.</p> <p>A 'go live' date has been set for 01 April 2014. Adherence to the threshold criteria will be monitored by Team Managers, PSW and reviewed quarterly by the Q and A Group.</p> <p>The National Social Work Assessment Document is currently being finalised by the Head of Policy in the national office. It is envisaged that it will be implemented in Q2. In the interim, the following assessment protocols are in use: Signs of Safety and the common assessment framework.</p> <p>Local monthly meetings are already in place with social work team leaders and family support project leaders. These will be developed further to include the Family resource centres and any relevant services, to ensure a better consistency in the delivery of services to children identified at risk or at need in the community.</p> <p>The local area has appointed a dedicated chairperson to the family welfare conferencing service who will be in place by 01 April 2014. The remit will also include a specific role in relation to the high numbers of Traveller children in care [20%]. The role will be supplemented by trained staffed from within the service who will</p>	<p>Team Leaders, PSW's July 2014</p> <p>PSW and Family Support Manager March 2014</p> <p>Head of Policy Q2</p> <p>PSW and Family Support Manager June 2014</p> <p>Area Manager July 2014</p>
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<p>have flexibility of response. This will be managed by the Family Welfare Conference Coordinator.</p>	
<p>A dedicated Independent chairperson to child protection conferences has been appointed. Due to the reconfiguration of the services, and the absence of admin staff, this appointment has been delayed. The post will be filled by 01 June 2014.</p>	<p>Area Manager July 2014</p>
<p>Nationally, a Memorandum of Understanding has been agreed by TUSLA and the HSE in relation to joint responsibility for provision of services to children and young people.</p>	<p>Area Manager July 2014</p>
<p>At local level, the Area Manager has initiated a consultation process with the heads of other relevant disciplines providing services to children in this area to look at developing solutions to blockages that prevent the timely access to services and to ensure that there is a coherent communication plan in place. This consultation process has already involved meetings with the heads of the disability services and the hospital social work services. Further meetings with the head of the local CAMHS service and heads of allied health professions are anticipated over the next three months. All protocols will be overseen by the Children's Service Committee. Consultation and Development of protocols will have at the forefront timely access to services based on identified need, assessed risk and priority.</p>	
<p>The Area Manager will agree a set of local protocols with the CAMHS and Psychology service to provide guidance around the prioritisation of children most in need of these services. Initial discussions have taken place and meetings will begin in March 2014.</p>	<p>Area Manager July 2014</p>
<p>Protocols between CASATS [child sexual abuse treatment services] are already in place and a member of the Social work team is on the board of management. There are existing protocols in place when seeking, alternate care, special care and residential care.</p>	<p>Area Manager In place</p>
<p>The PSW for child protection and the family support manager hold monthly gate keeping meetings with contracted services to ensure that these family support services are allocated to the children and families most in need. Local monthly meetings are already in place with social work team leaders and family support project leaders. These will be developed further to include the Family resource centres, to ensure better local consistencies in the delivery of services to children identified at risk or at need in the community.</p>	<p>PSW Family Support Manager in Place</p>
<p>The local area has appointed a dedicated chairperson to the family welfare conferencing service and will be in place by 01 April 2014.</p>	<p>Area Manager April 2014</p>

<p>The remit will also include a specific role in relation to the high numbers of traveller children in care [20%]. The role will be supplemented by trained staffed from within the service that will have flexibility of response. This will be managed by FWC Coordinator.</p> <p>Action 2.</p> <p>The social work team leader will review the level of risk for all allocated children with the assigned social worker at supervision. The team leader will notify the PSW of any issues arising in writing and will discuss these issues at supervision. Where cases are identified for closure between the social worker and team leader, the social worker will prepare a closing summary for sign off by the team leader at the next supervision.</p> <p>The Area manager, PSW and team leader will conduct monthly reviews of all cases awaiting allocation. The PSW will conduct a sample review of cases files on a quarterly basis.</p> <p>A written protocol outlining a standard for the closure of cases will be developed in the local area. This protocol will take account of the requirements of the National Business Processes and will also give consideration to best practice guidance.</p> <p>Social Work team leaders will monitor the implementation of case closures through professional supervision and sample file audits. The PSW for child protection will conduct two annual file reviews of all cases open to the child protection and welfare system to ensure focus and consistency. Following each review the PSW will provide a report to the Area Manager for implementation of outcome improvements. The next review is scheduled to take place during the month of June, 2014.</p> <p>Action 3.</p> <p>The local area has appointed a Children Services Committee Co-Coordinator to set up and develop a working Children Services Committee. The Children’s Services Committee is responsible for securing better developmental outcomes for children in its area, though more effective integration of existing services and interventions. The Committee will include senior managers from the major statutory and voluntary service providers. Sub-committees will be set up to address local service provision issues and develop better on-the-ground working relationships.</p> <p>The local area is continuing to support interagency and interdisciplinary training initiatives organised by the local CFA training Officer. A training plan is attached.</p>	<p>PSW and Team Leaders July 2014</p> <p>PSW and Team Leaders July 2014</p> <p>Area Manager July 2014</p>
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<p>Following on from the consultation process referred to in Action 3, the Area Manager will devise a system of coherent local working arrangements to support meaningful interagency cooperation within the area. In particular the Area Manager will agree a set of local protocols with the CAMHS and Psychology service to provide guidance around referral processes and case management issues.</p>	
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Theme 3: Safe Services

Moderate non-compliance with Standard 2.1/2.3/2.5/2.12

The provider is failing to comply with Standards in the following respect:

The service did not have or implement agreed thresholds of harm and levels of risk.

A number of elements of the systems in place to promote the safety and welfare of children were not functioning as envisaged by Children First (2011).

Policy and procedures did not guide staff on the appropriate steps to take on receipt of a referral that indicated organisational/institutional abuse.

Action 4 required:

Put in place and train staff in the use of clear frameworks which determine thresholds of harm and levels of risk.

Action 5 required:

Put in place and implement policies and procedures which protect children and promote their welfare, in line with Children First (2011).

Action 6 required:

Put in place procedures for the investigation of all referrals of alleged organisational and or institutional abuse.

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

Timescale:

Action 4.

The National Threshold of Need Guidance for Practitioners in TUSLA has been recently published. Training has begun in its implementation.

In the intervening period, before the National Threshold Policy is fully implemented, the social work department is using the current document Measuring the Pressure and the Hardiker Scale. This is complemented by the use of the Common Assessment Framework and 'Signs of Safety'.

The local area has begun the process of restructuring the social work and family support services in line with the National Service delivery model and development of local area pathways, this restructuring is being led by the Area Management Team led by the Area Manager.

This document will provide guidance to the local area management team in the reorganisation of the social work and family support services.

PSW and Social Work Team Leaders Area Manager
June 2014

Area Manager July 2014

<p>Further staff training days relating to the use of risk assessment frameworks in social work practice will be scheduled in the second quarter of 2014. These days will be organised by the social work training group and the local area training officer.</p> <p>Day-to-day oversight of the implementation of thresholds will be carried out by the social work management team via supervision and other case management processes.</p> <p>Action 5. The Area Manager, the PSW and the Quality and Assurance group will review all policies and procedures governing local social work practices to ensure that they are in line with Children First.</p> <p>The social work department follows up reports in a timely manner and those children in need receive the appropriate level of intervention. All children placed on a waiting list for a social work service are risk assessed. Social work team leaders and team members ensure that robust child protection and family support plans are in place for all children assessed in need of a social work service. To enhance this, the local area will formally introduce the use of family support planning as per the National Business Processes in Q3.</p> <p>The Area Manager will undertake a review of the operation of the Garda / TUSLA notification system to ensure consistent compliance. The independent chairperson of the child protection conferences will be in post by 01 June 2014. This post-holder will ensure that the Child Protection conference system and the CPNS system comply with the requirements of Children First and set up a review system to monitor compliance.</p> <p>The Child Protection Conferences and the Child Protection Notification System was published in January 2014. Training in the implementation of this policy commenced in February 2014. In the interim the local Child Protection Notification System is maintained and relevant professionals are notified that a child is placed on the CPNS arising from the decision made at a case conference.</p> <p>The local Family Support Services Manager will monitor compliance with Children First through service level agreements with all voluntary and contracted family support services. The Family Support Services manager will report any pattern of concern to the Area Manager.</p> <p>Action 6.</p>	<p>PSW in Social work training group and training officers September 2014</p> <p>Q2</p> <p>Area Manager, PSW June 2014</p> <p>PSW 01 July 2014</p> <p>Area Manager June 2014</p> <p>The National Office on going from February 2014</p> <p>Family Support manager On going</p>
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<p>The local area will be guided by the provisions of Children First relating to organisational and /or institutional abuse.</p> <p>The Area Manager will liaise with the regional and national offices around the development of written guidance for the assessment and management of organisational and /or institutional abuse and will implement a local policy, whilst the national policies are finalised. A specific group has been set up comprising Area Manager, PSW, Team Leaders and administrative staff to put in place local procedures.</p> <p>The social work department has implemented the National Procedures for responding to requests from An Garda Síochána on individuals subject to a vetting request.</p> <p>A designated social worker has been assigned within the social work department to deal with all requests going forward and to ensure a consistent and timely response.</p> <p>A PSW is now participating in the local SORAM (sex offenders risk assessment and management) group. This group is an interagency initiative involving the Probation Service, the Gardaí and TUSLA. It aims to develop a better understanding of offending behaviour amongst appropriate personnel of each organisation and ensure that perpetrators are risk assessed and effectively managed in the community. This group meets on a monthly basis.</p>	<p>Area Manager 01 July 2014</p> <p>In place</p> <p>In place</p> <p>PSW in place on going</p>
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Theme 5: Leadership, Governance and Management

Moderate non- compliance with Standard 3.2

The provider is failing to comply with Standards in the following respect:

The service’s statement of purpose and function did not specify how resources were aligned to deliver local service objectives.

Action 7 required:

Prepare in writing a statement of purpose and function containing the information set out in the Standards.

Please state the actions you have taken or are planning to take with timescales:	Timescale:
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<p>Action 7.</p> <p>The local area will review and develop its local statement of purpose and function to reflect how services and resources are delivered in</p>	<p>Area Manager and Quality and</p>
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<p>line with the National model of service delivery. This process will involve a consultation process with all key stakeholders. The document will provide a clear outline of what each service offers and detail how it delivers its service within the national context. The document will take into account the National Standards all other relevant areas of policy and law. The document will also highlight the changes occurring within the social work and family support services resulting from the implementation of new policies and procedures.</p> <p>The Quality and Assurance Group will provide guidance to operationalise the National Statement of Purpose. A detailed Statement of Purpose will be written to reflect the particular service provision within the local area. The Q and A group will review this Statement of Purpose in relation to local service.</p>	<p>Assurance group Review scheduled for May 2014</p>
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Moderate non- compliance with Standard 3.1/3.3

The provider is failing to comply with Standards in the following respect:

A number of national guidance documents, including draft guidance on Thresholds of Risk, had not yet been implemented.

The local strategic plan did not address the issue of how waiting lists could be reduced or eliminated and did not contain contingency plans in the event of continuing staff shortages.

There were limited risk management systems in place.

Action 8 required:

Put management systems in place in the area to ensure that the service provided is safe, appropriate to children’s needs, consistent and effectively monitored.

Action 9 required:

Ensure that there are systems and processes in place to identify, analyse, prioritise and eliminate or minimise organisational risk relating to the service.

<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
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<p>Action 8.</p> <p>The local area is in the process of restructuring its social work and family support service in order to provide a better and more consistent service to children and families identified at need.</p>	
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<p>The local area is developing a joint approach between social work and family support around the planning and delivery of better local services. A meeting took place on the 12 February 2014 involving all of the social work and family support management teams to initiate this process. A further general meeting is planned for the 10 April 2014 and a series of local meetings between team leaders and project leaders are planned during the interim period. This process will be underpinned by the National guidance document on Thresholds and the development of local area pathways networks. This process is being led by the Area Manager, PSWs and Family Support Manager.</p>	<p>Area Manager, PSW's and Family Support services Manager Review April 2014</p>
<p>Within the social work service going forward there will be a PSW for Child Protection and Welfare with city and countywide responsibility for duty / intake and child protection teams. A PSW for Alternative Care will hold countywide responsibility for Children in Care, fostering, aftercare and adoption teams. The manager for the Family Support Services will hold countywide responsibility for family support service delivery.</p>	<p>Area Manager and PSW's on going Concluded December 2014</p>
<p>The social work service is in the process of identifying the extent of additional staffing and managerial resources are required to deliver on the desired changes in the restructuring process. The Area Manager and the Senior Social Work management team are committed to working with the regional and national office around how staffing deficits are addressed within the context of ongoing cost containment targets. In the meantime the local area will assign resources to areas of priority.</p>	<p>Area Manager and Quality and Assurance group On going</p>
<p>Action 9.</p>	
<p>The Area Management team and the Quality / Assurance group will continue to address and review issues of organisational risk related to the service. The group will work closely with the Regional Quality Risk and Service Improvement Manager for Children and Family Agency West Issues will be escalated to the regional and national management teams as appropriate. The Quality and Assurance group will oversee and maintain the local risk register.</p>	<p>PSW and Social Work Team Leaders on going</p>
<p>Individual teams are required to identify risk factors relating to their team and report these via the line management system. Risk identification / management are now a standing agenda item at all staff meeting. The management team is committed to developing a culture of risk awareness within the team.</p>	

Moderate non- compliance with Standard 3.3	
The provider is failing to comply with Standards in the following respect:	
Very little information was gathered on the outcomes for children and families and there was no formal consultation with the majority of children and families about their experience of the service as a whole.	
Action 10 required: Put in place effective arrangements to address, monitor and identify trends from adverse events, complaints and concerns.	
Action 11 required: Carry out regular reviews of the quality and safety of care and support in the service and ensure that services are provided in accordance with the standards.	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Action 10. The local area will review its local complaints management procedures. The register of complaints will include all complaints made by children. The complaints register will detail the nature of the complaint, the process surrounding the investigation, the outcome of the complaint and whether the complainant was satisfied with the outcome. The register will be formally reviewed on a quarterly basis by the Area Manager. The register will be used as a Quality assurance tool to identify areas of training and trends. Training needs identified in this way will be placed on the agenda for the social work training group will relevant training targeted for follow up.</p> <p>At the initial point of contact with the social work service all service users will be given information on how to make a complaint or register dissatisfaction with the service. The local Management team will re-issue the present leaflet which details services and include a section on complaints.</p> <p>The local management group will adapt the National documents 'Have your say' and 'Shout it out' and monitor the distribution to service users.</p> <p>Refresher training will be provided to all staff members to ensure that they are aware of their responsibilities with regard to complaints. Social work team leaders will ensure that all complaints are logged on the centrally held register of complaints and will monitor the implementation of complaints made by children through supervision.</p>	<p>Area Manager quarterly review 1st scheduled for 14 April 2014</p> <p>PSW, Family Support Manager and Social Work Team Leaders reviewed by Q and A Group. April 2014</p>

<p>The Independent Chairperson of the Child Protection Conference will put in place systems to gain feedback from parents and children about their experience of participation in Child Protection Conferences. A questionnaire will be designed to this effect. A small pilot is already operational with some young people who have left the service.</p>	<p>Independent Chairperson date September 2014</p>
<p>The local area will develop a system of focus groups with service users to facilitate feedback and consultation. A designated team member will be identified to set up this process on a structured basis.</p>	<p>PSW April 2014</p>
<p>Action 11.</p>	
<p>The local management group will adapt the National documents 'Have your say' and 'Shout it out' and monitor and distribute to service users.</p>	<p>Area Manager, Principal Social Worker and Family Support Manager, Case Conference Chairperson May 2014</p>
<p>Refresher training will be provided to all staff members to ensure that they are aware of their responsibilities with regard to complaints. Social work team leaders will ensure that all complaints are logged on the centrally held register of complaints and will monitor the implementation of complaints made by children through supervision.</p>	
<p>The independent chairperson of the Child Protection Conference will put in place systems to gain feedback from parents and children about their experiences of participation in Child Protection Conferences. A questionnaire will be designed to this effect.</p>	
<p>Children's views will be monitored through the use of feedback questionnaires and focus groups run through Foróige.</p>	
<p>The Q and A group will review this process at regular intervals.</p>	