Ombudsman for Children

Report on the investigation of HSE Social Work Service Provision in North Lee

April 2013

Ombudsman for Children's Office

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Introduction

Ombudsman for Children - Statutory role and remit

1.1 The Ombudsman for Children's Office provides an independent and impartial complaints handling service. The investigatory functions and powers of the Office are set out in Sections 8-16 of the Ombudsman for Children Act 2002. This provides that the Office may investigate the administrative actions of a public body, school or voluntary hospital where, having carried out a preliminary examination, it appears that the action has or may have adversely affected a child and where those actions come within the ambit of Sections 8 (b) or 9 (1) (ii) of the 2002 Act (as referred to in para 1.6 under).

1.2 The Office can receive complaints directly from children and young people or any adult on their behalf. A complaint may be made by a parent of the child or any other person who, by reason of that person's relationship (including professional relationship) with the child and his or her interest in the rights and welfare of the child, is considered by the Ombudsman for Children to be a suitable person to represent the child.

1.3 The Ombudsman for Children may also initiate an investigation of her own volition where it appears to her, having regard to all the circumstances, that an investigation is warranted.

1.4The Office aims to carry out investigations and to make recommendations which are fair and constructive for both parties. In the context of an investigation, the Office is neither an advocate for the child nor an adversary to the public body.

1.5 In accordance with Section 6(2) of the Act, the Office is obliged to have regard to the best interests of the child and in so far as practicable, to give due consideration, having regard to the age and understanding of the child, to his or her wishes.

1.6 The principal issues to be addressed through an investigation are:

- whether the actions of the public body have, or may have had, an adverse effect on the child involved; and
- whether those actions were or may have been:
    - taken without the proper authority;
    - taken on irrelevant grounds;
    - the result of negligence or carelessness;
    - based on erroneous or incomplete information;
    - improperly discriminatory;

- based on undesirable administrative practice; or
- otherwise contrary to fair and sound administration.

1.7 This statement has been prepared in accordance with Section 13 (2) of the Act, which requires the Ombudsman for Children to produce a statement outlining the results of an investigation. In accordance with the Act, this statement is for distribution to the public body under investigation, the complainant, other relevant parties involved in the investigation and any other persons to whom she considers it appropriate to send the statement.

1.8 A copy of this statement was sent to the HSE in February 2013, in accordance with Section 13 (6) in order to provide them with an opportunity to consider the findings and make representations in relation to same. A response was received from the HSE which has been considered and where appropriate amendments or responses have been incorporated into the statement.

Part 2 Background

2.1 A complaint was submitted to this Office by a Social Work staff member from the North Lee social work team which included a complaint form and a copy of a memo she issued to line management. The complaint relates to the level of referrals received by the duty team and the difficulties in responding to this, specifically referrals regarding child welfare and protection. In the information submitted the following serious concerns were raised:

- there are over 200 children and young people in the North Lee Social Work area who, despite being identified by the Health Service Executive (HSE) as having been abused or at risk of being abused, are awaiting a social work service from the HSE;
- while North Lee Social Work area responds to children who are at severe risk, there are high numbers of “at risk” children who they are unable to respond to because there is no available social worker to follow up on concerns and;
- there are currently 147 cases in the North Lee area referred for child protection or welfare concerns that have no allocated Social Worker, which included Priority 1 cases of neglect and sexual abuse. The result of this is that these children remain unscreened and unassessed by the HSE and may be in seriously at risk situations.

The July memo listed by initials, a number of priority 1 and 2 cases (considered to be high risk) , as well as priority 3 and 4 cases (medium/low risk) and states that *these cases have had NO follow up as there is no one available to follow up on these concerns.*

2.2 The complainant advised that she had referred these concerns to her line management in the area and that this had been referred to higher management including the Regional

Director of Operations. She advised that a meeting took place in July 2011 and the outcome was that higher management are satisfied that the work is being prioritised and that children are receiving an adequate service. The complainant disputed this and noted in the complaint that whilst the work is being prioritised there are approximately 220 children that they are unable to follow up on, which includes 147 unallocated cases and those that are allocated but not actively worked due to the size of social work caseloads. She states that she contacted the Ombudsman for Children's Office as she had followed all the line management channels and this approach has not resolved or eased the situation.

2.3 A preliminary examination was carried out by the Office between August 2011 and January 2012. The Office contacted HSE National in regard to the complaint and sought information to aid our understanding of the matters raised. The Office proposed to investigate the matter by letter of the 23rd November 2011. Further information was received on the 29th November 2011. As it appeared that local resolution may be available, further clarifications were then sought with a view to determining whether to proceed with an investigation.

2.4 Having considered the information received during the course of this process and in the absence of further clarification from the HSE regarding steps being taken to resolve matters locally, a decision was made to proceed with an investigation and the Office wrote to the HSE on 29th February 2012 in this regard. The reasons for proceeding to investigation and the specific administrative actions of the HSE identified as requiring further investigation relate to:

- the numbers of children and young people, who are identified as having been abused or at risk of abuse, who are awaiting a social work service in the North Lee area, and what, if any, screening and assessment has taken place of these referrals;
- the monitoring and review processes in place, both at local and national level in relation to children awaiting a social work service; and
- the steps taken by HSE, both locally and nationally, to address the concerns about adequacy of social work services in the North Lee area, including its assessment and management of risks.

2.5 The investigation involved:

- Information provided by the complainant;
- Information and documentation provided by HSE South and HSE National;
- Meeting with the complainant;

- A meeting with 8 representatives of HSE South including the Regional Director of Operations, ISA Area Manager formerly the Child Care Manager, the two Principal Social Workers for the North Lee area, the current Team Leader for the duty team, the Operations Manager, the Regional Children and Families Services Manager and the General Manager of Primary and Community Services;
- A meeting with a representative of HSE National.

2.6 Due to delay in provision of requested information from HSE National, a Section 14 Notice was issued on the 24th September 2012. The information was subsequently received on 18th October 2012. In response to the draft statement HSE state that a number of issues impacted on delay in provision of information including clerical error where post was misplaced, unexpected annual leave and the need to seek clarification from the local area. HSE also note that they had advised this Office in full of the steps being taken to formulate an appropriate response.

2.7 This Office has previously completed a national systemic investigation into the implementation of Children First: National Guidelines for the Protection and Welfare of Children, which was published in April 2010. The investigation of this complaint received in relation to Social Work provision in the North Lee area was initiated prior to statutory inspection of child protection services being commenced by the Health Information and Quality Authority.

Part 3 Investigation

Current position in relation to the numbers of children and young people, who are identified as having been abused or at risk of abuse, who are awaiting a social work service in the North Lee area, and what, if any, screening and assessment has taken place of these referrals;

3.1 At an investigation meeting in May 2012 HSE South advised that since January 2012, 691 reports have been received by the whole Department. At that time the list of unallocated cases on the duty team was 222. This is also referred to as cases allocated to the duty team. HSE advised that all cases on the duty list have had a desk top assessment of the presenting information and those not allocated to a named social worker are allocated to the duty team. HSE advised that this does not mean that these cases have not received a service. Some social work service may have been provided such as network checks or the family have been met but they are on the list awaiting further action. Some Priority 2 cases have not had social work involvement as of that time. The list includes referrals from 2011.

There are approximately 70 on the list that can be closed off for example the child and family have been met but final checks are awaited.

3.2 HSE advise that all reports are categorised as physical, sexual, emotional abuse or welfare or neglect and assigned a priority status based on: presenting information, previous reports, involvement of other agencies, age of child and other contextualising information such as parental response and capacity. Priority levels are assigned which include:

- Immediate Priority 1 – those cases requiring an urgent response which are dealt with immediately and within 24 hours;
- Priority 1 – those cases not requiring immediate response but are high priority and are reviewed on a weekly basis;
- Priority 2 - cases that do not present immediate or Priority 1 risk and are considered medium priority. These cases are reviewed weekly with the Priority 1 cases;
- Priority 3 - which are low priority and are often cases where a social worker has met with the family but network checks have not been completed or where the family has not been met as the presenting concerns were considered low.

3.3 In relation to screening of duty referrals HSE advise that all referrals received are recorded by a Social Worker, the intake record is completed and more clarifying information is sought if possible from the Gardai, other HSE personnel/agencies or the referrer. Any case that warrants immediate attention is discussed immediately with the Team Leader or any on site manager. The intake record is then put on the IT system by the admin team and goes directly to the Team Leader for appraisal and prioritisation, which means that all cases are looked at by a Social Worker and a manager within a 24 hour period. At this point cases are index checked to establish if there was previous contact with the Social Work Department and if so, may receive a higher priority based on the information previously received and the new presenting information. Clinical assessment is made taking into account the context of the referral which determines the response time to the referral. The risk and protective factors are considered which include the age of the child, involvement with other services, location of the children, whether concerns are current and the history of previous concerns. Following review by the Team Leader cases are nominated for an initial assessment if immediate action is not already being taken or closed off.

3.4 Allocations occur on a weekly basis. The Team Leader reviews the cases that have been referred and allocates all Priority 1 cases and if there is space some Priority 2 cases. Figures were provided from the 15th of May 2012 where, of 35 cases referred, 24 were

allocated which included 22 Priority 1 cases and 2 of the Priority 2 cases. 6 were not appropriate referrals and HSE write to the referrer in this regard. At that time, HSE advised that there were currently no Priority 1 cases unallocated. There were some Priority 2 and 3 cases unallocated that did not require an immediate response and so may not have been worked as of that time. These are allocated to the duty system. HSE advise that many are worked depending on their needs and allocated if possible.

3.5 HSE South are firmly of the view that at no time either previously or currently has there been Immediate or Priority 1 cases left unattended to and that at all times these cases are receiving a service and depending on their ranking will either receive a service within 24 hours or within 7 days. The updating of the IT system is not done in real time in conjunction with the work being undertaken by the social work staff. HSE advise that this might suggest that there is a larger list of referrals which have not received attention than is actually the case i.e. that the Social Work staff will have taken the necessary action from a child protection point of view but won't have documented or updated on the IT system.

3.6 In relation to Priority 2 cases, HSE South advised that the necessary network checks are completed when there is capacity within the team to deal with same. HSE advise that at no time are these cases left unscreened as review has taken place by the Team Leader. If another report is received, then the information is put onto the IT system, and it may change the priority status i.e. usually when a case has more than one referral it becomes a Priority 1. Priority 2 cases are also discussed, time permitting, in conjunction with the Priority 1 cases at the weekly allocation meeting. In response to the draft statement HSE advised that all new cases are discussed at the weekly allocation meeting regardless of their Priority status.

3.7 A memo from the current duty Team Leader to line management in March 2012 provides an update on duty cases and states that:

- there are 266 cases on the duty list [as noted at 3.1 above, this is also referred to as unallocated], of which 24 are ready to close and an estimated 40-50 to close once network checks are done.
- The current case list [i.e. those allocated] for 3 staff is 48 cases, 34 cases and 134 cases respectively. A worker from Intake has begun working 13 cases from the duty list.
- In relation to the case list of 134, it is noted that 60 are ready to close when network checks are completed and a new staff member is to assist with this. Cases that need

further assessment will be allocated to the Intake team or placed on the Intake waiting list. Cases where it has not been possible to make contact with the parents to conduct an assessment, will be placed back on the duty list, reviewed by the Team Leader and prioritised;

- all cases identified as Priority 1 are allocated weekly and if immediate attention is required it is followed up that day;
- due to the volume of cases on duty the Team leader is often unable to allocate Priority 2 and 3 cases, however at some allocations this may occur;
- It is noted that extra staff, 2 new social workers for the present, are being provided to duty, with one to work on duty which will increase staff cover on office based duty and another to work on closing cases that require a small piece of intervention. *It is hoped that this will enable a true picture of what cases need a service on duty and are not getting on (Priority 2 and 3 cases)*. It is hoped to evaluate this arrangement in 2 months to see if it is allowing duty to work to its optimum ;
- The meeting with Community Services and the Homeless Unit is beneficial as they are agreeable to work cases (taking the lead role in welfare cases) and refer back if child protection concerns warrant social work intervention;
- Concern is noted about the high number of referrals, with 218 received for January and February 2012 of which approximately 90% require an initial assessment. It is noted that while making sure that Priority 1 cases are getting a service, concern is expressed that *there are a significant number of cases not getting a service as quickly as I would like*.

3.8 HSE South advised that initial assessments which usually involve meeting with the child and parents through scheduled or unscheduled home visits and consultation with other professionals, must be carried out within 28 days (at the time period relating to the complaint). If further assessment is warranted then the case is transferred to the Intake team. It was advised that North Lee are not achieving all initial assessments within this time period but have tightened up on the initial assessment process. The introduction of the standardised business processes, which went live on 1st July 2011 on a phased basis with full implementation by September 2011, provided clarity on what an initial assessment involves. It is a more focused piece of work that should take place within 20 days. Previously initial assessments took longer or may not be completed before transfer to the Intake team. HSE advise that delays in the completion of initial assessments can occur for many reasons including parents who are not available to meet, who do not turn up, involuntary clients and the non availability of other professionals.

3.9 This Office sought information regarding the timeframes for completion of screening and initial assessments available through the IT system. HSE noted that given the introduction of the new businesses processes for referral and assessment, the data provided is comparing 2 very different processes. With that in mind it was advised that:

- there is a 50% decrease in the average time for completion of initial assessment between the period Jan to May 2011 as compared with the period Jan to May 2012. The minimum number of days from referral date to sign off of initial assessment has gone from 19 days to 2 days and the average has gone from 118 working days to 42 working days.
- In terms of screening and completion of the screening/preliminary enquiry as per the pre July 2011 process, the minimum number of days from referral to team leader sign off was 1 working day and maximum time for completion of this process in that time frame was 70 working days, with the average being 25 days. For the period Jan to May 2012 the minimum is 1 working day, the maximum is 100 days and the average is 8 working days.

HSE advised that the statistics refer to completion of administrative forms and cannot be equated with clinical practice as the practice and completion of administrative tasks are not contemporaneous and are not reflective of best practice. They are of the view that nothing can be extrapolated from these figures in terms of practice.

The steps taken by HSE, both locally and nationally, to address the concerns about adequacy of social work services in the North Lee area, including its assessment and management of risks.

Actions taken by HSE South in relation to the concerns raised in the July 2011 memo.

3.10 The Regional Director's of Operations (RDO) was contacted by a Public Representative on 18th July 2011 which raised similar issues to the complaint to this Office and based on information provided by the HSE appears that these were referred by the complainant who contacted this Office. HSE advise that on foot of this, the following occurred:

- RDO discussed the matter with the Operations Manager on the 18th July and wrote to her that day requesting immediate prioritisation of the issue and that all necessary steps be taken to ensure that all urgent cases receive an immediate and appropriate response;
- The Operations Manager spoke with the Child Care Manager for the North Lee area that day;

- North Lee staff met on 20th July with the purpose of ensuring that the referrals received are managed in an appropriate manner and appropriate services and responses are being received.
- A meeting took place on 22nd July with the Area Manager for Cork, the Operations Manager, the Child Care Manager and both Principal Social Workers.
- RDO also wrote to the National Director for Children and Family Services and the Regional Lead for Children and Family Services on 2nd August. HSE South advise that the National Director was satisfied with the approach being taken at the region and subsequently visited the team and Cork services.

3.11 The Office was provided with a copy of the response that issued to the Public Representative in July 2011, which states that:

- it has been confirmed that all the 147 cases listed in our discussions have had an initial assessment and have been prioritised for follow up based on this assessment. The cases that required immediate follow up have been processed to a named social worker for the required follow up and intervention;
- the practice of identifying and prioritising cases of alleged sexual abuse for initial assessment is being fully implemented in the North Lee area and there is no question that such cases are left resting on a list without having had an initial assessment by professional social workers;
- sets out arrangements to manage the increasing workload issues which is arising from a higher level of referrals than has happened in the past and;
- sets out details of services and response where there are concerns about suicide.

3.12 In discussion between the Operations Manager and Child Care Manager an extra social work post was sanctioned in July 2011 and an agency worker was put in place from August 2011 for 2 months. One of the Ryan Report posts was reassigned to facilitate transfer of an additional social worker to the duty team on a full time basis which became operational in December 2011, increasing the team to 3.5 social workers. An extra Team Leader post was approved in March 2011 and in post in June 2011 which remains in post (as of May 2012), and has enabled a team leader to be allocated full time to duty.

3.13 HSE South advised that a review was carried out of the cases referenced in the July memo by both Principal Social Workers which was completed in 2012. As the number and classification of cases on duty at any given time changes constantly HSE noted that it was not possible to identify the 147 cases referred to as the unallocated list without a specific

timeframe and some appropriate identifying information. However, they were able to track all case files with the initials referred to in the July memo through review of the area's IT system which took a considerable time. These files were then reviewed. They advised that the process of review was ongoing and iterative process and confirmed that all cases identified in the memo had received a response. Based on their review HSE report that:

- all cases were screened on receipt of referral and assigned a priority rating. The fact that cases were inputted on the IT system indicates that all received at least a desk top screening and a decision made by the Social Worker/Team Leader that no immediate action was required;
- cases that required immediate response had received this;
- priority 1 cases had been worked, for example families may have been linked in with other agencies, office visits may have occurred or liaison with professionals. Enough work had been undertaken to assure the HSE that no immediate action was required;
- those cases that didn't have a social worker, follow up had been provided by the duty team. In some situations the Team Leader had met with professionals or the family and the case was being worked on duty/on the duty list but not allocated.
- all cases identified had received a response, some cases had been closed, some children taken into care and others assigned to team members.

3.14 HSE state that the review identified contextual information included in the referral or put in subsequently on follow up and also identified protective factors. HSE note that this additional information would have assisted a more balanced judgement to be made. This included the involvement of other professionals, appropriate parent response, cooperation and concern, details supplied were retrospective and circumstances had changed in a number of cases. HSE gave as an example one case where sexual abuse was a concern and the contextual information indicated that the child had been removed from the risky situation by the family.

3.15 In regard to the statement in the July memo that *no follow up* had occurred, HSE South advised that follow up had occurred from the outset where cases were more serious and any Priority 1 cases had been followed up. Cases were screened but may not have had an assessment. Priority 1 cases may not have had a nominated social worker but there were actions by the duty team. It was advised that a system operated at the time where cases were allocated to the duty team but not to a specific social worker but may have been worked during that time. An example was provided of a case requiring an immediate

response, legal action was taken and the child placed in care though was not officially allocated to an individual. HSE state that at no time has there been any immediate or Priority 1 cases left unattended to.

3.16 Information provided indicates that action was ongoing in relation to the duty team referrals. The Child Care Manager wrote to the Operations Manager in June 2011 to follow up with a previous conversation. It advised that he had spoken with the Principal Social Workers regarding the ways in which the *backlog of cases in the duty system might best be managed*. He also spoke with the Team Leader regarding the reasons underpinning the problem which was identified as too many referrals and the staff numbers available are insufficient. The memo noted that there needs to be a way of slowing down referrals by re-referring *them to other services for an immediate response enabling work to commence rather than they sitting unworked on a defacto waiting list*. A number of proposals were set out:

- Meeting arranged with Springboard and the Neighbourhood Youth Project (NYP) to address some of the cases on the 'waiting' list.
- Consider social work staff spending time with these agencies to look at cases arising before referral to child protection and look at other possible responses;
- Creatively using the new social workers from the Ryan report recommendations;
- Contracting with the Youth Advocacy Programme (YAP) to provide immediate interventions and supports to early referrals;
- Proposes a meeting with senior managers to discuss in more detail the causes of the difficulties.

It appears that these actions were proposed shortly prior to submission of the complaint to this Office and were therefore not operationalised at that time.

3.17 At an investigation meeting in May 2012 HSE South advised that monthly meetings had been progressed with Springboard and the NYP (both agencies are funded by the HSE) which began 3 months previously, where updates are given on existing cases which the projects are dealing with and also with a view to referring cases received by the HSE directly to them. Where cases are allocated directly to Springboard or NYP, they visit and advise if social work intervention is required and if so, are referred back by these agencies. HSE advised that there was always contact with these agencies which involved making checks or referrals, but the contact is now formalised and the projects are taking responsibility for certain cases. In some situations these agencies may be involved and working the case at the time it is referred. HSE also hold monthly meetings with Homeless Adolescent Unit

based at Liberty Street, and may request that they work the case initially. HSE advised that these services have alleviated a lot of cases coming through to Social Work as earlier intervention can be achieved at local level and is reducing the numbers of cases on the unallocated list.

Previous actions taken in regard to duty team referrals

3.18 Information provided indicates that the complainant raised concerns about the number of referrals and social work provision with the area line management by memo of May and June 2010, April and July 2011 and previously in September 2007. She advised that she had no written response to these memos though the matter was discussed at the monthly management meetings which she attends. Concerns raised through these memos include:

(i) children who are at risk who are not receiving any screening or service from the department due to high level of referrals and the high caseloads of social workers and inadequate resources;

(ii) the level of risk to high numbers of children allocated to duty social workers who are unable to fulfil their statutory duties due to high caseloads;

(iii) In the May 2010 memo titled *Unallocated cases on office based duty* it is stated that there are 2 staff managing a caseload of 120 children and *at least 37 children referred to the duty team who <u>are not receiving any screening or risk assessment</u>*. [emphasis as per memo]

(iv) In the June 2010 memo, titled as the previous one, it is advised that there are 46 cases referred who are experiencing abuse, neglect and/or are at risk from harm, that there are some extremely high risk concerns that they are unable to respond to and states that given *the volume of referrals to this department it is unlikely that these children will be screened or receive any level of service from this department in the near future.*

(v) In April 2011 the memo titled *Crisis in Duty and Intake; Social Workers unable to fulfil their statutory responsibilities*, the complainant raised concerns about the level of increase in referrals (Jan to April 2010 265 reports received and 428 for the same period in 2011) and also sets out similar concerns to those raised at (i) and (ii) above.

(vi) The July 2011 memo titled *Children left in risky situations as Social Workers are unable to fulfil their statutory responsibilitie*s. In addition to the summarised information set out at 2.1 above, the memo also set out that there are 2.5 social workers responsible for managing 146 cases, that this is unmanageable and as a result they are not able to actively work all these cases so some children on their caseloads remain at risk. It also refers to a significant increase in the numbers of

children referred to North Lee. Jan to 14th July 2010 was 518 and for the same period in 2011 it was 771 cases.

3.19 In January 2009 the complainant wrote to the Minister for State for Children at which time she reported that there were 195 children on the duty team who do not have an allocated social worker. It was noted that of this 60 cases are getting a response or assessment in relation to their needs and there are 130 cases whose level of risk remains unknown as there is no available social worker to carry out an assessment. It is stated that all of the 130 reports have been waiting for assessment for over a year and longer in some cases. She advised that the Minister subsequently visited the area. In June 2010 she wrote to a HSE national lead manager (at the time of the issuing of the HSE national policy on the duty Social Work system) and advised that the duty team are not able to respond to the volume of new referrals that are received by the department and as a result *there are significant numbers of children who are not able to be screened or assessed* because of insufficient staff to cope with the volume of work. This information was referred to the regional lead with a request to ensure that the relevant line management are aware of, assess and respond to the issues raised of risk. She also wrote to the Assistant National Director Children and Family services in June 2010 raising her concerns and contends that she did not receive a response. At that time she reported that 37 children had not received any screening or risk assessment due to high volume of referrals and lack of adequate staff to respond. In response to the draft statement HSE state that the content here would appear to contradict the view as set out in 4.12. Having considered the HSE comment, this Office does not concur as the issue raised in both paragraphs relates to the delay in carrying out of social work assessments.

3.20 HSE South advise that the duty matters/difficulties/challenges were a constant item in the fortnightly management meetings and management days and that a number of actions were taken in response to this, including;

- Team management were in frequent contact with HSE senior management . Correspondence with the General Manager, Local Health Manager, RDO between 2007 and 2011 raised a number of issues: staffing, increasing case loads, invitations to meet with team regarding pertinent issues. HSE note that this would have covered in general the matters raised by the complainant.
- During 2009 - 2011 meetings were requested and held with various senior managers including the RDO, Operations Manager; Child Care Manager; ISA Manager; General Manager; Local Health Manager, HSE South Regional Child and Family

Services Manager; the National Director for Children and Family Services and his advisor.

- Correspondence received from the duty team leader was addressed at team meetings and also in formal and informal workplace supervision. The correspondence was also forwarded up the line management structure for consideration. Arising from this additional staff were put in place as referenced at paragraph 3.12.
- North Lee has always maintained the social work team at full capacity and has used agency staff to fill gaps and cover maternity or other leave.
- In 2007 the duty team was re-structured which looked at how duty and intake teams were working together. At times duty may have been doing intake work and were over working cases before transferring them. A transfer summary was in place which had the effect of slowing down the work and transfer process. A decision was made to move to an allocations meeting between the two teams in order to facilitate transfers.
- A SWOT analysis was carried out in consultation with UCC in May 2011. Proposed options for further discussion were identified but not pursued due to time constraints.
- HSE advised that they have always been looking at how to improve the duty system with a number of approaches taken including:
    - Blitz approach (all team leaders reviewed and prioritised duty files for half day at a time);
    - Temporary re-assigning of staff to the duty system to work on processing referrals;
    - Some new staff coming to the department had an initial assignment of 6 weeks to the duty team and in 2010 a decision was made that any new staff would spend 6 weeks in the duty team;
    - In September 2010 a number of the new Ryan report social workers spent varying periods in duty depending on the demands of the wider team;
    - In 2010 duty Social Workers worked on outstanding cases exclusively for one week;
    - 2 duty/intake staff who resigned from their posts were replaced prior to their departure in May/June 2011;
    - Previously staff would be in duty for a 6 month period and a decision was made that a 1 year period was more appropriate;

  - Some cases on duty are now transferred more quickly to intake – those that require urgent intervention and others who may be wait listed there for allocation;
  - In 2009 a Community Child Care Worker was assigned to work with duty, however, this was discontinued due to the small number of cases referred to them;
  - A full time family support worker is attached to the duty/intake team since 2011;
  - Unallocated cases were reviewed in 2011 and low risk cases closed;
  - In recent months (as advised in March 2012) weekly meetings are held to discuss management of high risk cases and deal only with duty/intake matters.
- Cork has also been a pilot site for out of hours social work provision which is in the process of being reviewed.
- In response to the draft statement, HSE advise that the duty team often had numbers in excess of its core complement. This additional staffing ranged for periods of time from a number of weeks to months at a time. There was up to 4 additional staff working in the duty team at times.

3.21 HSE South advised that the system in place is being refined but that there was previously a system there that was not broken and described North Lee as a developmental and reflective team.

3.22 There is evidence of ongoing correspondence from local Social Work management to various Senior Managers from 2007 to 2011 which highlighted a number of issues and concerns including the following:

- requests for staff cover for maternity and sick leave and re-placement of staff who had left. Concerns are raised in relation to the length of time it is taking to resolve some vacancies and the impact of the embargo policy.
- highlights the implications of staffing/vacancies in terms of impact on service delivery of unfilled posts including cases may not get a services, key social work tasks may not be carried out and that it cannot be guaranteed that statutory obligations will be met in either an appropriate or timely manner. In November and December 2009 it was advised that the area is not complying with several/many statutory obligations.
- raises the issue of too high caseload numbers. In March 2010 it is noted that due to this children in care are not receiving the level of service/support required under

Regulations and National Standards. It is noted that there are 12 Social Workers allocated to the Duty/Intake team. With a total of 353 cases, the average caseload is 1 social worker for every 30 children at risk/in need of assessment or intervention. and states that these figures highlight that *current caseloads are simply unmanageable* and *thus safe and good social work practice is not possible".* [emphasis as per letter]

- Requests are also made for meetings with senior management from 2008 to 2011 with the documentation referencing meetings with several managers including the Child Care Manager, General Manager, LHM, RDO (formerly AND) and Minister for State with responsibility for children.

3.23 The number of unallocated referrals on the duty team is raised on a number of occasions. In May 2008, in relation to the duty team it is stated that there are 5 staff with responsibility for 455 cases actively working 35 each, with 280 unallocated. In April 2011 it is advised that there are 200 cases awaiting a service on duty. In 7th June 2011 the Principal Social Workers wrote to the LHM and raised a number of issues including:

- caseload size: best practice would suggest that a workable caseload is approx 16 cases. Currently in this department social workers have up to 40 cases. This leads to stress, questionable practice and possibly poor decision making;
- they have revisited establishing a waiting list due to concern that such cases would not get allocated given the daily demands on the service;
- however, they have "*now reached crisis point, there are currently 168 cases on duty/intake that we have not been able to allocate. These cases are screened as needing a service but we are unable to provide same*".
- if they were to ensure that staff had a manageable caseload, there would be far more unallocated cases than allocated cases in the Department.

It also notes that recently there have been two teenage deaths by suicide of young people known to the Department and states "I *am sure that if these files were subject to external scrutiny that there would be questions to answer. This would be entirely because social workers cannot manage to offer a timely and effective service due to the enormity of their workload*". In response to the draft statement HSE clarified that of the two deaths there was only one confirmed suicide and the other death was attributable to a car accident. HSE advise that an external scrutiny by the National Review Panel took place in respect of the suicide case and note that it made the following remarks in the draft Report of the National Review Panel dated September 2012: *"Notwithstanding the deficits that were identified the review found examples of good practice in Children and Family Services. In the context of*

limited resources and high caseloads, staff who were interviewed presented as committed, conscientious, well trained and child centred. Likewise, management demonstrated compassion, reflection and support, with a good understanding of the pressure and resource limitations they are facing. HSE also note that a HIQA inspection was carried out in the North Lee Team from 13th-28th February 2013.
It is positive that the National Review Panel has carried out a review of one of the cases referenced. The Office has not had sight of the Report and so cannot comment on its conclusions. However, it is important to emphasise that this Office is not questioning or reflecting on staff's commitment and dedication to their work. Rather the information contained in the memo, as set out above, is included to highlight the serious concerns consistently raised by Social Work line management in regard to the impact of high caseloads on service provision.

Actions by HSE National

3.24 HSE National's initial involvement occurred following contact from HSE South in relation to the concerns referred to the public representative in July 2011. At that time HSE National was of the view that the matters raised were being addressed by HSE South. There was ongoing liaison by the RDO and National Director Children and Family Services who made some follow up visits to the social work services in August 2011.

3.25 It was advised that the first request for action from HSE National was when this Office referred the complaint to them. In relation to the complainants contentions that she wrote to the Assistant National Director (AND) Children and Family Social Services in June 2010, it was advised that this was received when the AND was on a sustained period of sick leave and on his return was issued to the RDO for their attention. At that time the National office had no line management responsibility and as such it would have been a matter for RDO.

3.26 On notification of the complaint referred to this Office, HSE National took a number of actions:

- The local area management were advised of the complaint who confirmed their knowledge of the issues raised. The complaint was reviewed to determine whether it raised the same issues as those referred to the public representative.
- A teleconference call took place with the area on 23rd August 2011 when the area was advised that National office would conduct a review of the issues identified in the complaint referred to this Office. The area was asked to:
    - Collate all documentation on the issues arising and provide a copy to HSE National, which was received on 29th October 2011;

- Prepare a status report in respect of each of the cases identified by the complainant as not being in receipt of an adequate social work service (those referenced in the July 2011 memo). At that teleconference meeting HSE South reported that all priority one cases were in receipt of a service although not all had been fully allocated a named social worker.

- HSE National met with the area representative on October 21st 2011 when information prepared by local management was presented which included a case summary in respect of each Priority 1 case. This confirmed that all cases had been screened and Priority 1 cases were either assigned following further assessment, subject to ongoing assessment as appropriate or were down graded. HSE report that this was a second review of the cases as an initial review was carried out by request of the RDO following receipt of the correspondence from the public representative. At this meeting HSE South were asked to ensure that all Priority 1 cases are reviewed on the CPNS system. This records referred children who following review and assessment are deemed to be at risk or in need of child protection intervention.
- A further meeting took place with the area representative on 18th January 2012 to discuss the CPNS updates. It was agreed that cases were to be reviewed on an ongoing basis and HSE National to be advised of any significant increase in referrals to the area.
- Priority 1 cases were then tracked over time and a final update provided to National office on 21st March 2012.

3.27 The review of the cases referenced in the July 2011 memo by HSE National included seeking a breakdown of actions that occurred, specifically whether cases were screened and what actions were taken subsequently, review of the Intake records on the IT system, CPNS files and minutes of management meetings. HSE National advise that screening involves establishing the nature of the complaint and the credibility of the information provided, and cross checking with information already on the system. Based on the information reviewed HSE National advised that:

- There was no evidence that cases had not been screened and it was satisfied that all cases had been screened i.e. the referral had been reviewed and that cases that should have gone through CPNS had done so.
- While cases appeared to have been screened, enquiries may not have been thorough in every case such as no cross checks with the system or contact with families and initial assessment did not take place in all cases.

- All cases had been looked at by the Social Worker, Team Leader and the Principal Social Workers. The Child Care Manager had also looked at all the cases.
- It was not possible to determine whether screening occurred within 24 hours of receipt of referral in every case but it was believed this occurred in the majority of cases.
- There were no Priority 1 cases not receiving a service and all had some service. Examining the cases retrospectively it appeared that all Priority 1 cases marked urgent received in July were receiving a service by the end of that month.
- It is not uncommon for cases not to have an allocated social worker. While it was not clear how quickly cases were getting an allocated social worker, they were being provided with a social work service.

3.28 HSE National were satisfied with the evidence supplied that sufficient steps were being taken locally to address the matters raised and that the local area made substantive efforts to address the historic impact of the staffing embargo. The concerns raised by Social Work staff were raised regularly at monthly management meetings though no written response issued to the duty Team Leader.

3.29 Overall HSE National concluded that the area was aware and taking steps to address these issues and that in comparison to other areas of the same size and number, they were not worse off. A decision was made to keep the area under review which occurs at senior management meetings with the National Director and Regional Managers.

3.30 Where an area is experiencing significant difficulty special measures can be considered. If, following review by HSE National it is concluded that circumstances are not being managed properly HSE may consider a number of interventions such as seeking assistance from a manager from another area. Where there are ongoing concerns new management may be placed in the area, new staff can be brought in from another area to assist or a financial resource package can be agreed if additional staff are required. In regards to North Lee, HSE National were of the view that special measures were not required. The referral rate was high with a 61% increase in referrals in 2010, while the national average was 23%. HSE noted that the rise in referrals was unprecedented, unexpected and did not keep pace with previous annual increases. HSE National were of the view that the area was managing with the resources available but also noted that difficulties may arise if demand increased as the area were close to the threshold for their ability to respond.

3.31 Following the first quarter of 2012, the data obtained as part of measuring the pressure project (see paragraph 3.37 below) was used to review North Lee's performance in the area of duty/intake. It was noted that the area was operating close to its threshold and that referrals for 2012 had increased from 2011.

3.32 Under the Ryan report 7 additional posts were allocated to North Lee in 2010 based on considerations of information on deprivation which was decided by the National Office with input from the 4 Regional Directors. HSE National advised that North Lee received one of the highest allocations nationally based on their need and growing waiting lists. HSE South advise that the Ryan report posts were not fixed to particular teams but were flexible depending on where needed. North Lee prioritised children in foster care. In 2011 2.5 posts were allocated with .5 going to North Cork and 2 to North Lee. 1.5 posts were given to the duty team, 1 of which became operational in December 2011.

The monitoring and review processes in place, both at local and national level in relation to children awaiting a social work service:

3.33 Oversight and monitoring responsibility lies with local management and previously was managed by the region i.e. RDO, with transfer of operational management to the National Director's office occurring from July 2011. At local level HSE advised that duty and intake lists are reviewed on a weekly basis and that the operation of the duty system and management of referrals has been under regular consideration by line management for the area.

3.34 Previous monitoring mechanisms in place included:

- Monthly management meetings with the Assistant National Director with responsibility for the region (subsequently RDO) attended by all LHM's each with assigned lead roles for care groups, which included Child Care. This was the forum to address issues arising within the area and at national level. This was set up after establishment of the HSE in 2005.
- A Regional Steering group was put in place, following the move to Integrated Services Directorates in 2009, which linked with the National office and provided coordination from National to Regional to Local levels. A full time Regional Lead for Child Care Services was assigned in January 2011who reported directly to the RDO and whose role was to drive forward the nationally agreed agenda and support the performance management process in the region.

3.35 Data gathering takes place through the performance management process which involves reporting to the CEO. Data previously collected was based on statutory obligations regarding allocated social workers for children in care, carrying out of statutory reviews/care plans, and allocation of link workers for foster carers. This data was reported on monthly at regional level and then sent to National office. HSE advised that there is now a widening of the data set as well as work to standardise language used e.g. initial and comprehensive assessments. Nationally there has not been consistent data on recording of referrals e.g. a family with 5 children may be recorded as 1 report or 5 reports. In North Lee it is 5 reports. The National Child Care Information System will address the issue of data collection nationally and replace the different IT systems in operation around the country.

3.36 This Office sought information on the mechanisms in place specifically in regard to monitoring of referrals/reports at the time the complaint was submitted. HSE advised that specific statistics were provided at regional and national level at the end of June 2011 and included;

- The number of reports to the social work department by category of welfare/abuse/ neglect during the reporting period;
- The number of initial assessments by welfare/abuse/neglect category during the reporting period;
- The number of reports of child abuse/neglect and initial assessments undertaken by the social work Department during the reporting period and of those undertaken how many were notified to the CPNS;
- Of the referrals of child abuse received how many received a preliminary enquiry within 24 hours;
- Of the referrals of child abuse that led to an initial assessment being commenced how many were completed within 21 working days of receipt of the referral.

3.37 Since the inception of the National Children and Family Services office, a number of monitoring and oversight mechanisms has been developed:

(i) New governance structures involving 17 Integrated Service Areas (replacing the 32 Local Health offices) were put in place in 2012. Each has an Area Manager for Children and Family Services, who meet monthly with the National Director. Senior Management meetings also occur involving 4 Regional Managers and the National Director.

(ii) Need to Know process is an avenue to provide information to the National Director which he may need access to immediately.

(iii) The Risk Management team: As part of the establishment of the Child and Family Support Agency issues of concern will now be addressed through the Risk Management team. Previously issues were referred to the National Incident Management Team or Serious Incident Management Team. There is also a mechanism for reporting of protected disclosures and submission of complaints through Your Service, Your Say.

(iv) Measuring the Pressure project: Since April 2012 HSE National collects monthly data from social work teams in order to measure the demand and supply at duty/referral stage. This is signed off by the Principal Social Worker, Child Care Manager, and then by the Regional Manager for Children and Family Services. Information provided to HSE National includes staffing levels, referrals, open cases at the start and end of the month, breakdown of priority status including whether allocated or unallocated and if unallocated length of time awaiting allocation for each priority level.

(v) A procedure for Management Assurance of Child Protection Cases (March 2012) by file audit has been introduced. This involves selecting 10% of cases with a child protection plan for file review, which will occur on a quarterly basis. The reviews will be carried out by Principal Social Workers and sent to the Child Care Manager and then the Regional Children and Families Services Manager. It is planned that, on an annual basis, 1 of the quarterly reviews will be carried out by another team from the area. HSE National advised that this will include cases that are urgent at duty/intake who have an intermediate child protection plan prior to a case conference.

(vi) HSE are in the process of planning a national audit of neglect cases. A pilot of audit of neglect cases in 3 areas has been carried out with a report due by the end of summer 2012 and a methodology for national audit to be concluded and then rolled out.

3.38 Copies of the information from the North Lee area in relation to Measuring the Pressure project was provided for April and May 2012. This detailed reports from the Principal Social Worker to the Area Manager Children and Families, in relation to cases across all social work teams.

- Data for April 2012:
    - Number of Social Work staff 34.22 (+ 4 agency staff).
    - 126 referrals over the month;
    - 1408 open cases at the end of the month;
    - Allocated cases: P1 – 587, P2 – 338 and P3 – 234;

- Unallocated cases: P1 - 20, P2 - 129 and P 3- 100; (this totals 249 and represents 18% of open cases)
- Need to know information refers to the number of children in private placements outside their local area (9) and high caseloads including duty.

- Data for May 2012:
  - Number of Social Work staff is the same as for April.
  - 161 referrals over the month.
  - 1408 open cases at the start of the month and 1494 at the end of the month.
  - Allocated cases: P1 – 634, P2 – 313 and P3 – 259.
  - Unallocated cases: P1 - 35, P2 - 145 and P 3- 108. (this totals 288 and represents 19% of the open cases at the end of the month)
  - Need to know information refers to the two issues raised in April and also the *lack of case conferences due to shortage of admin* and 1 unallocated case load due to sick leave.

Details are not included as to the break down of referrals per social work team. There is no information for either month as to the length of time cases are awaiting allocation. It is stated in the April return that they are unable currently to provide this level of detail. Under details of review processes it statesreviewed weekly and allocated for social work.

3.39 In relation to the data HSE advise that:

- unallocated cases refer to cases not allocated to an identified worker. Some cases referred are on the long term team and were unallocated due to the fact that one worker was taken ill suddenly. These cases were managed by the Team Leader/ Social Workers for 2 weeks until staff member replaced.
- Other cases referred to as unallocated are kept on the Intake team ‘awaiting allocation’ for further assessment/closure and are reviewed weekly;
- Some cases on duty identified are P1 (which did not merit immediate attention) have since been allocated but were unallocated on the day of the returns and subsequently allocated 2 days later at the allocation meeting.

3.40 HSE South advised that in May 2012 the first file audit (paragraph 3.37 point (v) above) has been carried out and involved checking whether the files have all relevant information, copies of care orders, birth certificates etc. HSE advised that they sometimes found that the practice had been carried out e.g. a child in care review held but the administrative piece was not completed i.e. documents not done. HSE advised that on the current returns to HSE National, it appears that North Lee may be behind in completion of

some work but this can be skewed by the time frame e.g. a review may be due at the end of March but is not done until the end of April, then it will be noted as not done for that quarter.

Part 4 Analysis

4.1 From the information provided it appears that the level of increase in referrals in the North Lee area and the ability of the duty social work team to respond has been an ongoing concern for a number of years. HSE South advise that this is not unique to North Lee and reflects the situation nationally whereby demand exceeds capacity. HSE South state in correspondence to HSE National in October 2011 that resource allocation is inadequate given the current rate of activity. HSE National also advised that the issues raised in North Lee are not necessarily unique to that area.

4.2 A number of approaches were considered and implemented in the North Lee area over the time period concerned in order to address the challenges facing the duty team. The complainant acknowledged that steps were taken by local management to address the difficulties but maintains that these were not effective due to the increasing referral rate, insufficient staff to respond and as a result raises concern in regard to the level of response to some child protection referrals. Both the HSE and the complainant advise that cases that required immediate and urgent attention received it. The key areas of difference relate to the adequacy and timeliness of response to child protection referrals including whether cases were unscreened and unassessed, whether cases including Priority 1 were unallocated and had no follow up, specifically in regard to those referenced in the July memo.

Screening, assessment and follow up

4.3 From review of the information it appears that there are different views as to what constitutes the screening and assessment processes. HSE South state that all cases had a desk top screening by the Social Worker and Team Leader within 24 hours and then may be allocated to the duty team list for further action. The nature of the referral determines the network checks to be carried out, which may involve contacting Gardai or other HSE services and may, depending on the nature of the child protection concern presenting, wait until the family have been met before contacting the school or GP. HSE advise that they are satisfied from their review that all cases in the July memo were screened but, subject to the Team Leaders review, may not have proceeded to assessment at that point in time.

4.4 HSE South report that every case had a service and that the Priority 1 cases on the list had been worked such as linking in with other agencies, office visits or liaison with other

professionals and that enough work occurred to determine that immediate or urgent action was not required. Those cases that didn't have an allocated social worker were followed up by the duty team. HSE South advised there is weekly and ongoing review of cases held on the duty/intake system with re-prioritisation of cases based on clients needs as appropriate.

4.5 HSE National are satisfied from their review that each of the cases referred to in the complaint were screened as they had been reviewed by social work staff and all immediate safeguarding needs were responded to by the service. They advised that the contention that cases had not been screened means they were not looked at all, and that there may be a misapprehension that they did not have any assessment whatsoever and were put simply on a waiting list. HSE National found no evidence that this was the case and found that no Priority 1 cases were placed on a list and none since. While cases were not allocated to a named social worker, they were screened and worked by the social work service. The review process carried out by HSE National is set out at paragraph 3.27 and involved consideration of certain documents. Individual case files were not reviewed. As regards records that screening had occurred, HSE advised that minutes of meetings suggested that cases had been reviewed. While the IT system records had been reviewed also, this was only on sample of case entries and from this it appeared that there was no sign off to indicate who had reviewed cases.

4.6 The RDO in his letter to the public representative of 26th July 2011 refers to all 147 children listed in earlier discussions having had an initial assessment and prioritised for follow up based on that assessment (paragraph 3.11). This Office has not had sight of information referred to the public representative but HSE advise that it seems to relate to the same issues and cases.

4.7 The complainant outlined the usual screening process at the time of the complaint, based on practice at the time and the screening form used in the area, involved carrying out of network checks, meeting with the parents, child and possibly contact with other professionals. The complainant raised concerns that the screening in some cases was review by the Team Leader only, with cases then placed on the unallocated list. Network checks, meetings with the child and parent had not occurred and she advised that no service had been offered. She advised that this is insufficient to determine the potential risks to the child and the action required by social work. The complainant added that the benefit of screening, as per the screening form is that it enables the Team Leader to determine the seriousness and urgency of the issues raised. She expressed concern that due to the adequacy of the presenting information, some cases may not be classed as

Priority 1 when they should be and required further checks and action in order to establish the level of urgency required for intervention. She also advised that the level of referrals resulted in inadequate time to review the unallocated cases. In response to the draft statement, HSE advised that since November 2011 the practice is to review cases each week by all members of the duty team under the leadership of the Team Leader. Prioritisation is an iterative process and subject to ongoing review.

4.8 It appears that there may be a different use of language to describe the process that occurred i.e. cases had a preliminary assessment by the Team Leader as in screening but not specifically an initial assessment as per Children First Guidelines. The complainant's views regarding the elements required in screening is consistent with the screening form used in the area. The form includes records of contact with the parents/carers and child, that child has been seen or interviewed and details of interagency contact (network checks). If an action is not appropriate this is to be recorded. In response to the draft statement HSE state that In July 2011 the revised standardised business processes were introduced to the Team which has changed this practice as and from that date.

4.9 Children First 1999 describes Phase 1 of a child protection assessment/investigation process as Preliminary Enquiries. This sets out a number of steps to be taken including consulting records and making initial enquiries both internal and external and also refers to contact with the child and family, with a key task to establish with them whether grounds for concern exist. These steps are also set out in the Children First Guidelines 2011, though delineates between the screening and preliminary enquiries process and the initial assessment process.

4.10 The standardised business processes which became operational in North Lee from 1st July 2011, has also drawn distinctions between what constitutes screening, preliminary enquiries and initial assessment. Screening involves initial review and categorisation of the referral, which is the approach described by HSE South during the investigation. Preliminary enquires[1] involves checking Department records, the CPNS and may involve consultation with the referrer and carrying out network checks. Checks to be carried out, are at the discretion of the social worker depending on the nature of the report and are not mandatory. The proposed timescale for screening and preliminary examination is 24 hours.

[1] Standardised Business processes, operating procedure Preliminary Enquiries, point 2.4.4, page 13.

4.11 Since July 2011 the relevant policy and guidance documents have delineated the different steps involved in screening, preliminary enquires and initial assessment that in the previous guidelines and the HSE South screening form were all part of the screening/ preliminary enquiries process. The complainant advised that in the system at the time of the complaint there was little difference between screening and initial assessment.

4.12 HSE's view that all cases had at a minimum desk top screening by social work staff is consistent with the complainant's contentions that cases were reviewed by the Team Leader. It appears that the critical issue relates to the level of follow up by way of preliminary enquiries and initial assessment and the timeliness of these actions.

4.13 The level of response provided through the preliminary enquires process is central to assisting and determining the social work action required. According to the documents this is to occur within 24 hours. HSE advised that screening/preliminary enquiries were not always completed within this timeframe for a variety of reasons:

- the non completion of the screening form within the time frame is not an accurate reflection always of the clinical practice actually completed or being undertaken. A distinction has to be made between the administrative work associated with a case e.g. the screening form and the actual work being undertaken;
- desk top screening by the Social Worker or team Leader had occurred and immediate action taken where merited.
- much of the information sought for completion of the screening form was not possible to secure within a 24 hour period;
- Cases were discussed at a weekly meeting and prioritised and allocated, other cases were not allocated but specific pieces of work identified for follow up;
- HSE advise that of the 36 Priority 1 and 2 cases mentioned in the July memo, at least 15 were in the Department for less than 3 weeks.

4.14 The Child Protection and Welfare Practice handbook introduced in September2011 sets out that unless the concern is resolved in the course of the referral process, an initial assessment is undertaken, which includes meeting with the child, parents, and contacting professionals with the purpose being to reach a preliminary conclusion about unmet need and harm in order to plan appropriate response. The timescale for completing an initial assessment is 20 working days, according to the handbook and the standardised business processes, though it is noted that this timescale may not be met at times due to circumstances specific to an individual case. At the time pertaining to the complaint, which

was prior to the introduction of the Standardised Business Processes and the Child Protection and Welfare Handbook. there appear to be different understandings as to the time frame for completion of initial assessments, with HSE South indicating that it should be completed within 28 days, whilst the data gathered by HSE National in June 2011 (paragraph 3.36) refers to initial assessment as occurring within 21 days of referral.

4.15 As set out in paragraph 3.9, HSE provided data on timeframes for completion of screening and assessment for the period January to May 2011 and the same period in 2012. It is noted that the procedures have changed from 2011 to 2012 and is not comparing the same processes. The data indicates that there has been a decrease in the average number of working days for completion of screening and initial assessment. However, there is no data on the maximum time for sign off of initial assessment for the 2012 period, though the average is 42 working days, which is substantially more than the recommended time. In terms of screening and preliminary enquiry, while the minimum is 1 day and the average is 8 days, the maximum is 100 days, which is significantly longer than the recommended time. HSE has noted that completion of administrative forms and clinical practice cannot be equated and advised that the recommended timeframes are not set as performance indicators/benchmarks, but as a guide and standard. In addition in response to the draft statement HSE refer to the range of factors that can influence the length of time an assessment requires, such as unavailability of other professionals, pending reports, issues arising within the family. HSE notes that the complainant acknowledges that cases that required urgent attention received it. Taking cognisance of the issues raised by the HSE, an audit/review of case files would be required to look at actual timelines in practice and the factors contributing to this. Nonetheless, HSE staff identified a number of issues which raise concern about the real effect of response times. The delay in follow up by way of preliminary enquiries and initial assessment is a significant concern.

4.16 As referenced at paragraph 3.18, in January 2009 the complainant indicates that there were 130 cases all of whom were awaiting an assessment for *over a year or longer in some cases*.

4.17 More recently, in a memo of March 2012, the current duty Team Leader refers to difficulties in allocating Priority 2 and 3 cases. She wrote that she does so at some allocations as "*the information becomes dated the longer it takes for us to respond and children in particular may forget details that were part of the initial record*". It is also indicated that 90% of referrals for January and February 2012 require an initial assessment and whilst Priority 1 cases are getting a service there are a *significant number of cases not*

*getting a service as quickly as [*Team Leader*] would like*, though it is hoped this will improve with extra staff. The implications of social workers not being able to offer a timely and effective service due to the size of their workload is also raised by the Principal Social Workers in their correspondence of June 2011 as referenced at paragraph 3.23). when referring to two teenage deaths by suicide of young people known to the social work department. In response to the draft statement HSE this should be amended to one teenage death by suicide. It is also stated that this death was unrelated to these matters and the other tragic death was attributable to a car accident.

4.18 Concerns about staffing difficulties/unfilled vacancies and implications for social work provision including for duty referrals are also referenced by HSE line management on a number of other occasions, as set out in paragraphs 3.22 and 3.23 including the provision of appropriate and timely responses, that it could not be guaranteed that certain statutory obligations would be met such as assessment of children at risk, child protection case conferences, monitoring and support to families in the community and provision of the required supports to children in care. The implication of too high caseloads in relation to provision of services is also raised and as a result the Principal Social Workers state in March 2010 that "safe and good social work practice is not possible". [emphasis as per letter].

Cases referenced in July 2011 memo

4.19 During the investigation process HSE South provided additional information regarding the cases referenced in the July memo including contextual information and the current status of the cases as of March 2012. Some clarifying information was subsequently provided on a number of cases. HSE advised that some of the information was available at referral and other information was obtained on follow up and so may not have been available at the time of screening. The Office is cognisant that it has not had sight of other cases allocated and being processed by the social work team and notes that the sample of cases presented in the July 2011 memo does not reflect the volume of work being undertaken by the duty team. However, the cases identified in the memo relate to those where the duty Team Leader, at that time, was concerned about follow up.

4.20 HSE National also provided a copy of the case tracking sheet provided to them as part of their review of the cases identified in the July memo. The information provided to HSE National, is the same as that provided to this Office. However, the section set out in Appendix 2 Part 2 (Priority 1 and 2, AS to MM) was not included in the information provided by HSE National and thus is not clear whether this information was reviewed by them.

4.21 Whilst the memo of July 2011 referred to 147 unallocated cases, a sample of 67 cases is attached, 36 Priority 1 and 2 cases and 31 Priority 3 and 4, with names anonymised. Based on the additional information provided by the HSE the following observations are made.

4.22 In relation to Priority 1 and 2 cases (36 listed):

- In approximately a third of cases the information indicates some action had been initiated by the HSE prior to the memo (i.e prior to 15th July). In some cases it is not clear when the follow up occurred.
- In only 4 cases home/office visits were arranged prior to the memo. In 2 of those cases the visits took place within 1or 2 weeks of referral. However, in one case the office visits were not attended and so there had been no direct follow up with the child and family at the time of the memo. In the fourth the visit is recorded as having occurred on 3/6/11 which was, according to the information this Office was given, prior to the referral date of 7/6/11
- In other cases where some action occurred prior to the memo this ranged from:
    - contact with other professionals;
    - it is stated that contact is made [presumably with the parent] but no details are provided as the nature of the contact;
    - some contact occurred with the parent such as a telephone call;
    - in some of these cases further action occurred following the memo including direct contact through home visits although in one case no one was home.

The information provided indicates that some form of follow up occurred in relation to the majority of the cases, however, in a number of cases the social work action and level of follow up is not clear.

4.23 In relation to Priority 3 and 4 cases (31 listed) HSE has provided information indicating that follow up action occurred in 8 cases prior to the memo, though details as to the nature of what this involved in terms of HSE action was not included for many cases. In one case it was deemed to be an inappropriate referral. It appears that at the time period pertaining to the complaint the priority system in place included priority levels 1 to 4.

4.24 Based on the information provided, it appears that in the majority of cases across all Priority levels the follow up action occurred after the memo was issued or it is not clear as to when the follow up took place and what this involved. In those cases the information

provided does not indicate what, if any, other action was ongoing during this time. In response to the draft statement HSE suggested that, for balance the wording should state that the majority of referrals were followed up, as referenced in para 4.22. The analysis referred in this specific paragraph relates to whether the follow up occurred prior to or after the memo was drafted, which is directly relevant to the complaint submitted to this Office. Having considered the HSE's comment, this Office is of the view that no change is required, as the two paragraphs address different issues, one the general follow up and one the timing of such follow up.

4.25 It appears that some cases, including Priority 1 and 2 cases were unallocated and on the duty list awaiting follow up. From review of all Priority cases, as of March 2012 some are allocated to named social workers, others transferred, some closed and a number remain allocated to duty, including Priority 1 and 2 cases. In effect these cases do not have an allocated social worker, with some cases referred in early 2011, for example one in January and another in April 2011. Thus, at that time the memo issued, they were waiting between 3-7 months for an allocated social worker. In response to the draft statement HSE state that in effect these cases do not have an allocated social worker but were being worked by the duty system under the supervision of the duty Team Leader and were subject to weekly review. Having considered the HSE's comments this Office is of the view that once it is determined that cases should remain open and require an initial assessment and other social work intervention it is clearly beneficial and best practice that there is an allocated social worker. The critical issue here is the length of time that such cases were worked on duty without an allocated social worker.

4.26 HSE refer to the use of the term waiting list as a misnomer as cases are allocated to and worked by the duty team. Notwithstanding the HSE's views, it is of serious concern that cases identified as requiring social work involvement for child protection and welfare concerns are without an allocated social worker for such a lengthy period. It appears from the information provided that the HSE had difficulty in providing a timely response to duty referrals/Priority 2 and 3 cases. In June 2011 the Child Care Manager in reference to the level of referrals proposes that cases are re-referred to other services for an immediate response thus enabling work to commence rather than *they sitting unworked on a defacto waiting list.*

4.27 It appears that the cases identified were reviewed by the Team Leader given that they had compiled the memo. It is not possible to determine from the information provided whether this occurred within the recommended 24 hour period following referral and what

preliminary enquiries took place, also within this time period. Of cases across all Priority levels:

- In approximately a third, some form of follow up occurred within 4 weeks, which ranged from contact with parents or professionals to home/office visits or the follow up is not clear.
- There was a considerable range in follow up times. In some cases the follow up occurred within a few days or weeks and some others where it was several months across all Priority levels with a range between 3-10 months.

The length of time before follow up is of serious concern and it remains unclear what screening/ enquiries or network checks or any other action was ongoing during this time. In response to the draft statement HSE note that this analysis does not take account of their approach to the management of cases and that there was no question of inaction on the HSE's part in relation to Priority 1 and 2 cases. It is also noted by the HSE that the duty team and Team Leader always had sight of all cases and were reviewed on a weekly basis. The Office has acknowledged that both the complainant and the HSE advise that all cases requiring urgent and immediate attention received this. However, the length of time for follow up is critical in assessing child protection and welfare concerns and a key part of the assessment process, as set out in Children First 1999, involves meeting with the child and family as referenced at 4.9 and below at 4.28. Having reviewed the information provided on the cases referenced, this Office remains of the view that the length of time before follow up is a serious concern.

4.28 A key task in making a child protection enquiry, as set out in Children First, includes establishing with the child and his/her parents/carers whether grounds for concern exist. It appears that elements identified as part of the initial assessment process e.g. meeting with child/parents did not occur in many cases within 21 working days of referral (National Indicators pertaining to that time – see paragraph 3.36) and where these did take place, this had not occurred in many of the cases at the time of the memo and in some cases was several months after the referral. It also appears that the child and parents were not met in all cases, including Priority 1 and 2 cases. Of note the Report of the Inquiry Team on the Roscommon Child Care Case recommends that *Social Workers should see and speak directly to every child where there is a concern about their welfare. (5.3.1)*

4.29 In some cases the nature of contact is unclear and whether this involved meetings. In those where visits occurred, it is not clear whether the child was seen. As the complainant refers to this as part of screening process, this may clarify her views that cases were not screened, assessed or followed up. Based on the information provided home/office visits

occurred in approximately one third of the cases of the Priority 3 and 4 cases, and in the majority this was after the memo.

4.30 While it is acknowledged that the cases in the memo do not represent all cases being worked by the North Lee team at that time, information provided raises a number of serious concerns in relation to the length of time before follow up and the level of follow up that occurred. Delay in follow up is significant when there are allegations of a child protection nature. Whilst immediate action may not be required, concerns of a child protection nature require prompt and swift follow up to establish whether there is any risk to the child, the level of risk and what action is required to address this. The level of intervention and assessment is key in establishing this. In response to the draft statement the HSE reiterates that all cases of an urgent child protection nature received immediate attention. As set out at para 3.5, 3.13 and 4.2, this Office has acknowledged that both the complainant and the HSE advise that this occurred. However, a key part of the initial assessment process involves meeting with the child and family and making internal and external enquiries. While it is not clear what the follow up involved in some cases, the information indicates that in many cases (almost half) meeting with the child and family did not occur within 21days (see para 4.28). In those cases where some form of follow did occur within 4 weeks (see 4.27), in only a few is it clear that this involved home or office visits. Having considered the HSE response, the Office remains concerned in relation to the level and length of time for follow up that occurred.

4.31 There are a number of cases where the time frame for follow up specifically a home/office visit was very lengthy, which is particularly concerning. In some cases the length of time between referral and follow up ranged from days to months. Examples of cases on the P1 and P2 list include:

- In one case, of a 7 year old child referred with concerns regarding emotional abuse, witnessing domestic violence and allegations of physical abuse against father, an office visit was arranged within 2 weeks and then 4 weeks later. However, these were not attended and a home visit did not occur until 4 months after the referral.
- In another case, of a 3 year old referred due to concerns of alleged neglect, it was 3 months until a home visit took place.
- In another case (Priority 1 and 2 list) contact was made with the GP within 10 days and then further follow up did not occur for 5 months (contact with a hospital and PHN), with a home visit taking place 7.5 months after referral. Both of the latter two cases were identified under Priority 1 and 2 list and 10 and 14 months since referral,

these remained allocated to the duty team. In response to the draft statement, HSE state that they cannot identify a case (latter case) with this referral date.

- In another case where 3 children, from the same family, are referred due to one "self harming, house in dreadful condition, nauseating smell, query neglect and mother's coping ability", it was more than 2 months until a home visit. The case has been transferred to the intake team. In response to the draft statement HSE advises that there was previous involvement with this family, significant community supports to the mother and children and that factors such as this influenced the immediacy or otherwise of intervention. HSE also advised that in the referral information, the referrer noted that all 3 children are turned out well for school and that the mother is extremely supportive of the school and her children. Notwithstanding this, given that the referral identified concerns about self-harm and the condition of the house, an initial assessment was required and the identified timescale for completion of this was not met.
- In some cases on the Priority 1 and 2 list involving alleged sexual abuse, the follow up time period is concerning. In one case of a 16 year old girl, it was alleged that she had been sexually assaulted by her mothers' partner. A home visit did not take place until more than 3 months after the referral. Contextual information indicates that the alleged abuser had moved out of the house after the allegations. Notwithstanding this additional information it is of concern that a child was waiting such a lengthy period to be seen when there are allegations of sexual abuse. In response to the draft statement HSE provided additional information on the details of the referral made and note that the context indicates that it did not need immediate action. Nonetheless, while immediate action was not indicated, an initial assessment was required and the timescale for completion of this was not met. In two other cases, one where Gardai reported concern that a 14 year old may be engaged in a sexual relationship with an adult, and another of a 13 year old referred due to concerns of neglect, child drinking, found in company of older men and query sexual abuse, it was almost 7 weeks until a home or office visit took place. Whilst in the former case HSE concluded that the allegations were unfounded, this appears to have been unknown at the time and it is of concern that a child may have been at risk during the period whilst assessment was awaited. In response to the draft statement, HSE provided additional information on both cases. In regard to the former, HSE indicates that the timeline context in this case was that this report was made based on a telephone conversation which a third party overheard and there are no exact details of the conversation. HSE also state that there was no direct or corroborating evidence with regard to this case. While the information provided to

this Office at the time of the complaint did not contain this detail, it noted that the adult concerned is known to the department, served time in prison, concerns about his violent and aggressive behaviour, and social work are involved with his partner. Based on the information available at the time of referral, HSE accepted the referral, categorised it as P1/P2 and determined an assessment was required. As such they should have held to their timescales. In relation to the latter case HSE advise that the Gardai visited and the young person was spoken to as well as the parents and there were no concerns about neglect or sexual abuse. HSE state that the response time is appropriate having regard to the circumstances. Nonetheless, an assessment was deemed required and the identified timescale for completion of same was not met.

4.32 As set out above there are a range of actions taken by the HSE in relation to the cases identified including home/office visits, contact with professionals and in other cases the level of follow up is not specified or not clear. The level of follow up in some cases is concerning specifically the lack of direct contact with the child and family, as is required in the initial assessment process.

- In some cases the follow up appears to have been telephone contact only with the parent or a professional, which included Priority 1 and 2 cases. In one case of a 6 year old child, referred due to concern that the mother is “misusing drugs, is pregnant, partner aggressive and unsure as to who is meeting the child’s basic needs”, it appeared that the case was closed without an initial assessment being carried out. In response to the draft statement HSE clarified that the case was transferred to another area.
- In another case a 5 year old referred as the child was “allegedly terrified of mother’s partner who is apparently violent and abusive”, contact with the school and Gardai took place within 4 weeks but it was 5 months until an office visit was arranged. However, this was not attended and a home visit took place but no one was home. Contact was made with the GP almost 6 months after the referral. Based on the information provided during the investigation it appeared that the case was closed with the child/family not having been met. In response to the draft statement HSE provided additional information which advises that the mother and partner were met and the child was also met on his own. However, the timeframe for completion of this is substantially outside the timescale of 21 days.
- In another case, (Priority 3 and 4) of a 17 year old, referred due to concerns that “father was mis-using alcohol on a regular basis, father has friends who are also

drunk at the house, Gardai have been called and a poor attendance record at school", HSE advised that the referral was closed without a social work service being offered as the young person had reached 18 and the school and Gardai were keeping a watching brief. It is of serious concern that a child, considered to be an appropriate referral, aged out of services whilst being on an unallocated list with no HSE service provided. In response to the draft statement, HSE advise that: the school were aware of the concerns as were the Gardai; no previous reports were received; no further reports were received and the Gardai were to keep a watching brief. HSE state that given the age of this young person the assessment was that there were appropriate protective factors in place. Nonetheless this Office remains concerned that the case was closed without a social work service being offered as the young person reached the age of 18 years.

- In another case of children (Priority 1 and 2) referred by an anonymous caller who alleged "serious ongoing domestic violence from father to mother, mother with visible injuries, children very aggressive and allegedly begging father to stop hitting mother", a home visit was carried out 3 months after referral, permission was refused for network checks and the case was subsequently closed. This appears to give parents a defacto veto on the assessment. Whilst the standardised business processes refers to consent for some network checks (Intake record, section 13.2), Children First 1999 and 2011 does not refer to consent but states that information should only be sought from professionals working outside the HSE when parents/carers have been informed that such information will be sought. It is of concern that social work practice, and the guidance in the standardised business processes is not consistent with Children First. This needs to be addressed without delay. In response to the draft statement HSE advise that the issue of a possible discrepancy between Children First and the Standardised Business Processes has been raised nationally and is being followed up. HSE advise that it has always been their practice to override parental consent if the concerns are serious enough. In regard to this particular case, HSE advise that the social work assessment was that it was not merited. HSE also provided additional information indicating that the children were met as part of the home visit and no concerns were noted. Nonetheless, when carrying out an initial assessment, as is set out in Children First 1999, routine steps involve communicating with other professionals involved and eliciting their views on the report made. It is of concern that there is no evidence of any checks being carried out, such as with Gardai or any other HSE professionals.
- In response to the draft statement the HSE has provided additional information to indicate on some cases referenced here, that the child and family were met, as set

out above. This statement has not addressed all of the cases referenced in the July memo. However, based on the information provided, it is not clear, to this Office in many cases whether the assessments carried out involved meeting with the child and family.

Actions by HSE South and current position regarding referrals and unallocated cases

4.33 It is clear from this investigation that the level of duty referrals in the North Lee area has increased significantly over time. It also appears that proactive steps were being taken by local management to address this. However, information over time raises ongoing concerns about the ability of the social work team to respond given the numbers of cases awaiting a service and the timelines for response.

4.34 Since this Office received the complaint and initiated the investigation HSE South has progressed a number of steps to address the referral level. Consideration had been given to this prior to the complaint being submitted and the proposal to re-direct referrals to other HSE funded agencies has since been implemented with regular meetings taking place from early 2012. Staffing levels have also been increased in the duty team. During the investigation HSE advised that this had a positive impact on referrals. A number of other strategies have been implemented over the years as set out in the statement and the issues were raised with senior management consistently, specifically regarding difficulties with social work provision due to staffing and the referral rate. HSE National are satisfied with the action and response taken by HSE South in this regard.

4.35 However, local management expressed concern in June 2011 (see paragraph 3.16) that strategies provide temporary respite to the problem but that it tends to re-emerge. It is also clear that there has been ongoing steps taken to address the referral level but concerns about capacity to respond have remained/re-occurred. The Principal Social Workers in correspondence to HSE National in October 2011, noted that the issues raised by the complainant have always been acknowledged by the department, and that responses have been constrained as a result of limited staff resources and ever increasing demands. They note that the child protection system needs to be critically evaluated and restructured.

4.36 Notwithstanding the actions taken by HSE South to address the level of duty referrals, HSE National note that the area is working close to its capacity to respond and that if there is increased demand the area may have difficulty responding. In looking at the returns from measuring the pressure for April 2012 there is a total of 249 cases unallocated across all the

social work teams and the figure is 288 for May. This includes Priority 1 cases. The length of time cases are awaiting allocation is not included in the returns.

4.37 It is also very concerning to note from these returns that there has been a lack of case conferences due to shortages of administrative staff. Case conferences are a very important element of the child protection system and should proceed as required in the best interests of children and should not be delayed due to shortage of administrative support. It is important that such difficulties are addressed.

4.38 Concern about the high caseload that social workers are carrying and the impact of this on their ability to provide the required services has been consistently highlighted by several social work managers in HSE South over a number of years. The data provided during the course of the investigation indicates that caseload size has ranged from approximately 30 – 40 children for duty/intake workers up to one member of staff carrying 134 cases (see paragraph 3.7). This raises serious concerns as to the impact of this on social work practice and the ability of social workers to adhere to their statutory obligations. There does not appear to have been a clear national methodology for determining caseload size and monitoring of this. Given the information provided through this investigation, it is essential that this matter is addressed as expediently as possible. In response to the draft statement, HSE note that the issue was being addressed.

Monitoring mechanisms in place

4.39 A number of positive steps have been taken by the HSE to improve monitoring mechanisms and management oversight. New governance structures have been introduced for Children and Family Social Services in preparation for transfer to the Child and Family Support Agency. The revised structure provides clear lines of communication, accountability and oversight in relation to social work services. Since the complaint was received and examination/investigation initiated, HSE National has introduced a mechanism for ‘measuring the pressure’. This now provides information on referrals and cases awaiting allocation which does not seem to have been consistently gathered previously. In planning for service delivery and improvements, data regarding children and families awaiting services is crucial. HSE National has also introduced a number of monitoring processes including audit of files with child protection plans, audit of neglect cases, establishment of the risk management group and meetings with Regional and Area managers.

Part 5 Conclusions and findings

5.1 The central issue for consideration here is whether child protection referrals to the duty team in this area are receiving the level of follow up and service required in a timely manner. There are contrasting contentions by the complainant and the HSE in this regard.

5.2 It is clear that there has been a significant increase in the number of referrals to the area and that this, along with resourcing issues, impacted on the capacity to respond. In a number of memos/letters, a range of HSE staff, including the complainant raised concerns about the number of unallocated cases and also the social work departments' ability to meet its statutory requirements. In particular it is concerning to note that the area had a 61% increase in the level of referrals (across all teams) in 2010, significantly above the national average. The referral level again increased in 2011, as set out in the July 2011 memo which indicates that for the period Jan to 14th July 2010, there were 518 referrals to the Social Work Department and for the same period in 2011, this was 771 referrals, which represents another significant increase (33%) on the 2010 figure. In addition the returns submitted to HSE national as part of Measuring the Pressure project in 2012 indicate between 18-19% of open cases across all social work teams are unallocated.

Whilst additional staff were allocated to the area on foot of the Ryan implementation plan HSE National stated during the investigation that any further increase in referrals may lead to difficulties in responding as the area is close to its threshold. Based on the information provided it would appear that the threshold may have been reached or exceeded by now.

5.3The information provided regarding the sample of cases identified in the July 2011 memo raises a number of concerns, as set out above. The Office recognises that the area of child protection is complex and demanding work. The North Lee area has been proactive over the years around reflecting on social work provision and how to respond to increasing demand. However, it appears that a key effect of the increasing referrals has been a negative impact on the Social Work Department's capacity to respond, which is raised by a number of HSE staff.

5.4 In particular this investigation has highlighted a number of serious concerns about administration of the child protection system:

- The numbers of cases on the duty system that do not have an allocated social worker. The number of unallocated cases has been a consistent concern over time which has been regularly raised by local Social Work management since 2007.

Whilst HSE advise that these cases are allocated to the duty list and worked as required, these cases are in effect unallocated. A management memo in 2011 notes the need to address the level of referrals, *rather than they sitting un-worked on a defacto waiting list*. At the investigation meeting in May 2012, there were 222 unallocated cases on the duty team.

- This raises serious concern about the ability to provide the level and timeliness of follow up to such referrals. In addition the information obtained through this investigation raises serious concerns about the timelines for completion of preliminary enquiries and initial assessments and delays in the child and family being met as part of this process, at the time of the complaint.
- The impact of the size of social work caseloads was also raised on a number of occasions by HSE management. Of significant concern, HSE local management advised in March 2010 that, as a result of caseload size, safe and good social work practice is not possible (paragraph 3.22).

5.5 In response to the draft statement, HSE reiterated that referrals are prioritised based on presenting information and professional judgement and assessment and responded to in a consistent and proportionate manner. Such responses are within the resource allocation available. HSE also reiterates that the issues identified in North Lee over recent years were the subject of ongoing consideration and responses locally both within the team and the wider management system within the Area and Region. Additional resources were allocated to the duty team increasing from 2.5 whole time equivalents to 5.5 whole time equivalents including a full time dedicated Team Leader post. Additional social work posts were also allocated to the wider team which has had a positive impact on the duty/intake system. HSE state that during the course of the investigation, there has been an increasing focus on consistency and standardisation of practice across the country with the introduction of the Standardised Business Process, which occurred in July 2011 in this particular area. The wider Child Protection system has also been the subject of additional focus such as the launch of the Children First National Guidance in 2011. HSE submits that the claim that children were unscreened and unassessed and have had no follow up is unfounded and unsubstantiated. HSE also advised that local services are mindful of the elements of the draft recommendations made by this Office and these will inform their ongoing approach to service management in the area. The Office also notes that a HIQA inspection has been carried out in February 2013, which will look at current child protection practice in the area.

5.6 The Office has considered the comments and representations submitted by the HSE in response to the draft statement. The Office has also acknowledged that both the

complainant and the HSE report that all cases that required an immediate response received this. In regard to the matter of screening, assessment and follow up, this Office is of the view that this has been addressed at Section 4. It is clear that there are different views as to what constitutes the screening/preliminary enquiries process. Notwithstanding this, analysis of the cases referenced in the July memo has raised serious concerns about the length of time for completion of initial assessments and the level of follow up that occurred in some cases as referenced at paras 4.27-4.32 .

5.7 The statement has also considered and noted the steps taken by the local area to address the increase in referrals, as referenced at paragraphs 3.10 and 3.20. It is noted that actions were ongoing by the HSE in relation to the duty system and that since the time of the complaint additional staff have been assigned as well as other strategies for managing referrals put in place(see para 3.17). As set out above, in addressing the issues raised through the complaint the Office is not making any comment on the commitment or professionalism of staff to provide a service and respond to the increase in referrals. The information provided through the investigation has highlighted concerns raised by a number of staff in relation to the ability to respond and provide the required services due to a number of factors. In particular referral and staffing levels, unallocated cases and high social work caseloads was raised both by the complainant (see para 2.1 and 3.18) and on a number of occasions by other staff members (see para 3.22 to 3.23). Concerns about timeliness for responding to cases have also been highlighted through the information provided as referenced at paragraphs at 4.15 to 4.18. Having considered the HSE response, this Office remains of the view that at the time of the complaint and up until March 2012 (see para 3.7) there was difficulty in providing a timely response to some child protection and welfare referrals.

5.8 Based on the above, the Office is of the view that, at the time of the complaint, there is sufficient information to indicate concern regarding the level of follow up on duty referrals within the identified timeframes. The Office is of the view that the administrative actions of the HSE in this regard were based on an undesirable administrative practice.

5.9 The issue of timeliness of response to child protection concerns is critical in assessing risk and providing appropriate early intervention and support. On the basis of the information provided it appears that the failure to follow up duty referrals within a timely manner may have adversely affected a child/children.

Conclusion of the Investigation

5.10 Following conclusion of this investigation, pursuant to Section 13 of the Ombudsman for Children Act 2002, this Office found that the administrative actions of the HSE come within the ambit of Section 8 of the Act:

- Section 8 (a) may have adversely affected a child/children and
- Section 8 (b)(vi) were based on an undesirable administrative practice.

Recommendations

This investigation was carried out in the context of a lack of internal and external audit of child protection services. During the course of the investigation, the Health Information and Quality Authority has commenced inspection of such services, which began in 2012**.**

1. **External Audit of case files is required as a priority, which is a matter for the Health Information and Quality Authority.**
   In view of the issues and concerns raised through this investigation, specifically in relation to social work service provision, individual case file review is required to ensure a full and comprehensive review of the actions taken in regard to duty referrals and whether this is in keeping with the Children First requirements and the new HIQA standards. Given that HIQA has commenced inspection of child protection services it is recommended that an inspection take place in the North Lee area. It is noted that since the draft statement was issued to the HSE for comment, a HIQA inspection has been carried out.

   Response from HSE
   HIQA was contacted regarding this recommendation and since receiving the Report from the Ombudsman for Children the draft HIQA Inspection issued on Friday 3rd May. The draft report states that Inspectors reviewed "67 children's case files by both tracking and sampling information contained within their files".

   Any recommendations arising from this file audit will be addressed in the action sheet response which must be returned to HIQA on 20th May next. HIQA have also been written to in regard to any further role they may see themselves as having in relation to recommendation 1 of the Ombudsman for Children's report.

2. **Monitoring of referrals and review of unallocated cases and specifically in the North Lee area**: HSE National should:

(a) review the current referral rate to North Lee without delay, and assess the impact of this on the area's capacity to respond, including its ability to carry out statutory requirements and adhere to the relevant procedures and guidelines. This review should include the number of unallocated cases, prioritisation level and length of time awaiting a service.

(b) Identify any additional measures required to ensure that the area can respond appropriately and in a timely manner to cases, in keeping with best practice.

(c) Address the issues raised in relation to holding of case conferences in the North Lee area. (para 3.38)

(d) Keep under regular review the referral level and capacity to respond in North Lee.

(e)Data obtained through Measuring the Pressure project should be kept under regular review and where concerns arise in relation to any social work area, appropriate steps should be taken to address these without delay.

- (f) Children First is shortly to be placed on a Statutory footing and these implications in terms of referrals and management of same need to be addressed both in North Lee and Nationally

Response from HSE

(a) Review of cases in North Lee is underway as recommended by the Ombudsman for Children's Report, but also taking into account the HIQA Inspectors Report findings.

(b) A need analysis is being undertaken with regard to what resource, organisation re-prioritising or re-configuring is required, or indeed any particular guidance that may assist in addressing the identified deficits.

(c) The clerical/admin support to the Case Conference teams had diminished to the extent of 14 hours and this has now been restored. It is also intended to proceed with the new Case Conference model under the Business Processes, to commence on 15th June next.

(d) Referral levels and the resource capacity to respond is to be reviewed on a monthly basis. Subsequent analysis to inform planning and resource allocations

(e) Under the Measuring the Pressure Project system each area is regularly reviewed, regular meetings are held with the National Director and the Regional Service Director and the Area Manager for Children and Family services. The allocation of social work services where cases are open and on waiting lists remains a priority for social work services nationally and is being reviewed

nationally. As part of the development of the Quality Assurance Office all recommendations will be monitored as part of our on-going responses to the implementation of National Standards for Child Protection services during 2013/2014.

(f) *Children First being placed on a statutory footing will necessitate consideration, decision and direction at higher levels regarding the resource implications of giving effect to that decision. We will be engaging, through the National Governance structures, in discussions about how to respond to such a potential development.*

3. **HSE procedure for Management and Assurance of Child Protection Cases by file audit.** The file audits being carried out by HSE as part of this process should ensure that cases at duty and intake are adequately represented as part of the audit process.

HSE response
All auditing of cases in social work services will ensure that duty and intake cases are adequately represented; this action has commenced nationally with the auditing of cases in preparation for Child Protection Inspection and will remain an inherent component of any future child protection audit methodology.

4. **Clarification of Child Protection Procedures.** The procedures in relation to the carrying out of network checks should be clarified, addressed and communicated to all staff, as set out in para 4.32. This should specifically address the issue of consent for network checks. Any clarification should be included in relevant guidance or procedural document as required.

HSE response
This matter is being examined by the Children and Families, policy and practice unit under the Head of Policy and Strategy in order to determine the most appropriate and effective approach to this area of practice. This will in part be addressed by the introduction of the standardised business processes from May 15th. Nationally practice guidance is included in the Child Protection Practice Handbook. This will be strengthened overtime by either introduction of additional policy or practice guidance.

5. Social Work caseload

The concerns raised in relation to caseload size should be addressed by HSE National and guidance provided. A model/mechanism for determining caseload size and weighting should be considered and guidance provided for Social Work teams. The Roscommon enquiry recommendation sets out that while *it is difficult to be entirely prescriptive in relation to caseload size, it is recommended that attention is paid to caseloads so that each worker can function fully and work proactively with every case for which they have responsibility*".

Response from HSE

Work with regard to case load has been on-going, whilst we have made some progress with regard to supervision and management of caseloads for newly qualified social work staff, the inability to replace staff who are on maternity leave or long term leave has been an on-going issue for National Office. We are working closely with the DCYA to address the human resource requirements of the new agency moving forward. We are also actively monitoring areas where there are growing caseloads and waiting lists so that we proactively support all areas where demand for services has increased and continues to do so.

6. Public Accountability

There is a dearth of figures, from the HSE, accounting for their activity within the field of Child Protection. The most recent Review of Adequacy (as per section 8 of the Child Care Act 1991) was published in 2010 and was clear that it did not have coherent, consistent or comparable sets of data from the various areas. The Office is aware that the third progress report submitted by the Ryan Report Monitoring Group to the Government and the Oireachtas in November 2012 states that the DCYA has agreed a new template with the HSE for reports on the adequacy of services; it also states that the 2011 review of adequacy was being finalised at that time. It is recommended that this process be expedited so that public accountability can be demonstrated. It is noted that since the draft statement was issued to the HSE for comment in February 2013, the Review of Adequacy for 2011 has been published. Notwithstanding this, the data pertains to 2011 and it is important that contemporariness information on the child protection system is readily available.

7. Recording of Professional Activity

It is noted that the HSE have asked that allowance be taken of the difference between administrative data and clinical data (see para 3.9) in that they suggest that often the clinical work is done but the administrative recording of same may lag behind. This raises the possibility that the computerised record of a child's file is not

complete when that is the file being used to determine the priority level of their case. There may also be implications for the recording of staff case loads and clinical activity if the administrative recording is not kept up to date. It is recommended that all assistance be given to staff in the North Lee area to allow for an accurate synchronisation of clinical activity with computerised recording on case files.

HSE response

The National Child Care Information System will go live next year, which we are confident will enhance and assist in our ability to provide real time information regarding child protection activity. We are aware that data collection has been an on-going issue of concern for us nationally especially as child protection is an ever changing entity and almost as soon as data is collected it is almost immediately out of date. The NCCIS will along with the introduction of the new social work records policy in July 2013, will also allow for real time recording and updating of computer records to ensure that all case work information is held centrally and can be accessible with reasonable immediacy. The matter of the lag between administrative and clinical data is a matter for all areas nationally and is a priority action for the introduction phase of the NCCIS.