IASW – Submission to TUSLA Corporate Plan – September 2014

1. How will you judge the success of TUSLA in three years time?

That the Agency is sufficiently resourced to meet demands and respond to issues in relation to the protection and welfare of children in a high quality and child centred approach.

That there is a coordinated approach to the delivery of all children services with local and national protocols agreed and implemented across a range of statutory and voluntary services that work with children and their families.

Standard, national, clearly documented protocols for child protection referrals available to all organisations. Clear procedures for screening on Duty, time frame for assessments, protocol for notifying referrer in writing of the outcome of assessment and naming the allocated social worker; documentation of reasons why a referral would not be followed.

Clear and unambiguous lines of responsibility between Gardai and TUSLA social work teams in relation to the follow up of childhood accidents (both fatal and non-fatal) and a clearly documented procedure to be followed clearly outlining everyone's responsibility.

Clear, national protocol and procedure for referrals to "Welfare" agencies so that referring social worker or organisation can link directly with the local services to refer vulnerable families and protocols/procedures for communication among agencies.
open forum/discussions/regional meeting for the discussion of CP concerns and the development of better links between referring agents and the CP services.

That the shift in response moves from reactive towards proactive and inclusive work and less reactive, in the interest of all children.

That there are appropriate placements in a child's area of origin for those that need care. That siblings are placed together, when appropriate, and that children in care are in appropriate placements for their specific needs (e.g. mother and baby placements to promote parenting skills for vulnerable mothers).

CPNS available to Children's Hospitals.

IT links between Out-of-Hours services and the day services and access by the OOHs service to day service data so that they know the status of any child while the day services are closed.

Improve the contact systems for social work departments – often when calling Duty one receives a phone message and can spend extended periods of time before we can speak with a social worker, even in an emergency.

At a fundamental level a staffing level that matches the need/demand which in practice would result in:

- A reduction in the number of section 12's into Emergency Departments, of children previously known to Child and Family services.

- Same day response from Child Protection Social Work when an urgent case is referred.
- Timely strategy meetings to enable the formation of a care plan for various "vulnerable parents/mothers", such as mother's with mental health issues, those who have an intellectual disability, etc where child protection concerns exist around the mother or mother-to-be.
- Children and families reporting more positive experiences of their contact with the TUSLA Service.

That TUSLA and child and families services is an area of social work practice that workers enjoy, where they feel supported, where they can develop professionally and where their skills and expertise are recognised.

2. What role do you see your department/agency playing in delivering TUSLA's success?

Response from the Child & Adolescent Mental Health Service social workers:

- CAMHS services have an important role in delivering mental health care for all children experiencing mental health difficulties.

- Social Work in CAMHS often educates and encourages colleagues and other stakeholders on the role of TUSLA and their responsibilities under Children First.

- CAMHS is working to standardise processes nationally so that children should receive similar CAMHS experience nationally including acceptance criteria and interventions, this will be of benefit to TUSLA social workers.

- CAMHS staff can work with families to encourage positive engagement with TUSLA and help them to process their anxieties.

- CAMHS can work with local TUSLA services to develop a partnership approach to the delivery of care plans in the interest of the child.

Response from Medical social workers:

- Co-ordinate any child protection concerns with the hospital and adhere to national guidelines in relation to the reporting of same.
- Act as a co-ordinator and key contact person within the hospital for the local TUSLA team and ensure that all pertinent information is available for the CP services.
- Available for consultation on cases and for report writing/court witnesses if needed

Many hospitals with ED/maternity & Paediatric Units receive referrals in regard to all facets of child protection concerns on a daily basis that involves direct liaison between MSW and Child and Family Service.

It is the role of all Designated Officer to liaise with the C&F agency, however in practice the referrals normally come through the MSW department to C&F service.

Social workers in a medical/disability/mental health/primary care setting:

- Provide additional pertinent professional social work assessments that assist the assessment, review and care planning by Child and Family social work for vulnerable children and their families.
- Attend all Strategy meetings/case conference of relevance to contribute to and inform the best care plan for the child/family
- Offer ongoing support to vulnerable children/families with post discharge support and counselling complimentary to C&F Social Work and or Family support such as specialized bereavement work with children, specific therapy with chronic ill child, supporting mothers with historical drug addiction (on methadone) post discharge.
- Attend Court with direct evidence relevant to Court hearings
- Indentify and refer child protection concerns early to Child & Family services
- Respond to all requests from TUSLA for information that will assist in their role of protecting children.
- Can act as liaison between the social worker in TUSLA and the specialist service or Medical teams involved to enable the flow of pertinent information.
- Provide in-service child protection Training and Education to key such as Emergency Department maternity, Paediatrics, nursing, care staff, etc on Children First and child protection.

In some areas, medical social have established a Child Protection Committees which meet regularly. They have invited TUSLA local teams to meet the committees.

The Irish Association of Social Workers can help ensure that TUSLA social workers are compliant with their requirements under registration, in particular with regards to CPD and working with TUSLA's training department to ensure that social workers are continually developing and enhancing their skills.

3. How can the quality and impact of TUSLA be best measured from your point of view?

The IASW firmly believes that the allocation of all cases and the end of waiting lists is crucial. No child in care should be without an allocated social worker. Staffing at safe, modern levels. The replacement of staff on maternity leave, given the dominance of females in the agency is crucial. The replacement of staff on sick leave and the acknowledgment of burnout and the psychological impact of the type of work on the staff.

Often social workers outside of TUSLA are unsure whether anything has happened since they completed the SRF and if there will be any intervention. Timely and appropriate responses to contacts/referrals, including SRFs to encourage collaboration, communication and the provision of summary/up-to-date reports to assist in the hospital or community social worker in completing their psychosocial assessments.

Perhaps KPIs around expected communications with third parties?

There has to be system in place that encourages staff to stay with cases for longer periods of time. High staff turnover and changes in allocated social worker undermines the delivery of any level of a quality service - KPI about length of time staff remain in a post?

The service needs access to a suite of support services that best fit the child's needs and in a timely fashion.

Strong, robust system for review of cases so that the "lessons learned" are being captured and put into practice to improve practice in an on-going way.

Having a standardised approach and practice throughout the country.

Ensuring that TUSLA is working with outside agencies such as hospitals/disability/mental health services to ensure that the most vulnerable children and families are actually accessing the service by the formation of memorandum of understanding.

Ongoing monitoring of staff welfare and support – ensure that staff are working at their optimal level in what can be a very distressing area of work. A mechanism for gauging the "mood" of staff, including monitoring level of transfer requests, demands (or not) to work in a given area.

Ongoing, regular supervision and training of staff, not just around a "case management" approach to supervision but a strong staff support perspective as well. Also a focus on carer and skill's development.

In particular, medical social workers would like to see appropriate placements for the 'out of control' behavioural presentations (under section 12's or via self harm attempts) to Emergency Department. Currently such young vulnerable teenagers are left waiting in an acute hospital for up to 5 days at a time which is not conducive to their health or wellbeing.

Access for selected designated staff, outside of TUSLA, to the CPNS to safeguard children on the system who may present to hospitals or other services.

4. How can transparency be provided by TUSLA in its resources allocation, decision-making and commissioning processes?

National, standardised, clearly documented protocols for child protection referrals available to all organisations. Clear procedures for screening on Duty; time frame for assessments; protocol for notifying referrer in writing of the outcome of assessment and naming the allocated social worker; documentation of reasons why a referral would not be followed.

The information should be published and consistent processes agreed nationally.

Local and national review of the use of services and the resources. Demonstration that the money followed the most vulnerable families and research into the appropriateness/success of those services – at present resources appear to be used in a very demand led way, rather than knowing that a standard amount of resources are available for certain types of situation

A clear breakdown on the cost of private or external agencies used to cover shortfalls in placements and staffing.

5. What type of information do you require from TUSLA and how would you like that information provided?

Social workers outside of TUSLA would especially like updates on SRFs that they submit. Often staff feel they are left in the dark. This can be very difficult in continuing to work with a family in a void. Therefore, regular updates on referrals and on-going cases so that we can improve links and ongoing work on mutual cases.

There may be a desktop assessment that decides that there is no need for an intervention but some TUSLA teams do not manage to communicate in these situations. This can have a serious impact on the likelihood of ongoing engagement of the family with services such as CAMHS. Flow of information needs to be a two way street.

There information needs to be communicated at the appropriate level of formability. We need written responses back for our files. The responses need to be more than an acknowledgement.

Information on planned meetings such as case conferences need to be given more notice and the necessity for key actors to be present made clear. (e.g. in inviting CAMHS Consultants please be clear that you need the Consultant present as otherwise there is a risk that they will delegate this responsibility to others on the team, particularly the social worker.)

An annual forum for review within local areas between services and TUSLA Principals in order to being given information but also provided with feedback on how TUSLA performs and operates locally.

Broad reports and research to be available on TUSLA website.

A standardized agreement/acknowledgement to work collaboratively and utilize shared knowledge and experience would be important. Social workers often experience satisfactory co-operation and collaboration with some teams and then a completely different ‘closed/guarded’ response from others. This obviously requires consistency.

It is essential that TUSLA keeps us informed of any changes in its practices. Access to appropriate training with TUSLA would be beneficial and appreciated by Medical Social Workers working specifically with children and families

6. How can responsibility for success be shared with service users/ communities and delivery providers?

The IASW members believe that communication is key. A multi disciplinary, collaborative and interagency approach is essential in facilitating clients to have successful outcomes. Regular formal and informal meetings support good practice and positive outcomes for clients. Recognising and responding to patterns of client behaviour in a collaborative way to do preventative work and develop programmes aimed at meeting those needs.

At present from the outside, the TUSLA service can present as being overwhelmed and under resourced. This leads to unhealthy and defensive interactions with others.

Also, private agencies used by TUSLA for children in care appear to be populating areas where properties are cheaper. This can lead to certain CAMHS services in particular experiencing high levels of complex cases and the child being in care being very far from their place of origin. This needs to be reviewed.

The historical under resourcing of services has lead to a situation where external services feel that TUSLA staff, under pressure, can try to push back work to other services or indeed to the referring service. This undermines the expertise of TUSLA social workers and the need for their review of cases.

Social workers in other services have a different roles and different expertise to social workers in TUSLA. There needs to an understanding of this difference rather than having expectations of this role that is divergent within their own agency. There are many ways that social workers work in other agencies and this needs to be supported in the interest of the development of our profession rather than undermined due to a shortage of social workers in TUSLA.

Staffing and morale issues need to addressed in order to create a successful service. With adequate staff it will be possible for the assigned social worker to provide early intervention and work more intensely and effectively with the family to prevent the case becoming more complex.

Reviewing and changing the trends to subcontract residential care to private (for profit) residential care units.

Need to urgently look at the children with mental health/behavioural issues who need specialized therapeutic led placements and how this can be resourced.

The newer “corporate” image of TUSLA is very positive, but belies the occasionally unprofessional and untimely responses received from the TUSLA services. Social workers in the HSE and other agencies are more than happy to work with their colleagues in TUSLA to share the very real burden that is child protection (with an acknowledgement that child protection and welfare is everyone’s concern) but we need to build trust and confidence with eachother through a more open and more effective cross-agency working relationships.

Other issues of note, not directly related to the Corporate Plan:

It must be stated that there have been a number of children in care brought to ED from 'private residential placements', (with self harm or behavioural issues) being left inappropriately in Hospital pending an alternative care plan/placement. This is due to the private residential care unit refusal to accept the child back into their care and awaiting TUSLA input to determine the alternative arrangements. Frequently the child is not from the local catchment and this adds to the delays.