



Report of an inspection of a Child Protection and Welfare Service

Name of service area:	Separated Children Seeking International Protection
Name of provider:	Child and Family Agency
Type of inspection:	Follow-up Inspection
Date of inspection:	14 - 16 November 2023
Fieldwork ID:	MON_0041647
Lead inspector:	Hazel Hanrahan
Support inspector(s):	Sue Talbot Mary Lillis

About this inspection

The Health Information and Quality Authority (HIQA) is authorised by the Minister for Children, Equality, Disability, Integration and Youth under section 8(1)(c) of the Health Act 2007, to monitor the quality of service provided by the Child and Family Agency to protect children and to promote the welfare of children.

HIQA had conducted an announced inspection of Tusla's Separated children Seeking International Protection service earlier in 2023, from the 28 February to the 2 March 2023. This inspection was a follow-up inspection to monitor progress against the services compliance plan from that inspection. In addition an inspection was conducted of the foster care service provided by the SCSIP one week following this inspection. Both reports are published on our website hiqa.ie.

How we inspect

As part of this inspection, inspectors met with social work managers, staff and children. Inspectors observed practices and reviewed documentation such as children's files, policies and procedures and administrative records.

The key activities of this inspection involved:

- the analysis of data
- interviews with the manager and two principal social workers
- spoke with two children
- focus group with external stakeholders
- focus group with social workers
- focus group with social work team leaders
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the review of 38 children's case files
- one observational opportunity with the intake and assessment team

The aim of the inspection was to assess compliance with national standards related to management of child protection referrals through the separated children seeking international protection duty and intake team.

Acknowledgements

HIQA wishes to thank children and families that spoke with inspectors during the course of this inspection in addition to staff and managers of the service for their cooperation.

Profile of the child protection and welfare service

The Child and Family Agency

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

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

- child welfare and protection services, including family support services
- existing Family Support Agency responsibilities
- existing National Educational Welfare Board responsibilities
- pre-school inspection services
- domestic, sexual and gender-based violence services

Child protection and welfare services are inspected against the National Child Protection and Welfare Standards (2012) by HIQA.

Separated Children Seeking International Protection

The Separated Children Seeking International Protection (SCSIP) team in Tusla falls under the Child Protection and Welfare Services and whose primary function is to promote the welfare of children who are not receiving adequate care and protection in accordance with the Child Care Act 1991. The SCSIP service has been operated by Tusla since its establishment having been operated by the Health Service Executive (HSE) previously.

Separated children seeking international protection are defined *as children under eighteen years of age who are outside their country of origin, who may be in need of international protection and are separated from their parents or their legal/customary care giver*. The SCSIP service offers an urgent response to the presenting needs of unaccompanied minors who arrive in the jurisdiction. The service has a dual mandate to:

- offer care and protection to the young people while in the care of Tusla, to assist them with integration into Irish life and;
- to support them through their international protection application.

While, young people who have been displaced by the war in Ukraine in 2022 are unaccompanied minors (UAM), they are not seeking international protection as they are beneficiaries of the European Temporary Protection Directive. They do though, fall under the remit of the SCSIP as they may be in need of care and protection under the Child Care Act, 1991.

The Separated Children Seeking International Protection service is currently under reform since the previous HIQA inspection. Tusla documented that the reform is driven by 'the need to respond appropriately to the recent HIQA inspection, and the long term need to design an agile operational plan that can meet the diverse needs of separated children seeking international protection'. Since the previous inspection in February 2023, the SCSIP team had undertaken a restructuring of the intake and assessment team. The team now consisted of two principal social workers, one with oversight of the intake and assessment team and the other with oversight of the newly established 'Active on Duty' team.

The intake and assessment team also consisted of one team leader, two social workers and two social care workers and a family support practitioner. There were four vacant social worker positions on the team at the time of inspection. The team leader reported to the principal social workers. A number of business cases had been approved by Tusla to recruit the above vacant positions mentioned. However, the service encountered ongoing challenges to engage and retain social workers due to the highly pressurised working environment.

The Separated Children Seeking International Protection team delivers the service from the point where a child is identified by Immigration Officials as a potential SCSIP or UAM. All referrals to the SCSIP team from the Department of Justice are screened for eligibility for services, and where required, an initial assessment helps determine the appropriate next steps to be taken. Where it appears that an unaccompanied minor reaches the threshold for receipt of Tusla services, they are admitted into the care of the State and provided with a child protection and welfare service from Tusla under the Child Care Act 1991.

The social work team also operates a family reunification assessment service whereby immigration authorities, in accordance with the International Protection Act 2015, refers children presenting with families or adults in cases where parentage or guardianship is unclear. The social work team conduct an assessment, and based on the outcome children are either returned to the adults or families presenting or are taken into care where there are concerns around parentage, guardianship and or their safety and welfare.

Compliance classifications

Inspectors will judge whether the service has been found to be **compliant**, **substantially compliant** or **not compliant** with the standards and regulations associated with them.

The compliance descriptors are defined as follows:

- **Compliant:** A judgment of compliant means the service is in full compliance with the relevant regulation and is delivering a high-quality service which is responsive to the needs of children.
- **Substantially compliant:** A judgment of substantially compliant means the service is mostly compliant with the regulation but some additional action is required to be fully compliant. However, the service is one that protects children.
- **Not compliant:** a judgment of not compliant means the service has not complied with a regulation and that considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk-rated red (high risk) and the inspector will identify the date by which the provider must comply. Where the non-compliance does not pose a significant risk to the safety, health and welfare of children using the service, it is risk-rated orange (moderate risk) and the provider must take action within a reasonable time frame to come into compliance.

In order to summarise inspection findings and to describe how well a service is doing, standards are grouped and reported under two dimensions:

1. Capacity and capability of the service:

This dimension describes standards related to the leadership and management of the service and how effective they are in ensuring that a good quality and safe service is being provided to children and families. It considers how people who work in the service are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

The quality and safety dimension relates to standards that govern how services should interact with children and ensure their safety. The standards include

consideration of communication, safeguarding and responsiveness and look to ensure that children are safe and supported throughout their engagement with the service.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
14 November 2023	09:00hrs to 17:00hrs	Hazel Hanrahan	Lead Inspector
14 November 2023	09:00hrs to 17:00hrs	Sue Talbot	Inspector
14 November 2023	14:00hrs to 17:00hrs	Mary Lillis	Inspector
15 November 2023	09:00hrs to 17:00hrs	Hazel Hanrahan	Lead Inspector
15 November 2023	09:00hrs to 17:00hrs	Sue Talbot	Inspector
15 November 2023	09:00hrs to 17:00hrs	Mary Lillis	Inspector
16 November 2023	09:00hrs to 16:00hrs	Hazel Hanrahan	Lead Inspector
16 November 2023	09:00hrs to 15:00hrs	Sue Talbot	Inspector
16 November 2023	09:00hrs to 16:00hrs	Mary Lillis	Inspector
17 November 2023	14.30hrs to 15:30hrs	Hazel Hanrahan	Lead Inspector

Views of people who use the service

As part of the inspection, inspectors spoke with two children and listened to their experiences of the service from the Separated Children Seeking International Protection team. These children, all aged over 12 years, had arrived in Ireland separated from their parents or their legal guardian. Two children had been placed in a special emergency arrangement by the SCSIP team with one child having recently moved to a foster care placement. One child was assigned a social worker while the other child was waiting allocation to a social worker.

Parents or legal caregivers were not spoken to as part of the inspection, due to challenges in establishing contact with them.

Hearing the voice of children is very important in understanding how the service worked to meet their needs and improve outcomes in their lives. Due to the trauma children may have experienced in their journey to Ireland, only a small number of children were consulted with to ask whether they wished to speak with inspectors about their experiences. Children were given the choice whether to participate or not. Two children chose to speak with inspectors by telephone.

Children told the inspectors about how the social workers and social care workers supported and cared for them by securing accommodation, medical care and school placements. A child told inspectors that the social worker found a more suitable placement for them to live in. When talking about the social workers and social care workers, children described them as;

- "really nice"
- "super nice"
- "super kind"
- "team leader so good"
- "very thankful"
- "good to me"
- "if I need something, helps me"
- "contacts me every five days to see how I am".

Children told inspectors that they "didn't know what a care plan was" and did not know if they attended any meetings that talked about this. Social workers were described by the children to respond quickly to their phone calls and they provided help, but also said that some social workers had "no communication skills". One child

made a complaint to the manager and the child was included in the investigation of the complaint.

Children also described their experience of the different placements they were living in. One child shared a bedroom with another child but said that they wanted to have further privacy. They spoke to the social worker about this and felt listened to and that the social worker was looking at other living arrangements for the child. Children described feeling safe in their current placements and were enjoying their courses. Children said that if they had any worries that they could talk to the social worker, social care worker or workers in their placement for support. Children told inspectors that they were provided with information on how to make a complaint.

Inspectors observed children meeting social workers and social care workers, in the reception area of the premises, as part of their emergency response. Staff were seen to treat children with respect and dignity, as far as practicable, as the current premises was not suitable. The environment in which the team operated did not afford children the necessary privacy they needed as assessments were completed in a room that had no ceiling and Tusla were sharing a reception area with other services. Therefore, confidential and very sensitive conversations could be heard throughout the office. Food was provided to children and staff consistently checked on them throughout the day. Inspectors observed an assessment process on one occasion. Consent was provided by the child for the inspector to be part of this observational opportunity. Children rights were observed to be promoted as a translator was provided to support the translation of one language to another for the child to understand the information. In addition, the child was made aware of their right to see any records held by the service about them.

Capacity and capability

HIQA conducted their first announced inspection of Tusla's Separated children Seeking International Protection service from the 28 February to the 2 March 2023.

The inspection found that of the ten standards assessed, all ten were not compliant. The governance of the service was found to be poor and required significant improvement. Throughout much of 2022, the team had experienced significant staffing challenges to manage the service that had impacted on their ability to consistently deliver a safe and effective service to unaccompanied children. Tusla did not ensure that resources were deployed effectively, and there was a lack of strong leadership for maintaining and improving service provision and practice. This lack of leadership and governance was evident in that this service did not operate under Tusla's existing governance and information systems. This meant that standard business processes, monitoring structures and performance reporting was not being applied to this service. This resulted in the service being oriented towards crisis responses.

It is recognised that the SCSIP service had only started their journey of improvement in the latter part of 2023 and the real impact and success to any changes to service provision would need time to take shape. Despite this, Tusla had ensured that all unaccompanied children were seen by a social worker on the day of referral and an intake assessment was undertaken.

This follow-up inspection of the SCSIP service found that the service was now better supported by a fundamental shift in how the service was being delivered which was guided by the findings from HIQA's previous inspection in February 2023. The compliance plan Tusla had committed to, outlined measures of how they were going to come into compliance with National Child Protection and Welfare Standards (2012). The SCSIP service were at the initial stages of developing good governance arrangements however, further reforms were needed to ensure that the right systems were in place to deliver a safe and effective service. Tusla had taken steps to address the most urgent issues facing the service. This included prioritising voluntary care cases (Child Care Act 1991, Section 4) through the courts, the strategic direction of the service was clearer, with actions identified in their service improvement plan to develop a consistent and effective service. In addition there was a stronger focus on team roles and accountabilities. Further work was needed to embed audits into practice to capture the quality of safeguarding practices and compliance with their statutory responsibilities. Furthermore, improvements were required in developing the practice of gathering information to determine the likelihood of an unaccompanied child experiencing cumulative harm. There also remained several actions from their compliance plan which were outstanding, some of which were overdue, due to lack of capacity of the service to complete them all in a timely manner.

Inspectors found that additional investment in resources, human resources, and IT systems, from Tusla for the SCSIP service had not materialised quickly enough, leading to widespread service delays. Nine months had lapsed between the previous HIQA inspections, in February 2023, where the service was found to be significantly underdeveloped and still there were repeated concerns over high caseloads found, with staff under considerable pressure in terms of their capacity to meet the needs of an ever increasing referral rate of vulnerable children. Tusla reviewed resource allocation more frequently than outlined in their compliance plan, and identified and approved business cases for additional staff to meet service demand. However, delays were met with the lengthy but necessary process of on boarding¹ of new staff to the service. Tusla recognised that it could not meet the demand in service it was experiencing. Although some improvements were noted, and Tusla prioritised recruitment initiatives to various positions on the SCSIP teams, too many children experienced delay in having their needs for help and protection promptly assessed and met. Tusla did not ensure that resources were deployed effectively, and there continued to be an absence of strong senior management oversight and leadership of the front door service provision and practice. There were blockages in children's cases transferring from the intake and assessment team to the alternative care teams. No interim measures were in place to relieve the pressures at the front door and to support safe practice in the service.

¹ Encompasses the steps required when a new employee starts work in an organisation. It includes completing paperwork, setting up workstations and IT access.

A meeting with Tusla national office and a discussion paper reviewed by inspectors detailed the challenges in the future provision of the service to respond to the growth in referral numbers. One of the challenges that the SCSIP service identified was how referrals were made to the service. Attention was highlighted as to the steps that could be taken to design an integrated approach capturing the distinction between the Tusla eligibility for services assessment under the Child Care Act 1991 and the International Protection Office (IPO) age assessment statutory responsibilities, to be able to plan for the provision of support to unaccompanied children. However, there was no clear information as to how or when these challenges identified would be resolved.

Although mechanisms were put in place to strengthen leadership and governance, the service continued to operate outside Tusla's existing governance and information systems. Tusla had committed to ensuring that all managers received management training in quarter two of 2023 as part of the compliance plan. However, only half of the managers on the intake and assessment team had this completed at the time of the inspection. This meant that standard business processes, monitoring structures and performance reporting were only at the initial stages of being discussed or implemented. As a result, the service continued to be crisis driven rather than proactive in meeting the emergency needs of unaccompanied children.

The intake and assessment team had undergone a restructuring and now comprised of two principal social workers to drive practice improvements. The impact of this reform was that it was no longer acceptable practice for one principal social worker to provide oversight of the entire SCSIP service. The principal social workers however had incomplete teams of social workers and social care workers, therefore they were trying to operate the service without adequate staffing. It was not clear how tasks to meet SCSIP statutory functions would be assigned and carried out by either a social worker or a social care worker and any associated risks that could arise. For example; as well as working on the intake and assessment team, staff were given additional duties as a link social worker or social care worker to an assigned special emergency arrangement (SEA). This entailed providing a statutory response to children and to respond to emergencies or urgent matters where some of the tasks could only be completed by a social worker as an authorised person. This was placing additional pressure on some staff caseloads and in turn the quality of practice. This resulted in gaps in case records and it led to delays in identifying and responding to unaccompanied children's needs.

There was an area manager in place who was focused on the strategic direction of the service in order to try to instil clarity, alignment, and a framework for decision-making. The service was governed by a director of services, who was in position for several years, and managed several other national services. Both of these managers had escalated to Tusla national office that the service was not designed to meet the

current operational and governance requirements, due to the levels of demand and lack of available resources.

Since the previous inspection there was greater manager involvement and more active oversight of the service, to ensure accountability for the effectiveness of the overall governance process but this practice was new and at the initial stages of being embedded. Managers put in place some reforms to strengthen governance in order to improve Tusla's capacity to fulfil its statutory responsibilities to provide a safe service. A service improvement plan (SIP) was developed that set out goals in the areas of governance and oversight arrangements, with defined timescales. The implementation of this service improvement plan was managed by, '*An oversight group for the SCSIP services rapid action plan and Hiqa's compliance plan*'. This group was established by the director of services and area manager. The oversight group comprised of staff from the SCSIP service and Tusla staff from across other regions and functions, to maintain oversight and accountability, and to ensure that teams had effective structures and processes in place to meet the ongoing needs of children. The oversight group meetings were regular and examined updates from those assigned responsibility for each action on the SIP.

Managers conducted a gap analysis of the service that fed into the SIP. This analysis assessed the services current state, the future plan for service delivery and an action plan was developed to bridge the gap. Tusla identified 19 gaps that included service direction to align itself to Tusla frameworks and to fulfil its statutory functions, standard operating procedures, and information technology. Each gap had an action plan and a person assigned to it, with a timeframe for completion. Tusla had completed a training needs analysis of the intake and assessment team within the target timeframe of the compliance plan. However, the completion of professional development plans was an ongoing process and outside the compliance plan timeframe. At the time of the inspection 12 actions had been completed by Tusla, while some were outside their timeframes for completion and remained outstanding. This was due to some actions requiring a national approach or response and responsibility was resting with the national office for completion. These included implementation of transfer meetings between local Tusla service areas and implementing standard operating procedures for the management of data.

One of the objectives of the oversight group was to provide assurances that safety measures were in place to mitigate any identified risks to SCSIP through the implementation of the SIP. However, as also identified on the previous inspection, not all risks were identified nor interim measures put in place to relieve the pressures. This included case transfers not progressing between teams, which was hampering staffs ability to apply safe practices in the management of referrals, and to ensure

continuity of care for the child. In addition, the assessment of cumulative harm² had not been identified as needing further development against the backdrop of staff vacancies and lack of staff capacity to assess new reports. Inspectors found that further improvement was required to strengthen practice in the assessment of cumulative harm. The impact of the above was that the pressure in service provision on the intake and assessment team continued to increase that in turn negatively impacted on staff practice and performance. As a result, the SIP could not progress effectively as it was not amended to address changing or evolving risks.

Tusla were on a journey to appropriately manage the number and range of risks that it was facing within the SCSIP service. Managers were developing practice in the area of assessing and planning for risks, to ensure the services future resilience. Following review of the services risk register, it was found that there was better understanding of the risks affecting the service, and the specific actions Tusla could take to tackle them. The focus of the risk register was on the highest risk areas. This included the risk related to unaccompanied children, who were being placed in voluntary care under section 4 of the Child Care Act 1991 without consent being obtained, which was now on the register. Control measures were in place, prioritisation criteria had been agreed and cases were being expedited for applications to court where capacity in the team existed. Risks were either owned by the director of services or the area manager, who were responsible for assessing the impact and likelihood of each risk. All risks captured the likely impact on the service that included adherence to statutory requirements being fulfilled, delays in cases transferring from intake and assessment to the alternative care teams and increases in workload and demands on existing staff. Of the risks reviewed by inspectors there were control measures in place, but such controls were heavily reliant on staff taking on extra responsibilities and the recruitment of vacant positions. Managers were providing an assurance report to the National Operations Risk Management and Service Improvement Committee (NORMSIC) that looked at areas such as new risks, service improvement planning and serious incidents. The management of risk was becoming more aligned with Tusla's national risk management framework but continued to be a new process that required further embedding.

Inspectors found that communication and engagement had improved at meetings, team, senior and pillar meetings, with clear agendas and follow-up actions devised. This included management updates, staffing, standard operating procedures, service development and risk escalations. The area manager attended these meetings to ensure effective communication and direction. Inspectors found that necessary

² Cumulative harm is the outcome of multiple episodes of abuse or neglect experienced by a child. It refers to the effects of patterns of circumstances and events in a child's life which diminish a child's sense of safety, stability and wellbeing (Department of Health, Government of Western Australia).

adjustments to roles and responsibilities were made where staff resources allowed. This included the creation of a rotating duty rota between staff on different teams in an attempt to balance the workload. The impact was that meetings promoted a space for staff to discuss their needs and concerns openly thus promoting a culture of transparency and collaboration. However, challenges raised by staff were not met with a clear response to manage the excessive caseloads that affected their ability to do their job safely and effectively. While the range of meetings in place in the service provided further oversight to the area manager and director of services and strengthened the lines of accountability, they were not yet fully effective in managing all of the risks that continued to be found on this inspection. Inspectors continued to be concerned that there were insufficient staff to manage the challenges facing the service, and as a result their ability to assess risks to children and to identify and respond to children who had experienced significant and or cumulative harm, was limited.

The director of services and the area manager were striving to improve the governance and oversight of performance of the SCSIP service but were facing an uphill battle regarding the range and complexities of the task at hand. They were aware of some of the risks and challenges that the service was facing. Different oversight mechanisms were established to monitor service development. This included the establishment of the *'Working group to progress commitments under the third National Plan to prevent and combat Human Trafficking in Ireland'*, and *'Tusla and An Garda Síochána meeting regarding unaccompanied minors'*. The director of services had also taken on an essential role in improving their oversight of risk, reporting to the National Operations Risk Management and Service Improvement Committee (NORMSIC) and chairing the oversight group in the implementation of the SIP. However, Tusla was only at the initial stages of understanding how the SCSIP service was responding to and managing the diverse nature of the service and the presenting service risks. Therefore, continued improvement was needed to strengthen the governance framework. In addition, discussions were taking place with the Department of Children, Equality, Disability, Integration and Youth regarding key legislative points.

Tusla had put mechanisms in place to strengthen oversight of the *'Children Missing From Care, A Joint Protocol between An Garda Síochána and the Health Service Executive Children and Family Services'* (Protocol). Tusla were aware of the shortcomings of the service not working in line with the protocol and had developed training initiatives within the service and with external stakeholders. Tusla were also seen to have started the process of strengthening gaps in processes and standards in relation to the practice of Garda notifications. Tusla had commenced joint meetings with An Garda Síochána, the purpose of which was to focus on issues related to unaccompanied children and how the two agencies could co-operate successfully in

the future. This was a new development with only two meetings having occurred by the time of the inspection. Tusla had developed a procedure *‘for missing children in care escalation’* in an effort to introduce consistency and drive improved safeguarding approaches for unaccompanied children, through better information sharing and more timely safeguarding responses.

Tusla were in the process of improving the SCSIP services system of collecting, monitoring and analysing information to gain insights and make informed decisions to improve service delivery. A number of ‘trackers’ were in place to assist managers in establishing and ensuring accountability. Although trackers were put in place to provide managers with oversight of key actions such as missing from care, they were ineffective as they were not consistently updated due to resourcing issues. For example; the principal social worker on duty and intake team held a child in care (CIC) tracker, that recorded relevant data related to each unaccompanied child’s care planning journey, but this was not up to date, with key statutory information left blank; this included 208 children whose statutory visits and child-in-care reviews were not known. Tusla’s compliance plan documented that the CIC tracker had been reviewed and all fields were completed. Staff told inspectors that the collection of such data was dependent on them sharing the information with administration staff for them to input it on the system. But due to the continued resource constraints and unmanageable caseloads this practice was still not consistently taking place. Therefore, the tracking system was ineffective in providing a mechanism to ensure good governance to drive strategic decision-making and improvements.

As part of the compliance plan, following the February 2023 inspection, managers had developed an audit schedule that commenced in May 2023. Managers were at the initial stages of embedding a consistent approach to performance tracking through regular internal audits. Three audits were sampled as part of this inspection to assess quality. These included a re-unification file audit, Joint Working Protocol audit and supervision audit. The focus of the audits were based on the organisation’s needs and issues. The audits were found to provide a review of governance processes, risk management and internal controls. The audits were detailed and equipped managers with a holistic view of the governance structures and how well they were working in the service. The governance of audits needed to be further embedded into practice to ensure that there was a clear mandate and goals are in place to deliver robust assurance. The audits highlighted key areas of weakness and developing risks, along with emerging trends and challenges. Recommendations were found to be assigned to each audit sampled. It was found that feedback from audit findings were shared with staff and the senior management team for shared learning and for informed decisions to be made regarding addressing deficiencies. Learnings were found to be implemented in relation to an audit of reunification that included the development of a standard operating procedure that was in operation. The

impact was that practice changes could be seen, case files were of better quality and checks were undertaken to determine the person's relationship to the child. Managers were in the process of establishing a routine internal audit programme for 2024 that would support them in highlighting risks, monitor performance and evaluate the effectiveness of the service. However, the SCSIP service was still at the initial stages of embedding internal audits as part of establishing strong governance to address risks.

Inspectors reviewed the register in place that logged and tracked complaints made to the SCSIP service and found that there were improvements made. The tracking of complaints was more robust with complaints being acted upon in a timely manner with children participating in the process. There were 30 complaints made since the previous inspection. Some of the reasons for complaints being made related to waiting allocation to a social worker, an interpreter not provided that spoke the child's language, or no education placement. Complaints were notified to and investigated by the principal social workers. From review of senior management meeting minutes, complaints were an agenda item and informed part of service improvement planning.

An additional mechanism developed since the previous inspection was the case prioritisation meetings which were set up to provide additional oversight of cases. These meetings had commenced in April 2023 and minutes were found to be detailed and took into account accommodation and the particular needs to protect unaccompanied children from any risk. Each case was assessed and a decision was made about which placement was the most appropriate for each child. However, these meetings were faced with challenges due to the lack of placements and difficulties in not knowing the full extent of the issues and life circumstances of the child. It was acknowledged by staff at prioritisation meetings that due to the large volume of unaccompanied children being received into the country, they had been placed in accommodation that was available, with little to no matching taking place. One case reviewed by inspectors showed improvements in the development of a system to show how decisions were made, tracking of actions, along with oversight of available placements. However, further work was needed to ensure the continued embedding of this practice.

In line with the urgent compliance plan issued at the first HIQA inspection in February 2023, Tusla had continued to transfer the details of unaccompanied children onto Tusla's electronic case management system (TCM). Inspectors reviewed the case management system and found that only the key details of unaccompanied children were being inputted onto the system in real time, to ensure that Tusla service areas in which they were placed and the Out of Hours Service (OOHS) could obtain access in the event that an issue arose outside of the SCSIP office hours. However, managers and staff continued to work with a case management system that was paper based and did not support the team to do their work efficiently and effectively.

Staff told inspectors that they found the process "*burdensome*" and "*time consuming*". Staff said that they did not always have the time to capture and analyse all the information about an unaccompanied child, so that risks were properly understood and decisions made in their best interests. Tusla showed slow progress in integrating the SCSIP service into the national Tusla case management system, TCM, with a target date of February 2024. The impact was the case management system did not support staff to focus fully on their work, instead a lot of their time was spent duplicating paperwork.

The dataset provided prior to the inspection outlined that the service had submitted 44 'Need to Know' notifications since the previous HIQA inspection. The 'Need to Know' reporting procedure is Tusla's mechanism for services to inform senior managers about local issues. Inspectors reviewed the area's 'Need to Know' log and found it to be detailed. This inspection reviewed five 'Need to Knows' to examine the effectiveness of the process. Three of the 'Need to Knows' were related to children missing from care, one related to threat of violence and one related to a contagious medical condition. Inspectors found that the actions outlined in response were detailed, with preventative measures taken to minimise the risk of a medical outbreak. Inspectors found that some risks were held by the director of services due to the severity of the risk. However, there was no evidence of any outcome or response being received to the service from the national office in response to the 'Need to Knows'.

The SCSIP service continued to face challenges regarding recruitment and retention of social workers and social care workers in the highly pressured work environment. Those impacted most by this challenge were vulnerable children at risk who rely on the skills and expertise of staff to provide support to ensure their safety. To tackle this Tusla had commenced rolling recruitment campaigns, in September 2023, to attract staff to the service. At the time of the inspection, there were nine staff in the process of on boarding with start dates to be agreed. Managers were under pressure to resource all teams within the SCSIP service, in order to support staff to manage increased workloads. The front door of the service was in crisis and had the highest number of cases held compared to the other teams in the service, with only a small percentage of workload redistribution to the 'Active on duty' team. There was no apparent interim plan for staffing shortages to relieve the pressures on staff at the front door to ensure safe practice in the service.

The SCSIP team was selected to be the first pilot service for the rollout of the revised Tusla national supervision policy. This was to strengthen practice and support to staff in the service. However, the completion of this action was overdue as the timeframe had been moved from quarter three 2023 to quarter one 2024. This was due to a delay in the completion of the new national policy. Inspectors found that the occurrence of supervision had improved however, further work was needed to ensure adherence to the supervision policy. When supervision occurred detailed case discussion and action planning was being documented. However, supervision did not support staff in their role by monitoring their health and wellbeing or discussing and addressing issues that may be affecting their performance or wellbeing. Where staff had raised, on numerous occasions, that the *"level of work was exhausting on health"*, *"workload was not sustainable"* and the *"team was stressed"*, there was little to no evidence that action had been taken to support aspects of the role that staff were finding challenging. External stakeholders had also identified the unmanageable workload of staff and said that they were *"over-loaded, they don't have the time to follow up children's progress with education and training providers"*.

In November 2023, the area manager had raised with the director of services that the *"pressures continue to be ever increasing"* in relation to the level of service provision required of the team. That there was a concern regarding the level of additional hours worked by staff and the impact on their well-being. Although a review of the intake and assessment team was to be undertaken, there were no clear signs of interim measures being put in place to relieve these pressures, nor support or direction from Tusla national office in navigating this complex area of work. Given that this issue was already identified in the February 2023 HIQA report, the lack of a timely response to address this was concerning.

Managers had introduced a new support programme in May 2023, as part of the services induction plan, and inspectors found that it did not make any significant improvements to the team. A new member of the team started prior to the inspection and said to inspectors that they were already experiencing *"burnout"* and *"did not have a protected caseload"* to allow them to do their job safely and effectively. Staff continued to work in excess of their daily hours to meet the needs of the service. An external therapeutic support was made available to staff as part of the service compliance plan however, due to the high pressured caseloads, protected time was not provided to staff to avail of this. Significant improvements were required in supporting staff on the team and to ensure all new staff had a comprehensive and meaningful induction programme. While external supports were offered and provided, the core issue of the unmanageable workloads of these staff had not been addressed. This feedback by staff, detailing the negative impact on their health and well-being from the pressures of *"everything falling at the front door"* was escalated by HIQA to the director of services. This was due to concerns regarding the safe and effective work environment.

Inspectors found that Tusla had started to invest in the learning and development of staff in the latter part of 2023. Although, Tusla were attempting to create a supportive environment for learning, through the completion of a training needs analysis, training initiatives and meetings to reflect on practice, this was impacted by the challenges and risk being met at the front door, as previously discussed. In a crisis driven service, there was little room to create an environment that embedded learning into practice due to capacity constraints on the team. Inspectors found that to ensure that managers had the resources to build staff capabilities to adapt and respond to challenges in an effective way, a strategic model for learning was required. Although Tusla had completed some actions in their compliance plan related to the development of a training needs analysis, with professional development plans ongoing and not within their target timeframe, it was found that these actions were not effective in responding to the challenges and impact the intake and assessment team were facing, which is outlined throughout the report.

Part of Tusla's critical reform of the SCSIP service was to strengthen engagement with key stakeholders that the SCSIP service were reliant on to meet their statutory requirements from government departments to voluntary agencies. Tusla had commenced stakeholder engagement meetings with a number of organisations, along with training initiatives in line with their compliance plan. Stakeholders told inspectors that there was an *"improved shared focus"* between services and that they *"valued"* being part of training programmes that promoted safeguarding practices and learning.

Inspectors found that the area manager and staff continued to work beyond their capacity to deliver a service to unaccompanied children who were seeking support and safety. Staff continued to work in a crisis driven, high pressured environment but maintained great passion and empathy in their work. The SCSIP service continued to have staff vacancies, gaps in processes and systems that negatively impacted on the management of the day-to-day organisational activities. The area manager and director of services were under immense pressure to strengthen the governance of the service and its alignment to Tusla processes. Although there were aspects of actions that were implemented that were at the early stages of being embedded into practice, inconsistencies and gaps among governance mechanisms continued to be found. Governance of the SCSIP service continued to be a work in progress and required the support, resources and steering from Tusla national office to organise the governance structure and the mechanisms by which governance was implemented.

Standard 3.1

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

Judgment

Not Compliant

Tusla were found to have commenced implementing improved governance outlined in the compliance plan from the previous inspection 28 February – 2 March 2023. However, Tusla were at the initial stages of developing good governance arrangements in order to operate a service that performed its functions in line with the relevant standards and regulations. Further reforms were needed to ensure that the right systems were in place to deliver a safe and effective service to effectively protect children seeking international protection and promote their welfare.

Tusla had begun to align the SCSIP service into the child protection and welfare systems, but was at the initial stages of development and integration. As a result, the SCSIP service continued to operate outside of Tusla’s existing governance and information systems. This meant that standard business processes, monitoring structures and performance reporting was only at the initial stages of being discussed or developed. The governance of the service was not fully informed by the SCSIP project output as the roles, responsibilities, skills, and training needs requirements were not effectively in place.

Although Tusla had achieved some of their targeted timeframes in their compliance plan, Tusla had to extend the timeframes for other areas as they were not achievable and did not align with the team ability to implement them

<p>Standard 3.2 Children receive a child protection and welfare service, which has effective leadership, governance and management arrangements with clear lines of accountability.</p>	<p>Judgment Not Compliant</p>
<p>Tusla had committed to achieving 16 targets as part of the compliance plan to improve service delivery. While some were at the initial stages of being embedded, five were not effective and required further improvement. These included how the service implemented the collection of data, training, trackers and transition to Tusla case management system.</p> <p>Reforms had begun to materialise to strengthen governance in order to improve capacity to fulfil its statutory responsibilities to provide a safe service. However, children continued to experience delays in having their needs for help and protection promptly assessed and met due to the increasing numbers of unaccompanied children presenting to, or being referred to SCSIP service. There were blockages in children cases transferring from the intake and assessment team to the alternative care teams. No interim measures were put in place to relieve pressures at the front door to support safe practice of the service. There were repeated concerns over high caseloads found, with staff under considerable pressure in terms of their capacity to meet the needs of an ever increasing cohort of vulnerable children. Resources were not deployed effectively, and there continued to be an absence of strong oversight and leadership of the front door service provision and practice.</p>	
<p>Standard 5.3 All staff are supported and receive supervision in their work to protect children and promote their welfare.</p>	<p>Judgment Not Compliant</p>
<p>As part of the compliance plan a new support programme commenced in May 2023, as part of the services induction plan however, it did not make any significant improvements to the team. While external supports were offered and provided to staff in line with Tusla compliance plan, the core issue of the unmanageable workloads of these staff had not been addressed. Staff and managers at all levels continued not to be sufficiently supported in what continued to be a crisis-led service environment. As part of the compliance plan the SCSIP service was to be the first pilot service for the rollout of the revised Tusla national supervision policy. This was to strengthen practice and support to staff in the service. However, the completion of this action was overdue as the timeframe had been moved from quarter three 2023 to quarter one 2024.</p>	

Quality and safety

Overall, inspectors found that the quality and safety of the intake and assessment service for unaccompanied children seeking international protection continued to require significant improvement. While HIQA acknowledges that the SCSIP service was on a journey of improvement and the full effects of this would not be seen for some time to come. Steps to address some of the significant findings from the February 2023 inspection remained outstanding against the backdrop of an overstretched and crisis response service. There was a lack of robust Tusla management oversight of how unaccompanied children moved through the SCSIP system. This created a blockage at the front door that produced significant delays in efforts to help and protect unaccompanied children. At the front door, this oversight was critical and it was found to be absent. As a result, areas that required immediate measures to be put in place to ensure a safe and effective service were found to be absent.

Since the previous inspection of the SCSIP service in February 2023 there had been a further significant increase in the number of referrals received. Data reviewed indicated that for the first six months of 2023 the SCSIP service received 256 unaccompanied children into care. This was in stark contrast to Tusla data, obtained from minutes of a Tusla meeting, whereby the total number of children received into care by Tusla nationally, for 17 service areas, which was 271. From the 1 March 2023 to the time of the inspection, the SCSIP service had received 334 referrals. The increasing numbers of unaccompanied children presenting to, or being referred to SCSIP service, continued to impact on the services ability to respond appropriately to their specific needs. The service was continuing to be met with challenges to meet demand and was carrying a number of vacancies. While Tusla had recognised the impact of vacant positions on the services ability to respond to the needs of unaccompanied children and to meet their statutory requirements, the situation continued. A review of meeting minutes indicated that managers recognised that it was now *"at a critical point in its ability to continue to respond to these young people and to ensure they had access to a timely, safe, and appropriate service"*.

There were nine new staff at various stages of on boarding to a position within the service however, it was not determined what teams four of these social work positions would be assigned to, despite the completion of a review of demand and allocation of resources as outlined in the compliance plan.

The data reviewed by inspectors also indicated that the service was receiving approximately 37 referrals to the SCSIP team per month, where approximately 80% of these children required care and or accommodation. Data provided to inspectors prior to the inspection indicated that the intake and assessment team had 261 cases open to the service. These 261 cases were being managed by two social workers and two social care workers. These cases were broken down into:

- 234 children were children in care
- 27 children were undergoing the intake eligibility assessment.³

Of the 261, 64 unaccompanied children were allocated to a social worker, with the remaining 197 cases open to the intake and assessment team awaiting allocation to a social worker. Out of the 261 cases, ten of these cases were identified by Tusla as being high priority. At the time of the inspection this had been reduced to nine high priority cases.

Managers had commenced reshaping the delivery of the SCSIP service to bring about improvements to effect change. Managers were at the initial stages of work with Tusla national office to design a model of care that was tailored to the SCSIP service and how to respond in a more targeted way to meet the specific needs of unaccompanied children. This was to ensure that unaccompanied children received the right care, at the right time, in the right place, in order to provide a safe quality service. Tusla had commissioned an external youth organisation, to carry out a participation piece with unaccompanied children in the SCSIP service to capture their views to inform the development of the model of care. This had commenced in October 2023.

Since the previous inspection, a SCSIP process map was developed to strengthen staffs understanding of all the steps to be taken and the specific tasks connected to the intake and assessment process. This showed the processes of an unaccompanied child's journey through the service. Inspectors found that not all sections of the process map were operational and were still undergoing implementation. Nonetheless, Tusla was working towards their compliance plan timeframe of December 2023. When a referral was first received to the service, inspectors found that the intake and assessment team continued to screen the referral on the day it was received. Support required to address the complex needs of unaccompanied children began as soon as the referral was received, by staff securing accommodation for their immediate safety. However, inspectors found that due to the volume of

³ Includes an exploration of age, is not a determination of age for the purpose of the International Protection Act 2015. The purpose of Tusla's social work assessment is to establish if the person is a child in need of care and protection. It determines a child's eligibility for service and identifies their needs, and subsequent development of a care plan.

referrals received to the service, staff on the intake and assessment team were stretched to capacity and were juggling competing case priorities which was "*causing burnout*".

Inspectors reviewed 38 files of unaccompanied children on the inspection. The files sampled included unallocated cases, 'Active on Duty', reunification, high priority, organised abuse and cases of children missing from care.

The SCSIP intake and assessment team continued to provide a frontline service to unaccompanied children, who arrived through ports and airports, into the country. Some unaccompanied children were alone, in an unfamiliar country with some unable to speak English to communicate. Of the 38 children's case files reviewed, 28 children were awaiting allocation to a social worker. The responsibility for managing unallocated cases rested with the duty and intake teams due to a blockage in the pathway process of cases transferring to the alternative care teams. This was despite them also trying to respond to numerous children arriving into the country every week that required an immediate emergency response, and at times meant that they worked long into the evenings to ensure they were safely accommodated.

Every unaccompanied child was met by a social worker, who, through the use of interpreters and booklets in a range of languages, were able to communicate information to them about their rights.

Inspectors found that the intake and assessment team continued to struggle to get the front door service of the SCSIP team working well. The front door service was where staff responded to initial contacts made by professionals who were concerned about an unaccompanied child. The team continued to face a complex task in organising work to gather information and make decisions about which pathways to follow for different referrals. This was in part due to the volume of referrals being received but also the lack of a pathway system through to other sections of the SCSIP team. As a result, this created a blockage to unaccompanied children's cases transferring through the service to be worked by the relevant team. There was high reliance on the SEA⁴ provider's reports to provide insight and assessment into children's progress and risks. However, staff told inspectors that they did not have capacity to read these reports as they were "*holding so much work*" and as a result they were not aware of the current needs or risks for these children. As a result, staff were not alert to the possible multiple adverse circumstances and events in a child's life, and to consider, not just the current information, but the past history of the child that may be indicative of cumulative harm.

⁴ A Special Emergency Arrangement (SEA) refers to emergency settings where a child/young person is accommodated in a non-statutory or non-procured placement e.g. Hotel, B&B, Tusla non-registered property (TUSLA).

External stakeholders said that this impacted on finding timely onward placements for children and that *"they are put to the pin of their collars in managing the work"*. Staff also recognised and said to inspectors that the capacity of the intake and assessment team remained challenging given the small size of the team. The organisational responses at the front door continued to be heavily weighted to securing shelter and immediate safety for unaccompanied children.

The SCSIP service had shown some progress in certain areas on their improvement journey. Overall, inspectors found that improvements had been made in the screening of eligibility for services for unaccompanied children. A new *'Eligibility for Services for Separated Children Seeking International Protection'* assessment process had been introduced and staff had received training. This was the first assessment that was made following a referral to the service and was an initial evaluation of an unaccompanied child's needs and circumstances. Inspectors found that staff had received training in a number of areas to recognise and understand the particular issues likely to be faced by these children to inform their assessment. This included recognising the indicators of trafficking, cultural issues, resilience and vulnerability, child interviewing techniques and best interests. Children's case files reviewed contained better information gathering about children's families, their journey to Ireland and their care needs than the previous inspection findings. Oversight from managers was more evident with examples of challenge seen when the level of information gathered was too basic. Following assessment, the intake and assessment team were tasked to produce an emergency care plan setting out how the child's needs would be met. This should include the arrangements made to meet the child's needs but this was not routinely taking place or evidenced on the child's files.

Tusla had committed to fulfil 16 actions outlined in the compliance plan to strengthen the front door of the service. Of the 16 actions 11 had been completed, three were on schedule in line with the compliance plan and two were overdue their completion timeframe, these related to the 'Active on Duty'. Inspectors found that of the 11 actions completed not all were effective in strengthening the front door. Three were not effective. For instance, for two of these, where any new child protection and welfare concerns on open cases were received, these could not be routinely screened by the intake and assessment team, as staff stated they did not have the time to read all new information received from SEA's or other placements where children were residing, due to the volume of work. The third action related to the CIC tracker, that although was in place, referrals to the service could not be tracked effectively as there was gaps in information. As previously mentioned, 261 cases were being managed by two social workers and two social care workers on the intake and assessment team. Inspectors found that for one action on schedule, alignment of the

service to Tusla case management system, it required a more immediate timeframe that decreased paperwork and centralised data management.

Due to the absence of care plans on children's files, there was no detailed assessment of the child's needs that offered more than the provision of accommodation. For example; where children went missing from care, statutory review of their care plan was not taking place that would provide an opportunity to check that it appropriately addressed the reasons for the absence. This impacted on the development of a strategy to minimise a repeat of the missing episode and identification of vulnerabilities. Tusla's compliance plan had committed to an 'Active on Duty' system to be developed in response to this. However, this had only commenced in October 2023 and was overdue by four months.

The staffing issues outlined in the previous section continued to impact on the intake and assessment team not having the capacity to meet with children to undertake a more comprehensive assessment of their needs and risks. For example; in one day the team had to support finding placements for 11 unaccompanied children. As a consequence of workload pressures, the backlog of outstanding tasks and risks continued to build on the intake and assessment team. Inspectors found that children's cases were not progressing from the intake and assessment team to the relevant alternative care teams within the SCSIP service. The impact was that a more detailed analysis of unaccompanied children's particular needs and vulnerabilities, as well as drawing on their strengths and protective factors were not routinely undertaken. This approach continued not to be in line with *'Children First National Guidance for the Protection and Welfare of Children, and the Children First Act 2015'*, as there continued to be an absence of a child protection and welfare assessment being undertaken. The service processes continued to remain outside of Tusla's standard business processes in that ongoing assessment and follow up planning remained weak due to other high demands on workforce capacity. Therefore, Tusla's action under their compliance plan that all child protection and welfare reports would be assessed in line with Children First' was not complete. In addition, Tusla action that oversight of assessments to embed practice was ongoing and required improvement.

Managers and staff continued to develop ways of working to meet these challenges at the front door. One such measure was the creation of an 'Active on Duty' system which became operational on the 16 October 2023. Despite the significant findings from the previous inspection, and the urgency of the matters raised, the timeframe outlined in Tusla's compliance plan submitted to HIQA following that inspection was not met and was two months overdue. This was a short-term measure to ensure governance and quality of service provision while unaccompanied children waited to be allocated to the alternative care team. However, not all positions on the team had

been filled and therefore its impact was minimal and future impact could not be fully assessed. At the time of the inspection, 66 children's cases had been transferred from the intake and assessment team to the 'Active on Duty' team. Five of these cases were examined to determine the quality of practice. As the 'Active on Duty' had only recently commenced it was hard to determine its effectiveness at such an early stage. However, for those children transferred over to the dedicated team, there was limited evidence that children's needs or risks to their safety were adequately addressed. Although cases were flagged in case supervision for immediate allocation, capacity challenges meant there continued to be delays before this was achieved. Inspectors found that the high number of unaccompanied children waiting allocation to a social worker on the 'Active on Duty' team also remained a concern. Staff told inspectors that 40 unaccompanied children would be moved onto the 'Active on Duty' list, with the remaining number of children put on a waitlist. The waitlist would be worked by the wider child in care team on a daily basis. It was not clear how effective this practice and system would be in meeting the needs of unaccompanied children.

Furthermore, there was limited evidence that children's needs or risks to their safety were being adequately addressed, and that resources were being effectively utilised. For example, one young teenager, who had particular vulnerabilities due to their age, separation from parents and medical condition had been placed in a SEA for a period of six months, when a placement in foster care would have been the most appropriate placement. A second child was also placed in a SEA, but there was limited evidence of progress being made on actions to secure a school placement and assigning a social worker. There was also poor examination of how to address the key issues related to this child's safety needs in their placement. One older child had been placed in foster care despite the lack of available foster care placements for younger children. In addition, for a child who could not read or write there was no evidence of any direct work with them six weeks after their eligibility assessment was completed.

The impact of the 'Active on Duty' standard operating procedure was not seen on cases sampled. A tracker was in the process of being developed to produce information required to plan and monitor the completion of statutory requirements. Although cases were flagged in case supervision for immediate allocation to a social worker, capacity challenges meant there continued to be delays before this was achieved. This action was overdue by five months and not in line with Tusla's compliance plan.

The SCSIP service continued not to be fully aligned to Tusla's National Approach to Practice, as safety plans were not being used to respond to a child's specific vulnerabilities to increase their safety and wellbeing. For one child where there were

risks of Female Genital Mutilation (FGM),⁵ there was no evidence of these risks being explored or consideration as to whether a safety plan was required. There was no record on the child's file as regards whether a statutory visit or child-in-care review had taken place to inform an assessment. The use of safety plans needed to be strengthened to manage concerns for the safety of the child at a point in time and outline specific actions to be taken.

The previous inspection reported on concerns regarding the medical service that was withdrawn in Oct 2022 by the Health Service Executive (HSE), with no replacement service put in place. In November 2023, Tusla made a request to the HSE for the arrangement of initial health screening for SCSIP. A response had not been received upon commencement of this inspection. Tusla showed continued efforts to work in partnership with the HSE to ensure that initial health screenings were provided to unaccompanied or separated children to ensure ongoing attention to their health needs. Tusla had attempted to widen their scope to put interim arrangements in place with other medical providers. Efforts to put interim arrangements in place had been successful in securing health screenings for children under 16 years of age. However, due to the number of unaccompanied children requiring medical assistance and the constraints in the medical field of lack of available professionals, these arrangements collapsed prior to the inspection in November 2023. Tusla estimated to the HSE that five to seven children per week would require initial health screenings and that future projections suggested that an increase by 15% by January 2024 may be seen. Nonetheless, there was no clear alternative response by Tusla in terms of bridging a gap in this critical service provision for unaccompanied children. As a result, the SCSIP was still liaising with the HSE and other medical professionals but were left with no temporary measure to address the public health issue in finding a solution.

Some progress had been made on the procurement of a more suitable office environment for the SCSIP service. Following investment from Tusla, staff and unaccompanied children were to benefit from an improved, new facility. A refurbishment programme of the new premises was to commence in 2024. The new premises would offer a much improved space and environment for staff and children. Built across three floors, the new premises would provide increased space with improved accessibility for children. It is envisaged that the premises would allow for more staff to work on site, whilst also providing increased child friendly spaces and a garden. The investment from Tusla demonstrates their commitment to meet SCSIP service needs, as the limited space at the current premises made the overall working environment constrained.

⁵ All procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. (World Health Organisation).

At the time of this inspection however, interviews and assessments continued to be conducted in a room not equipped with a ceiling and sensitive information disclosed by the child could be heard throughout the department. This was not child-friendly and did not ensure their confidentiality and dignity. Tusla compliance plan outlined that a working group was established to improve the environment of the building, and inspectors found evidence that this had been achieved. The office was decluttered of paperwork and filing systems had been installed. There was more space and light in the office. However, Tusla were limited due to the Georgian period design of the building and the main issue of confidentiality and dignity remained unresolved.

Good joint working between the SCSIP service and the Out of Hours Service (OOHS) continued. There was good information sharing and good quality referrals being made, along with emergency care placements sought by the OOHS for unaccompanied children as required. The OOHS linked the SCSIP team with the child for immediate follow up on the same or next working day.

Progress had been made in respect to the management of unaccompanied children's personal belongings, and in particular the removal of legal documents such as passports, and possessions such as money and mobile phones, from children, which was highlighted at the previous inspection, without any controls in place. A guidance document was developed that detailed the importance and value of a child's personal belongings and how to support young people in keeping them safe. This was in line with the timeframe, July 2023, outlined in Tusla's compliance plan. In addition, this ensured that the most important belongings for each child goes with them to their placement. The guidance document was at the initial stages of being incorporated into practice but further improvement was needed. Inspectors observed that staff were unaware that two young people had left their passports in the SCSIP office after seeking support from the team. The administration staff were left with the passports without knowledge of what practice was in place to keep a child's personal belongings safe. There continued to be no effective system in place for ensuring the process was safe.

Data provided to inspectors prior to the inspection indicated that there were 80 children admitted to care, by the duty and intake team, under Section 4 of the Child Care Act 1991, that is, in the voluntary care of Tusla. Continued review of Section 4 cases were taking place and Tusla's Office of Legal Services were liaising with legal firms to progress these cases at the local courts where these children were placed. Of the 40 cases identified since HIQA's previous inspection, three of these Section 4 cases were outstanding. While Tusla was still within its timeframe to achieve its target of October 2023, HIQA had not accepted this as a timeframe as HIQA were not assured that it would bring the service into compliance with standards and

regulations. This proved to be the case since a further 40 court applications were to be progressed before the courts. Inspectors reviewed two case files where children who were initially placed under section 4 of the Child Care Act 1991 had their care status converted to an interim care order. Inspectors found that the SCSIP team continued to find it difficult to secure consent for unaccompanied children due to parental displacement, and the viability of voluntary care for a period of 28 days within which either consent or reunification must be pursued. Where consent could not be obtained from parents, staff continued to sign the voluntary agreement in the parent's absence. However, good practice was seen in some cases whereby voluntary consent was explained to parents or guardians and written or verbal permission obtained. The SCSIP service was struggling with the legislation in place and managers reported to Tusla National office that *"there is little room to deliver to the best interests of these children"* due to the constraints of legislation.

In line with *Children First National Guidance for the Protection and Welfare of Children, and the Children First Act 2015*, and national standards, once a child is provided with emergency accommodation a social work assessment should be carried out to determine whether a child protection or child welfare service is required.

Improvement continued to be required to strengthen the oversight of these unallocated cases as children placed in the care of Tusla continued to have no effective oversight of their care. For example, in the case of a child who arrived to Ireland in 2022, there was no evidence that a relationship had been established with them. There was also minimal intervention over the previous 12 months, even though significant concerns had been raised in relation to exploitation, and misuse of substances, had been highlighted. Inspectors examined eight cases identified by the service as being high risk. There was little to no evidence that risk assessments were undertaken to determine if the case should be allocated to a SCSIP social worker, nor was there evidence of consideration to requesting the Tusla service area where the child was placed to provide an immediate response to the safeguarding concerns. Where safety concerns had been escalated for a child presenting with sexualised behaviour, there were no clear safeguards in place or a risk assessment being undertaken. The capacity of the intake and assessment team to undertake follow-up work, including more time-intensive interventions, statutory visits, assessments, was often not possible given other more urgent workload demands of the team.

Tusla had provided additional training to staff and managers to develop knowledge and practice in the management of subsequent child protection concerns in line with *Children First: National Guidance for the Protection and Welfare of Children, and the Children First Act 2015 (Children's First)*. This included a workshop on Tusla's Child Abuse Substantiation Procedure and guidance on Garda notifications. Data submitted to HIQA prior to the inspection indicated that the service had received 27 referrals of

child protection and welfare concerns pertaining to unaccompanied children since the previous inspection. Improvements in practice had been made and there was evidence on case files of stronger collaboration with An Garda Síochána. However, there continued to be mixed practice by social workers whereby they operated in line with some aspects of Children First. Where a disclosure of child sexual abuse was made by a child, this was acted upon in a timely manner and reported to An Garda Síochána. In addition, the child was provided with support to attend a Garda specialist interviews. For a second child who disclosed being the victim of criminal exploitation during their eligibility assessment, a notification was made to An Garda Síochána on the same day. However, where a third child made a disclosure of trafficking during the eligibility assessment, there was a delay of one month in a notification being sent to An Garda Síochána. Furthermore, the notification did not document all the details provided by the child and no strategy meeting had been arranged. Further assurances were sought on this case by the inspector and a safety plan was to be developed and a strategy meeting organised.

The SCSIP team had started to develop a joint approach with An Garda Síochána, for assessing and classifying unaccompanied children missing from care, along with the complex risks and vulnerabilities of this cohort of children.

Inspectors found that the staff were now working in line with the national protocol, *'Children Missing From Care, A Joint Protocol between An Garda Síochána and the Health Service Executive Children and Family Services'*. Inspectors reviewed nine cases to determine the quality and practice of implementing the protocol. Inspectors found that for the majority of cases examined, the notifications to An Garda Síochána were made in a timely manner. An Garda Síochána reported to inspectors that there was good joint working relationships with the SCSIP team, with clear processes being followed in line with the protocol, including timely liaison with assigned social workers to discuss risk and concerns. Meetings were taking place regularly and were dependent on the levels of risk and concerns. Staff were quick to report a child as missing from care where indicators existed that may place the child at risk of significant harm. For example; one child was immediately reported missing from care after they absconded from their placement, as they had presented with indicators for trafficking and forced labour. Managers had also alerted authorities in another jurisdiction. For a second child, SCSIP staff and An Garda Síochána worked jointly to locate the child in response to serious concerns for the child's safety. There was good joint work with An Garda Síochána and the child was found.

Inspectors found that there was mixed practice in the follow up actions by social workers, such as the convening of strategy meetings. Out of the nine cases reviewed strategy meetings took place for two, for three cases the children had returned and four cases there were no strategy meetings held. The quality of the strategy meetings

documented were very poor. Although Tusla documented that it had completed all three actions outlined in the compliance plan to address this, inspectors found that the action related to oversight was not yet effective and required ongoing review to embed practice.

Minutes did not capture the action taken by professionals, the action that needed to be taken and plans needed to support the child if they were to return to their placement. In one case reviewed where a child had been missing from care for a period of five months at the time of the inspection, no strategy meeting had taken place. During the course of this time, the child had reached the age of adulthood. Further assurances were sought on this case by the inspector and follow-up action was to be undertaken by the principal social worker to ensure that the case was with the relevant teams. There was a systemic delay in the convening of strategy discussions for some children, which meant that risk was not promptly considered in a multi-agency forum.

Since the previous inspection, managers had undertaken an audit of 30 family reunification case files in April and May 2023 and found practice improvements were required. Although actions from the audit were slow to be realised, a family reunification policy was developed to establish safer practice in reunifying children with their family. The policy was to ensure that applications were considered in a timely and sensitive manner, assessments undertaken of the supporting evidence, checks and enquiries to be completed, acknowledged the vulnerable situation that children may find themselves in and, where possible, prioritising applications without unnecessary delay. The policy came into effect in October 2023 with an interim standard operating procedure developed in July 2023 in line with Tusla's compliance plan.

Seven case files were examined to determine the progress made to ensure that safe practice was being implemented in the reunification of children with their families. The best interests of unaccompanied children were assessed through identifying whether there was sufficient evidence to prove the individual(s) were related as claimed and whether this relationship was genuine. The practice of children being informed if family tracing was to be undertaken continued to be implemented. Staff were mindful of the difficulties unaccompanied children and individuals may face in providing documentary evidence. Children and individuals may not have had time to collect supporting documents or may not have understood that this would be required when seeking protection in another country.

Inspectors found in all seven cases that improvements had been made in implementing safety measures as part of the reunification process. Good practice was seen in all of the case files reviewed related to assessments being undertaken to

determine the family member's identity, to support their claim to be related to the child. For example, identity interviews were held in all of the seven cases with the child and family member, passport or identity cards were reviewed and on file. In one case where a family member did not have official documents, a voluntary DNA test was undertaken to sufficiently establish their identity. In a second case, staff worked collaboratively with An Garda Síochána and international social services to determine a child's family identity, which in turn led to a staff member accompanying the child to another country, as part of the reunification process. In two cases sampled checks were undertaken with the International Protection Accommodation Services (IPAS) provider where the relative was residing to determine their status and background information. Reunification checks were appropriately made and timely decision-making was undertaken that was in children's best interests. Children's wishes were sensitively considered with good management oversight of the cases.

Data submitted by the service prior to the inspection indicated that there were three cases of organised abuse.⁶ A review of documentation, together with assessing two cases of organised abuse, found that improvements had been made in the services approach to responding to contextual safeguarding concerns of children and young people's experience of significant harm that occurred outside of their families. Training relating to trafficking and best interests had been undertaken with staff and managers and the screening form had been revised to assess for trafficking indicators. In addition, a working group to combat human trafficking was established to strengthen partnerships and joint approaches to practice. This working group had met on two occasions and the topics discussed were detailed and action orientated in developing local inter-agency protocols to guide action where there were concerns that a child had been trafficked, including sharing concerns about a child's safety and the recording of cases. In one case reviewed a child arrived into Ireland accompanied by an adult who was not related to them and the circumstances raised child protection concerns for trafficking. Good practice was seen in that safeguards were put in place that promoted the welfare of the child. The child was placed in accommodation and an eligibility assessment was undertaken that had good probing questions to determine risk. Staff worked with a range of professionals, the human trafficking division from An Garda Síochána, international social service counterparts, the immigration service and other Tusla teams to gather evidence to inform the assessment of the child needs.

⁶ Complex and Organised abuse may be defined as abuse involving one or more abusers and a number of related or non-related children. The adults concerned may be acting in concert to abuse children, sometimes acting in isolation or may be using a position of authority to recruit children for abuse. Such abuse can occur both as part of a network of abuse across a family or community and within institutions. (Greater Manchester Safeguarding Board).

However, further progress was needed on assessing the safety needs of children assessed as having indicators of trafficking. In a case sampled where there were indicators of child sexual exploitation, although the child was moved to a place of safety, no safety plan was put in place with their placement provider. In addition, Tusla's national approach *'Child Sexual Exploitation Procedure 2021'* to assist staff to respond to cases where children may be at risk of sexual exploitation, was not being implemented within the service to inform assessment, and safety planning. There was a lack of effective analysis of risk or levels of harm posed to or by children to one another.

Tusla continued to promote a child's right to be heard by using interpreters when language barriers were identified so that one language could be translated into another. This enabled information to be easily exchanged between the child and staff. Working with interpreters had become an increasingly common necessity across the SCSIP service and Tusla had developed guidance on the use of interpreting and translation services. To help embed this new practice staff and managers had received training in how to work with interpreters in communicating with unaccompanied children. All cases reviewed showed that due consideration was given to the interpreting and communication needs of each unaccompanied child and that this was becoming routine practice with family members and when undertaking statutory visits to children. Good practice in staff decision-making was found where an eligibility assessment interview with a child was stopped due to the impact of re-telling a traumatic lived experience.

Stakeholders said that there was good forward planning by the SCSIP team with access to interpreters organised when visits were undertaken with children. However, it was found that the use of interpreters for eligibility and assessment interviews was constrained by the quality of telecommunications equipment and the lack of privacy, due to the design of the premises.

The SCSIP team had completed training on cultural differences prior to the inspection, in order to work effectively with children and families from cultures different to their own. Continued training in this area was required to equip staff to the changing needs of this cohort of children and to build their knowledge and skills. Gaps were found in relation to briefing interpreters about cases before an interview with a child was undertaken. The SCSIP team were met with challenges in being able to book the same interpreter to build a relationship between the child and professionals due to the nature of the service.

Inspectors observed a meeting with an interpreter, a child and social worker as part of the inspection with the consent of the child. Good practice was seen whereby the social worker established rapport with the child and provided a safe space for the

child to respond and be assisted by the interpreter. Clarity was sought in building a clearer picture about the child's lived experiences, their relationships and their journey to Ireland. Consent was sought from the child for their information to be shared and the child was advised of their right to see their records. The social worker sensitively asked whether the child felt safe and sought to build a picture of their aspirations and interests. Overall, the observational opportunity provided evidence that staff were implementing the service guidance on the use of interpreters.

Standard 1.3

Children are communicated with effectively and are provided with information in an accessible format.

Judgment:

Substantially Compliant

Tusla had set 11 actions in its compliance plan to ensure the rights of children were met. Of the 11 actions, nine were implemented but at the initial stages of being embedded into practice. Two, related to the development of an 'Active on Duty' system, were not in line with the timeframe set out in the compliance plan with it being overdue by four months.

In line with Tusla's compliance plan information booklets were developed in a range of different languages to ensure children's participation in meetings about their life. In addition, Tusla developed a standard operating procedure for the use of interpreters within their compliance plan timeframe to ensure that children were able to avail of these services that matched their needs. Staff received training, as outlined in the compliance plan, on cultural awareness to enable them to relate to children from other cultures and to build connections in a more meaningful way. Tusla had also commissioned an organisation to carry out a participation piece with unaccompanied children in the SCSIP service to capture their views to inform service development.

However, not all children were allocated to a social worker or social care worker which impacted on children having a professional to voice their wishes about decisions that affect their life.

<p>Standard 2.2 All concerns in relation to children are screened and directed to the appropriate service.</p>	<p>Judgment: Not Compliant</p>
<p>A SCSIP process map was developed of an unaccompanied child's journey through the service however, not all sections of the process map were operational and was still undergoing implementation. Tusla was working towards their compliance plan timeframe for completion of December 2023 but there was much to do. The organisational responses at the front door continued to be heavily weighted to securing shelter and immediate safety for unaccompanied children.</p> <p>A new '<i>Eligibility for Services for Separated Children Seeking International Protection</i>' assessment process had been introduced and staff had received training.</p> <p>Following assessment, the intake and assessment team were tasked to produce an emergency care plan setting out how the child's needs would be met. These were largely absent and there was no detailed assessment of the child's needs that offered more than the provision of accommodation. Due to the absence of care plans on children's files, there was no detailed assessment of the child's needs that offered more than the provision of accommodation. As a result, Tusla's actions under the standard to bring the service into compliance were not completed and further improvement was needed.</p>	
<p>Standard 2.3 Timely and effective action is taken to protect children.</p>	<p>Judgment: Not Compliant</p>
<p>Tusla provided a timely emergency response to unaccompanied children on their initial point of entry into the country. The intake and assessment team continued to struggle and faced a huge complex task in organising work to gather information and make decisions about which pathways to follow for different referrals. This was in part due to the volume of referrals being received but also the lack of a pathway system through to other SCSIP teams. As a result, this created a blockage to unaccompanied children's cases transferring through the service to be worked by the relevant team.</p> <p>Tusla continued not to have effective oversight of the unallocated cases, following their initial placement. Although, an 'Active on Duty' team had commenced this was not in line with Tusla compliance plan timeframe and was at the initial stages of its development therefore, its effectiveness could not be determined.</p>	

<p>Standard 2.5 All reports of child protection concerns are assessed in line with Children First and best available evidence.</p>	<p>Judgment: Not Compliant</p>
<p>Tusla had provided additional training to staff and managers to develop knowledge and practice in the management of subsequent child protection concerns in line with <i>Children First: National Guidance for the Protection and Welfare of Children, and the Children First Act 2015 (Children's First)</i>. This was in line with their compliance plan. However, there continued to be mixed practice by social workers whereby they operated in line with some aspects of Children First. There was mixed practice in the follow up actions by social workers. The quality of the strategy meetings documented were very poor and there was a systemic delay in the convening of strategy discussions for some children, which meant that risk was not promptly considered in a multi-agency forum.</p>	
<p>Standard 2.12 The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.</p>	<p>Judgment: Not Compliant</p>
<p>Improvements had been made in the services approach to responding to contextual safeguarding concerns of children and young people but were at the initial stages of being embedded into practice. Training had commenced in line with Tusla's compliance plan and a working group to combat human trafficking was established to strengthen partnerships and joint approach to practice. Further progress was needed on assessing the safety needs of children assessed as having indicators of trafficking. The practice of utilising safety plans needed to be strengthened as part of the assessment of the child's levels of needs and risk of harm.</p> <p>In addition, Tusla's national approach '<i>Child Sexual Exploitation Procedure 2021</i>' to assist staff to respond to cases where children may be at risk of sexual exploitation, was not being implemented within the service to inform assessment, and safety planning. There was a lack of effective analysis of risk or levels of harm posed to or by children to one another.</p>	

Compliance Plan

For Separated Children Seeking International Protection

OSV – 0008511

Inspection ID: MON_0041647
Date of inspection: 14 – 16 November 2023

Introduction and instruction

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for the Protection and Welfare of Children 2012 for Tusla Children and Family Services.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which Standard(s) the provider must take action on to comply.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Standard Heading	Judgment
Standard 1.3	Substantially Compliant
<p>Outline how you are going to come into compliance with Standard 1.3 Children are communicated with effectively and are provided with information in an accessible format.</p> <ol style="list-style-type: none"> 1. Within 3 days of an intake being completed, an SCSIP worker (SW/SCW/FSP) will be assigned as an identified contact person for each young person. Where possible, this will be a social worker. If it is not possible to assign a social worker, a social care worker or family support practitioner will be assigned as the contact person. <p style="margin-left: 40px;">Person responsible: PSW Intake and Assessment Timeframe: March 2024</p> <ol style="list-style-type: none"> 1.1 All children will be provided (in writing) with the name and contact details for their assigned worker who they can contact about any issue relating to their care experience. <p style="margin-left: 40px;">Person responsible: PSW Intake and Assessment Timeframe: April 2024</p> 1.2 As the referral rate to SCSIP continues to grow, point 1.1 will be regularly reviewed for prioritization of need and to ensure compliance with this process. <p style="margin-left: 40px;">Person responsible: PSW Intake and Assessment Timeframe: April 2024</p> 1.3 In the event of any child not being assigned a social worker or a social care worker/family support practitioner, they will receive a statutory service through a duty system, supported by other pillars. This will be operated on a rotational staff basis. 	

Person responsible: PSW Intake and Assessment

Timeframe: April 2024

- 1.4** Two social care workers, in the process of onboarding, will be assigned to the intake and assessment team which will increase capacity to assign SCSIP workers to children.

Person Responsible: PSW Intake and Assessment

Timeframe: March 2024

- 1.5** A second social work team leader post has been approved for Intake and Assessment team and will be advertised in February 2024

Person responsible: PSW Intake and Assessment

Timeframe: February 2024

- 2.** Young people will be met with by an SCSIP worker (SW/SCW/FSP) within two weeks of intake to identify their needs. These two weeks will allow primary needs for accommodation, medical assessment and rest.

Person responsible: PSW Intake and Assessment

Timeframe: June 2024

- 3.** Monthly case transfer meetings between pillars will occur to review team caseloads, identify most appropriate referral pathways within the service and agree the transfer of young people. This can be moved to fortnightly if referral numbers increase.

Person responsible: PSW Intake and Assessment

Timeframe: March 2024

- 3.1** PSW meetings will also occur monthly to review the overall functioning and governance of the service, including the internal case transfer process. This will include the PSW for Practice Improvement on appointment.

Person responsible: PSW Active on Duty

Timeframe: March 2024

- 4.** The outcomes of a Foroige consultation with unaccompanied minors, which has been presented to the team, will be reviewed to explore suggestions and/or areas for improvement identified by young people and a plan developed that can be implemented.

Person responsible: QRSI Manager

Timeframe: April 2024

5. A strategic training plan for the service is in development to include cultural competence training for all SCSIP staff (both existing and new) and with a focus on communicating effectively and appropriately with children and young people from diverse backgrounds. This plan will also set out training on the impact of Adverse Childhood Experiences (ACEs) and Cumulative Harm for young people.

Person responsible: Area Manager

Timeframe: June 2024

Standard 2.2

Not Compliant

Outline how you are going to come into compliance with Standard 2.2

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

6. Monthly case transfer meetings between pillars will occur to review team caseloads, identify most appropriate referral pathways within the service and agree the transfer of young people. (see also Standard 1.3, action 3)

Person responsible: PSW Intake and Assessment

Timeframe: March 2024

- 6.1 PSW meetings will also occur monthly, schedule has been agreed, to review the overall functioning and governance of the service, including the internal case transfer process. (See also Standard 1.3, action 3.1)

Person responsible: PSW Active on Duty

Timeframe: March 2024

7. To ensure that staff have timely access to relevant information that can guide their care for young people, the completed Intake Assessment form will be provided to placement providers, once approved at SWTL level, as close as possible to point of placement.

Person responsible: PSW Intake and Assessment.

Timeframe: March 2024

8. Young people will be met with by a SCSIP team member (SW/SCW/FSP) within two weeks of intake to further assess their presenting needs.

Person responsible: PSW Intake and Assessment.

Timeframe: March 2024

9. A care plan will be developed for children who are subject to a care order at the point of placement.

Person responsible: PSW Intake and Assessment.

Timeframe: March 2024

10. Medical screening for newly arrived unaccompanied minors provided by the HSE recommenced in January 2024. Currently, 5 young people a week are being screened and there are exploratory discussions between Tusla and the HSE to expand this number.

Person responsible: PSW Intake and Assessment

Timeframe: January 2024

11. The compliance plan will be held by the PSW for Service Improvement on appointment and by QRSI Lead in the interim, in the office of the Area Manager. The compliance plan will be tracked at SCSIP monthly Management Team Meetings and actions prioritised, timelines will be reviewed to ensure adherence to the plan, and adverse events that will seriously impact timelines will be notified to HIQA.

Person Responsible: Area Manager

Timeframe: April 2024

- 11.1 A request will be made for the Practice Assurance and Service Monitoring team (PASM) to complete a verification of the 2023/2024 CPW Compliance Plan

Person Responsible: Area Manager

Timeframe: April 2024

- 11.2 Any actions outstanding from the 2023/2024 CPW compliance plan will be tracked through to completion.

Person responsible: PSW Practice Improvement

Timeframe: June 2024

Outline how you are going to come into compliance with Standard 2.3
Timely and effective action is taken to protect children.

- 12.** The SCSIP Service developed an Immediate Strategy to Manage Response at the Front Door in November 2023. This contains a number of actions and has been submitted to HIQA previously. The Area Manager continues to oversee the implementation of this strategy.

Person responsible: Area Manager

Timeframe: February 2024

- 13.** All referrals will continue to be responded to on the day of referral. All children and young people deemed eligible for services will be placed on day of referral.

Person responsible: PSW Intake and Assessment

Timeframe: Complete

- 14.** The Active on Duty team, in place since October 2023, is now established with clear line management structure and more fully resourced, it had not been fully established at the time of inspection. Two social care workers are being onboarded for the active on duty team which will further increase capacity for allocation. The team is awaiting approval for two Family Support Practitioners to join Active on Duty and two further for Intake and Assessment.

Person responsible: PSW Active on Duty

Timeframe: March 2024

- 15.** An Org Chart for Duty has been developed based on future projected referral rates and will form part of the strategic human resource planning for the Service. Implementation plan to be developed.

Person Responsible: Area Manager

Timeframe: April 2024

- 16.** A national Tusla Policy and Guidance for the Management and Oversight of Unallocated Children and Young People was approved on 22 February 2024. This sets out roles and responsibilities for managers. This will be tabled at the SCSIP management meeting in March so that all staff are briefed and understand requirements/.

Person responsible: PSW Intake and Assessment

Timeframe: March 2024

- 17.** All unallocated Intake and Assessment cases will be reviewed monthly to review risk and identify actions and priorities for allocation/transfer. This will be recorded on a case note and uploaded to the child's file on TCM.

Person responsible: PSW Intake and Assessment

Timeframe: April 2024

- 17.1** All unallocated Active on Duty cases will be reviewed monthly to review risk and identify actions and priorities for allocation/transfer. This will be recorded on a case note and uploaded to the child's file on TCM.

Person responsible: PSW Active on Duty

Timeframe: April 2024

- 17.2** A monthly transfer meeting schedule between PSWs (with relevant SWTLs) has been agreed and will occur to review team caseloads, identify most appropriate referral pathways within the service and agree the transfer of young people.

Person responsible: PSW Intake and Assessment

Timeframe: March 2024

- 17.3** PSWs to complete a composite report every two months, schedule agreed, on unallocated cases, highlighting risk, interventions and required actions for Area Manager's oversight.

Person responsible: Principal Social Workers for each pillar

Timeframe: May 2024

- 17.4** Staffing will be strategically reviewed, informed by rate of unallocated cases at the fortnightly HR meeting and business cases developed for additional staffing.

Person responsible: Area Manager

Timeframe: June 2024

- 17.5** SCSIP team members are now being recruited to be located in geographic proximity to SCSIP res centres. These posts will retain reporting lines into SCSIP Team Leaders but located in the regions, and this will be subject to review. 1 post currently being recruited in Clonmel and 2 in Donegal.

Person responsible: Area Manager

Timeframe: June 2024

- 18.** The SCSIP internal audit schedule will be developed for 2024/2025 and this will include an audit of the management and oversight of unallocated cases.

Person responsible: QRSI Manager

Timeframe: April 2024

- 19.** There is Agency recognition that the use of Section 4 is, in the main, not appropriate for SCSIP, due to the challenges in securing informed consent from parents who are often, themselves, displaced.

Section 5 and Section 17 are the appropriate provisions in The Child Care Act. Section 4 will only be used in a minority of cases, Consent for s4 will not be signed by the Tusla worker.

Person responsible: Area Manager

Timeframe: March 2024

- 20.** An audit of s4 voluntary consent will occur six monthly in line with audit schedule.

Person responsible: QRSI Manager

Timeframe: April 2024

Standard 2.5

Not Compliant

Outline how you are going to come into compliance with Standard 2.5

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

- 21.** All CPW referrals received through the Tusla portal are now screened by one dedicated worker, Grade IV dedicated to Intake and Assessment who will create the referral page on the child's file (TCM) for the attention of the team leader.

Person responsible: PSW Intake and Assessment

Timeframe: February 2024

- 21.1** A briefing on the screening, analysis and processes for responding to and managing CPW referrals will be provided at a staff professional development day.

Person responsible: PSW Intake and Assessment

Timeframe: March 2024

- 21.2** Responsibilities relating to notifications of missing from care incidents, garda notifications, and child protection and welfare referrals are now a standing agenda item at all team meetings.

Person responsible: PSW Intake and Assessment

Timeframe: February 2024

- 21.3** An audit of the management of child protection and welfare concerns will be carried out as part of the SCSIP internal audit schedule.

Person responsible: PSW Intake and Assessment

Timeframe: May 2024

- 21.4** All SCSIP staff to have updated Children First certificates (mandatory training requirement) and this will be tracked to ensure compliance by Business Support on a training tracker.

Person responsible: QRSI Manager

Timeframe: March 2024

- 21.5** A briefing will be provided to all SCSIP staff by Children First Information and Advice Service.

Person responsible: PSW for Active on Duty

Timeframe: June 2024

- 21.6** A live register of all staff mandatory training (including Children First) will be reinstated and will track staff for all mandatory training compliance. PSW will be notified when children first training is due to expire for existing staff.

Person responsible: QRSI Manager

Timeframe: March 2024

- 22.** A briefing from experienced Tusla staff in the wider agency to provide guidance to SCSIP relating to expectations around conducting strategy meetings. This will be delivered at a staff professional development day.

Person responsible: PSW Intake and Assessment

Timeframe: March 2024

22.1 Administrative support will be assigned to take minutes and maintain records of strategy meetings.

Person responsible: Business Support Manager

Timeframe: March 2024

22.2 Administrative support staff will be provided with a briefing on the recording of strategy meeting minutes.

Person responsible: Business Support Manager

Timeframe: March 2024

23. SCSIP will be fully migrated to Tusla Case Management system.

Person responsible: Area Manager

Timeframe: Q2 2024

Standard 2.12

Not Compliant

Outline how you are going to come into compliance with Standard 2.12

The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.

24. Training dates are to be agreed with Workforce Learning and Development Unit on Child Sexual Exploitation.

Person Responsible: Area Manager

Timeframe: March 2024

25. Collective risk assessments will be carried out where young people are accommodated and there are known risks of trafficking/child exploitation.

Person responsible: Social Work Team Leaders

Timeframe: May 2024

25.1 A briefing will be developed for private SEA providers on identifying and responding to indicators of trafficking/child exploitation.

Person responsible: SEA Coordinators

Timeframe: May 2024

25.2 The Third National Action Plan to Prevent and Combat Human Trafficking 2023 – 2027 has recently been launched, building on the work of the two previous plans. The overarching goal of this action plan is to further strengthen the whole-of-government approach to combatting Human Trafficking in the State. As the Department with lead policy responsibility, the Department of Justice will monitor the implementation of the actions contained within this plan. The Third National Action Plan calls for the establishment of the following two committees:
→ Human Trafficking Governance and Strategy Group and a Human Trafficking Oversight Group comprising representatives drawn from key agencies. PSW under the SCSIP Area Manager will be a Tusla representative in this group. The group will be responsible for convening sub-groups, which would be tasked with specific strands of work, and will involve NGO representatives to ensure that specific issues are explored in depth and workable solutions identified.

Pending an outcome on this the screening tool and matrix will be strengthened locally for use on Duty/Intake in SCSIP.

Person responsible: Area Manager and PSW Practice Improvement

Timeframe: April 2024

26. Tusla 'Child Sexual Exploitation Procedure 2021' will be circulated again to all SCSIP. Staff as there are many new staff on-boarded. Training to identify and respond to indicators of child sexual exploitation will be delivered to the team.

Person responsible: PSW Alternative Care

Timeframe: September 2024

26.1 All SCSIP staff will be required to familiarise themselves with the 'Child Sexual Exploitation Procedure 2021' and sign to say they have read same.

Person responsible: PSWs/Team Leaders

Timeframe: April 2024

26.2 Tusla's national approach 'Child Sexual Exploitation Procedure 2021' will also be tabled and discussed at individual pillar meetings.

Person responsible: All PSWs

Timeframe: May 2024

26.3 Annual training provided by an external provider on identifying indicators of trafficking will continue to be provided to all SCSIP staff and included in the

strategic training schedule that will be developed.

Person responsible: PSW Practice Improvement

Timeframe: July 2024

- 26.4** The SCSIP trafficking matrix will be reviewed and updated to improve the quality of risk assessment. This has been reinstated as an action due to the expected extended timeline for the development of a national screening tool.

Person responsible: PSW Intake and Assessment

Timeframe: July 2024

- 26.5** Case specific learnings relating to assessment of (trafficking) risk and safety planning will be presented by SCSIP workers (SWs/SCWs/FSPs) at quarterly pillar meetings to facilitate shared peer learning.

Person responsible: Lead PSW for each meeting (set) co-ordinate case presentations

Timeframe: July 2024

- 26.6** SCSIP to participate in Data Metrics Subgroup to progress Tusla commitments under the third National Plan to prevent and combat Human Trafficking in Ireland.

Person responsible: PSW Intake and Assessment

Timeframe: February 2024

- 26.7** A review of the quality of safety planning where there are trafficking indicators will be included in the 2024/2025 audit plan.

Person responsible: QRSI Manager

Timeframe: April 2024

Standard 3.1

Not Compliant

Outline how you are going to come into compliance with Standard 3.1

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

- 27.** Actions are set out in the SCSIP Service Development Project an updated version of which has been provided to HIQA.

Person responsible: Area Manager

Timeframe: Completed

28. Progress on discussions re: model of care has been made and the completed paper, being co-ordinated by CRA is in the final stages and will shortly issue to DCEDIY from which a plan will be developed to implement recommendations.

Person responsible: Area Manager

Timeframe: April 2024

29. Service scope statement is being reviewed and developed as part of the Service Development Plan.

Person responsible: Area Manager

Timeframe: timeline for the project is 12 months

30. SCSIP continues to be included in discussions related to alignment with Tusla operational structures, processes, and systems. Once a final position is agreed an implementation plan will be developed.

Person responsible: Area Manager

Timeframe: June 2024

31. Requirement documents for SEA providers will be developed to align to national requirement documents.

Person responsible: General Manager and Area Manager National Lead on SEA

Timeframe: February 2024

32. New Principal Social Worker for the role of Practice Improvement Manager is being recruited. This will provide additional resource to focus on quality and service improvement.

Person responsible: Area Manager

Timeframe: June 2024

Standard 3.2

Not Compliant

Outline how you are going to come into compliance with Standard 3.2

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

- 33.** The publication of national metrics for the SCSIP service is due to recommence February 2024.

Person responsible: Area Manager

Timeframe: February 2024

- 34.** SCSIP will be fully migrated to Tusla Case Management system which will provide a system for data collation and reporting.

Person responsible: Area Manager

Timeframe: Q2 2024

- 35.** A plan for transferring cases from Intake and Assessment team to other pillars (SCSIP teams) is in place. This will relieve the pressures on the intake and assessment staff allowing them to focus on duty and response work.

Person responsible: PSW Intake and Assessment

Timeframe: February 2024

- 36.** PSW meetings will also occur monthly to review the overall functioning and governance of the service, including the internal case transfer process. This will include the practice improvement PSW on appointment.

Person responsible: PSW Active on Duty

Timeframe: March 2024

- 37.** The Children in Care Register is now maintained by the SCSIP Grade VII Business Support Manager with oversight from all PSWs for their individual pillars.

Person responsible: Principal Social Workers

Time frame: March 2024

- 38.** Strategic Training development plan is being developed.

Person responsible: Area Manager

Timeframe: June 2024

- 39.** The Practice Improvement Plan now sets out the service improvements. The Rapid Governance Group overseeing the Compliance Plan previously with the Service Director has been stepped down. Oversight now rests with the Area Manager, compliance plan will be overseen and tracked at monthly management

meetings.

Person responsible: Area Manager

Timeframe: Feb 2024

Standard 5.3

Not Compliant

Outline how you are going to come into compliance with Standard 5.3

All staff are supported and receive supervision in their work to protect children and promote their welfare.

- 40.** The new Tusla supervision policy has been finalised. SCSIP to be a pilot site for the revised Tusla national supervision Policy. The team will commence training at PSW grade in April 2024.

Person responsible: Area Manager

Timeframe: April 2024

- 41.** All line managers in the intake and assessment team and active on duty team will complete supervisor training.

Person responsible: Principal Social Workers

Timeframe: September 2024

- 42.** The 2024 audit of supervision files from Area Manager level down will be completed, and learning from this will be shared with the SCSIP team.

Person responsible: QRSI Manager

Timeframe: Q3 2024

- 43.** A plan for transferring cases from Intake and Assessment team to other pillars (SCSIP team) is in place. This will relieve the pressures on the intake and assessment staff, allowing them to focus on duty and response work.

Person responsible: PSW Intake and Assessment

Timeframe: February 2024

- 44.** In addition to the Tusla general induction, an SCSIP specific induction package will be developed for all new staff.

Person responsible: PSW Intake and Assessment

Timeframe: April 2024

- 45.** A mentoring programme will be introduced for all new starters who commence from May 2024 onwards.

Person responsible: PSW Intake and Assessment
Timeframe: May 2024
- 46.** Protected time will be allocated for an annual team building day which will focus on self-care, wellbeing, and team building.

Person responsible: PSWs
Timeframe: February 2024
- 47.** A request will be made for the Employee Assistance Programme to provide a workshop on self-care and resilience.

Person responsible: PSW Active on Duty
Timeframe: June 2024

Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant. The provider has failed to comply with the following standards(s).

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Standard 1.3	Children are communicated with effectively and are provided with information in an accessible format.	Substantially Compliant	Yellow	30 September 2024 to allow for translation of materials.
Standard 2.2	All concerns in relation to children are screened and directed to the appropriate service.	Not Compliant	Orange	30 April 2024

Standard 2.3	Timely and effective action is taken to protect children.	Not Compliant	Red	31 May 2024
Standard 2.5	All reports of child protection concerns are assessed in line with <i>Children First</i> and best available evidence.	Not Compliant	Red	31 May 2024
Standard 2.12	The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.	Not Compliant	Orange	30 September 2024
Standard 3.1	The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	Not Compliant	Red	31 May 2024
Standard 3.2	Children receive a child protection and welfare service, which has effective leadership, governance and management arrangements with clear lines of accountability.	Not Compliant	Red	31 May 2024
Standard 5.3	All staff are supported and receive supervision in their work to protect children and promote their welfare.	Not Compliant	Red	31 May 2024