



**Health  
Information  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of a Safeguarding Inspection of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin North East
Type of inspection:	Announced
Date of inspection:	10 February 2025
Centre ID:	OSV-0004176
Fieldwork ID	MON-0046243

## Safeguarding

This inspection is focused on the safeguarding of children and young people within children's residential centres.

The Child and Family Agency (Tusla) defines child safeguarding as:

Ensuring safe practice and appropriate responses by workers and volunteers to concerns about the safety or welfare of children, including online concerns, should these arise. Child safeguarding is about protecting the child from harm, promoting their welfare and in doing so creating an environment which enables children and young people to grow, develop and achieve their full potential.

Safeguarding is one of the most important responsibilities of a provider within a children's residential centre. It has a dual function, to protect children from harm and promote their welfare. Safeguarding is more than just the prevention of abuse, exploitation and neglect. It is about being proactive, recognising safeguarding concerns, reporting these when required to the Child and Family Agency (Tusla) and also having measures in place to protect children from harm and exploitation.

Safeguarding is about promoting children's human rights, empowering them to exercise appropriate choice and control over their lives, and giving them the tools to protect themselves from harm and or exploitation and to keep themselves safe in their relationships and in their environment.

## About the centre

The following information has been submitted by the centre and describes the service they provide.

The aim is to provide a residential care placement for up to four young people in the care of Tusla aged 13 – 17 years for medium to long term residential care. The centre may also provide care and support for a young person having reached the age of eighteen while living in the service and is in transition between leaving care and independent living. In exceptional circumstances the centre provides care for children aged twelve years and under in accordance with the National Policy in relation to the Placement of children aged 12 years. The service can provide short term care for a young person who is pregnant or has a child under circumstances that would be in the best interest of a young person and a child

The centre uses the Tusla nationally approved model of care in order to improve overall wellbeing and achieve positive outcomes for young people living in the centre. The centre works in partnership with the young people, their families and carers, social workers and all other people with a bona fide interest in the welfare of the young people in order to provide the best possible care for each young person.

**The following information outlines some additional data of this centre.**

<b>Number of children on the date of inspection</b>	2
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

- Speak with children and the people who visit them to find out their experience of the service
- Talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to children who live in the centre
- Observe practice and daily life to see if it reflects what people tell us.
- Review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarize our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two dimensions:

### **1. Capacity and capability of the service**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre 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**

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1.

<b>This inspection was carried out during the following times:</b>			
<b>Date</b>	<b>Times of inspection</b>	<b>Inspector</b>	<b>Role</b>
10 February 2025	10:30 to 19:00	Rachel Kane	Lead Inspector
10 February 2025	10:30 to 19:00	Adekunle Oladejo	Support Inspector

## What children told us and what inspectors observed

This was an announced inspection focused on the safeguarding of the young people living in the centre. The inspection found that young people received good quality, nurturing and child-centred care which was personalised to their individual needs.

The centre is a single story residence that is well maintained and with ample outdoor space. The garden had a trampoline and swing bench which staff informed inspectors is used regularly by young people. The service is located close to shops and public transport. The centre typically has capacity for four young people, however at the time of the inspection, the centre had reduced their capacity to three due to staff recruitment challenges. There were two young people living in the centre at the time of the inspection.

Listening to the voices of young people is an important part of the inspection process as it provides inspectors with an opportunity to understand their experience of the service. There were two young people living in the centre at the time of inspection. One young person chose to speak with inspectors as part of this inspection, the other declined. Inspectors also had the opportunity to observe interactions between young people and staff while onsite at the centre. In addition, inspectors spoke with two parents, three social workers and two guardians' ad litem<sup>1</sup> (GAL) as part of the inspection.

Inspectors found that young people were receiving good quality care and support in the centre. Inspectors observed kind and caring interactions between staff and young people. The atmosphere was warm and young people appeared to be comfortable. A young person told inspectors:

- "I love it here"
- "it's the closest thing to home apart from home".

Staff members knew the young people well and spoke positively about their achievements and strengths to inspectors. Equally, staff were aware of young people's individual safeguarding needs and vulnerabilities. From speaking with a young person and from reviews of young people's files it was clear that young people felt safe in the centre. Young people were able to identify staff members and managers that they could talk to if they ever felt unsafe. Young people were

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<sup>1</sup> A guardian ad litem refers to an individual appointed by the court to represent the best interests of a minor child in legal proceedings.

safeguarded effectively through the staff's approach to their care. A young person told inspectors, "I feel very very safe".

Young people told inspectors that they felt listened to when decisions were being made in relation to their safety. A young person said, "someone is hearing my voice". A young person described how one such decision helped them. This young person said, "it helps my mental health".

The young people were provided with opportunities to plan their weekly schedules and routines. Staff supported the young people to make plans for their week including attending education, going to appointments, going on activities and having time to themselves. Young people told inspectors that they could change plans if they no longer wished to do a certain activity and that staff tried to accommodate their individual preferences.

The interior of the residence was clean, well decorated and homely. Various paintings were on display throughout the centre including some of the young people's own artwork. The child safeguarding statement was on display in a communal area and it was presented in a colourful and child-friendly format.

There were a number of areas for the young people to relax together and also space to spend time alone or with visitors privately. Each young person had their own bedroom where they could also spend time alone. Inspectors were shown a bedroom that was not in use at the time of inspection, but was ready for when a new young person moved in. This room was well decorated and had a warm and cosy feel to it. There were two bathrooms accessible to the young people also which provided suitable privacy. Inspectors noted that the bathroom floors required updating as they were institutional in appearance. Records showed that the centre manager has applied for funding to have these replaced.

Inspectors had the opportunity to join the staff and a young person while they were having their lunch. Inspectors found that meal time was a social event, staff sat with the young person and chatted about upcoming activities. Later in the day, inspectors also observed staff spending time with a young person where they chatted about family, the interaction was natural and the staff member and young person seemed to get on well.

Feedback from social workers and GALs about the service was positive. Overall, professionals said that communication from the centre was good and that they were informed of incidents in a timely manner. Professionals said that the staff

effectively identified safeguarding risks for children and were skilled at working with the young people to try and keep them safe.

Professionals said that the young people had good relationships with staff. A GAL described how:

- “They (staff) can read a young person’s body language”
- “I know (young person) better through them”.

Professionals told inspectors the staff were proactive at supporting young people to re-engage in education. Each of the professionals who spoke with inspectors believed that young people’s rights were upheld and promoted by the staff. A social worker informed inspectors that staff always followed the protocols in relation to children going missing from care and worked collaboratively with other professionals to safety plan when risks arose.

Feedback from parents, in relation to their children’s safeguarding needs being met in the service, was positive. Young people’s parents said:

- “(child) gets on well with the staff”
- “I (parent) couldn’t be happier”
- “(child) couldn’t be happier”
- “(child) is being looked after and treated brilliantly”
- “(child) is being supported to develop good skills to support themselves”.

One parent also told inspectors that communication from the service could be better. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## **Capacity and capability**

The centre was last inspected in May 2023 and was found to be compliant with all eight standards assessed. In this inspection, HIQA found that, of the eight national residential care standards assessed:

- three standards were compliant
- two standards were substantially compliant
- three standards were not compliant.

This inspection found that good leadership was evident at all levels of management and there was a culture of reflection and learning that supported good safeguarding practices. Children were safe and they received excellent quality care by staff and managers of the centre. However, significant improvements were required in relation to the Tusla's oversight of the recruitment of staff employed by external agencies, to ensure that they are in line with safe recruitment practices. In addition, national safeguarding policies and procedures were not up to date. Significant improvements were required to ensure that policies, procedures and guidance for staff are updated regularly as required and that they are reflective of developments in practice and risks relating to the safe care of children and young people.

The managers and staff team had the appropriate experience, knowledge and skills to effectively safeguard young people. The lines of responsibility and accountability were clear and understood by the staff team. Communication systems effectively ensured safe, child-centred and individualised care for each young person. Young people's safety plans and placement support plans were updated as required, to reflect their changing safeguarding needs.

The centre management had systems in place to oversee the safety and quality of the service. The centre manager had oversight of all the centre's registers, such as complaints, child protection, child sexual exploitation reports, restrictive practices, risks and significant events. In addition, risks were appropriately escalated to external managers as required. There was an effective auditing system in place. Managers and social care leaders regularly undertook audits on areas of practice such as; the provision of education to young people, risk management, reporting and recording of significant events, and management of complaints. Audits were of good quality, identified tasks that required completion and learnings from audits were routinely communicated to the staff team.

There was a strong risk assessment framework in place which supported centre staff to effectively identify, manage and regularly review safeguarding risks and concerns. Risk assessments were of good quality, contained detailed analysis of risk and outlined comprehensive measures in place to mitigate risks. Where risks persisted, there was an effective risk escalation process where the centre manager reported these concerns to their external line manager resulting in action to reduce and or manage presenting risk.

For the most part, there was adequate training and supports in place for managers and staff which supported effective safeguarding practices. However, not all staff had completed '*Children First: National Guidance for the Protection*



*and Welfare of Children (2017)*' (Children First) training. Other training relevant to safeguarding had been completed by staff such as, training related to child sexual exploitation. The centre recognised the importance of continuous learning and development in the area of safeguarding and managers completed a training needs analysis to identify training that would best meet the safeguarding needs of the young people.

The managers developed and implemented a service improvement plan in 2024 which focused on improving the quality of care and support provided to young people. This was achieved, as all of the actions in the plan were complete, except for one, which was carried forward into 2025 for completion.

An external annual review of the quality of care and support, including safeguarding practices had been carried out in August 2024 by Tusla's national practice assurance and service monitoring (PASM) team. This review identified acute staffing challenges at the time and the centre had to reduce their capacity from four to three young people as a result. Despite progress made in recruiting more staff, at the time of the inspection, vacancies remained. The centre continued to operate at reduced occupancy at the time of inspection as they still only had enough staff to cater for the needs of three young people. Recruiting staff to fill the vacant posts was a priority set out in the service improvement plan for 2025.

The inspection found that significant improvements were required to ensure that the recruitment of staff through agencies was carried out in line with Tusla's procedure on safe recruitment practices. While Tusla staff files were of good quality and contained all necessary information to indicate safe recruitment practices, the inspector's review of agency staff files indicated significant concerns regarding the safety of recruitment and selection practices by the provider of agency staff. There were a number of gaps identified in the files sampled which included; garda vetting record and full contact details for staff. Additionally, records did not show that agency staff had completed all mandatory training in Children First and the quality of reference checks was poor. Following the inspection, HIQA requested assurances from the provider in relation to these concerns. The provider submitted a satisfactory response outlining a service improvement plan aimed at increasing effectiveness of oversight systems in place with regard to ensuring the safe recruitment of agency staff engaged to work in Tusla services.

A complaints register was maintained by the managers in the centre. There were two complaints made by young people in the last 12 months both appropriately and effectively managed.

Tusla National safeguarding policies and procedures were not up to date and had not been reviewed as required. Staff and managers adhered to and implemented Tusla's national policies and procedures for children's residential centres and provided safe, effective care to young people in the centre. However, Tusla policies procedures and guidance documents, intended to guide staff in safeguarding children, were not reviewed as required.

There were clear systems in place for reporting child protection concerns and staff understood their role as mandated reporters. The centre had a child safeguarding statement in place which was read and understood by staff. Staff knew who the designated liaison person was and they were clear on what this role entails.

Managers and staff in the centre worked in partnership with social workers and members of An Garda Síochána to try to keep young people safe. Where safeguarding concerns did not meet the threshold for intervention by Tusla's social work department these were managed effectively by the centre managers and staff.

Incidents in the centre were identified, managed and reviewed in a timely and effective manner. All significant events were reviewed internally and where deemed necessary, incidents were also reviewed externally by the regional significant event review group (SERG). Learnings from reviews led to changes in practice which supported the team in safeguarding young people and effectively meeting their needs.

The staff team and managers had effectively identified safeguarding risks for individual young people. Inspectors found an area of improvement for the team was the recognition and consideration of potential child trafficking. The inspection found that improvements were required with respect to communication with social work departments in relation to referrals of child sexual exploitation.

Communication with a social work department to ensure a case of potential child exploitation had been reviewed, had not occurred. That said, the centre manager assured inspectors that no new concerns in relation to child sexual exploitation for the young person had arisen.

### **Standard 3.3**

**Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.**

Incidents in the centre were identified, managed and reviewed in a timely and effective manner. There was a culture of reflection and learning in the centre where all significant events were reviewed internally and where deemed necessary, incidents were also reviewed externally. Learning from these reviews led to changes being made to better meet the safeguarding needs of the young people. There was good oversight of the centre by the manager and alternative care manager through regular audits and supervision. However, improvements were required with respect to communication with social work departments in relation to referrals of child sexual exploitation.

Safeguarding risks were appropriately identified including child protection concerns, child sexual exploitation, bullying and prolonged school absence. A record of all incidents occurring in the children's residential centre was appropriately maintained and notifications were provided to young people's designated social workers in a timely manner.

The staff team and managers had effectively identified safeguarding risks for individual young people. An area of improvement identified during the inspection, was for the team to consider the potential of child trafficking being a risk in instances where there are concerns of child sexual exploitation alongside concerns about a child going missing. Inspectors raised this with the centre managers who informed inspectors that further training in child exploitation and trafficking has been arranged for the staff team.

There were adequate arrangements for external oversight of incidents. The management team attended a monthly regional significant event review group. Inspectors reviewed a sample of these meeting minutes and found that when significant events from this centre were reviewed there was good learning identified which was then implemented by the staff team. One of the recommendations in response to increased levels of violence, harassment and aggression and a young person who was missing frequently, was to focus on finding connection with the young person. The staff focused on caring gestures and opportunities for positive engagement with the young person which was effective as this improved the young person's engagement by providing them with a safe space to talk and open up about their experiences.

Through the reviews of significant events and analysis of incident trends, the staff team were adept at identifying safeguarding risks to young people. Young people's

individual vulnerabilities were recognised and effective safeguarding measures were put in place. An example of this was when there were concerns that a child was being targeted for the purpose of child sexual exploitation, a safety plan was put in place which included measures specifically targeted at reducing this risk. Learning from incident reviews were effectively communicated to all staff in the centre through team meetings, handovers and supervision.

Consistent communication between professionals is an important element of effective safeguarding. A clear system for communicating follow up on referrals of child sexual exploitation in line with other child protection referrals was required. Inspectors found that there was no record of a scheduled review of possible child sexual exploitation on a young person's file. During the inspection the centre manager received confirmation from the social work department that the review had taken place. The centre manager assured inspectors no new concerns about child sexual exploitation for the young person arose since the initial concern was identified.

Managers and staff effectively identified, managed and reviewed incidents and safeguarding concerns. There were robust systems in place for reviewing all incidents which promoted a culture of reflection and learning. However, a clear system for communicating follow up on referrals of child sexual exploitation was required. It is for this reason that the centre was deemed to be substantially compliant with this standard.

**Judgment:** Substantially compliant

### **Standard 5.1**

The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.

### **Regulation 5:**

Care practices and operational policies

The inspection found that the residential centre had systems in place to ensure compliance with Children First (2017) and the Child Care (Placement of Children in Residential Care) Regulations, 1995. Overall, the inspection found that relevant legislation and national policies and procedures were implemented ensuring that young people's welfare was protected and promoted. However, policies, procedures, protocols and guidance across significant areas of practice directly related to safeguarding children in residential care, were not reviewed and updated in a timely manner.

Staff and managers adhered to and implemented Tusla's national policies and procedures and provided safe, effective care to young people in the centre. However, Tusla National policies for children's residential centres, including safeguarding policies and procedures, were not up to date and had not been reviewed as required. This suite of policies has not been reviewed and updated since 2021. This suite includes policies such as; bullying, safeguarding young people online and restrictive practices.

In addition, other Tusla policies, procedures and guidance documents, intended to guide staff in safeguarding children were not reviewed as required. For example, reviews of Tusla's National procedures for the provision of information and training for staff in relation to the identification of the occurrence of harm, guidance to manage risk of harm, 'Tell Us' complaints policy and procedure and Tusla's child sexual exploitation policy were more than a year overdue. The policy on protected disclosures had been due for review in December 2024 and the review of Tusla's Recruitment and Selection policy and procedures was more than five years overdue.

Furthermore, inspectors noted an absence of up-to-date policies, procedures and guidance for staff on recognised and increasing safeguarding risks for children and young people in Ireland, in particular children in care, including; criminal exploitation, labour exploitation, sexually coerced extortion and child trafficking for the purpose of exploitation.

Staff in the centre were knowledgeable about Children First (2017) and the national policies and procedures underpinning their safeguarding practice. There were clear systems in place for reporting child protection concerns and staff understood their role as mandated reporters. The centre had a safeguarding statement in place which was read and understood by staff. The safeguarding statement was on display in a communal area in the centre. The centre manager was the designated liaison person and the deputy manager was the deputy designated liaison person. The staff who inspectors spoke with understood these roles.

Managers and staff in the centre worked in partnership with social workers and members of An Garda Síochána to try to keep young people safe. For example, when concerns emerged about young people going missing or about young people being at risk of sexual exploitation, regular core group meetings were held involving senior members of management in order to improve safety for the young people as a matter of urgency. However, the joint working protocol for An Garda Síochána / Tusla – Child and Family Agency Liaison, had not been reviewed since 2017.

Where safeguarding concerns did not meet the threshold for intervention by Tusla's social work department these were managed effectively by the centre managers and staff. When incidents of bullying occurred in the centre they were reported to the social work department as per Children First (2017). These incidents were also well managed within the centre through safety plans, increased levels of supervision and one-to-one work carried out with the young people involved.

The centre had effective systems in place to monitor compliance with the standards in order to ensure that the safety and welfare of each young person was promoted. The centre management team conducted regular audits on aspects of the service such as; risk management, governance and management and significant events. Where gaps were identified these were communicated to the staff and actions were taken to address them.

There was an absence of up-to-date policies, procedures, protocols and guidance across significant areas of practice directly related to safeguarding children in residential care. Duration of time overdue review varied significantly, indicating no clear mechanisms for a systematic review of such national policies. Significant improvements were required to ensure that all such national guidance documents remain relevant, up to date and inclusive of developments in practice and risks relating to the safe care of children and young people. It is for this reason that this standard was judged to be not compliant.

**Judgment:** Not Compliant

## **Standard 5.2**

The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

### **Regulation 6: Staffing**

There was an effective leadership, governance and management system in place that promoted safe care practices. The centre managers and staff were appropriately experienced and skilled. There were clear lines of responsibility and accountability which were understood by the staff team. The centre had a service improvement plan in place to drive quality improvement in the care and support provided to the young people. At the time of the inspection the centre had been operating at a reduced capacity since August 2024, due to staff recruitment

challenges. That said, the centre had adequate staffing levels to cater for the needs of three young people. However, significant concerns were identified in relation to the safe recruitment of staff provided by external agencies.

Day-to-day communication systems in place effectively ensured safe, child-centred and individualised care for each young person. These systems included; daily handovers, the use of a communication book, team meetings and management meetings. Important information about young people's safeguarding needs and emerging risks as well as the safety plans in place were communicated through these mechanisms. Young people's safety plans and placement support plans were updated to reflect their changing safeguarding needs.

The centre manager had oversight of all the centre's registers, such as complaints, child protection, child sexual exploitation reports, restrictive practice, risk, significant events and risk escalation reports forwarded to external managers. Inspectors found that these registers were up-to-date with relevant details such as; actions to be taken, consultation with young people and social worker and outcome status.

The centre management had good systems in place to oversee the safety and quality of the service and to identify where improvements could be made. There was an effective auditing system in place. Managers and social care leaders regularly undertook a number of audits on areas of practice, such as; management of significant events, education, risk management and management of complaints. The centre manager and deputy manager maintained overall responsibility for auditing of the service. Inspectors reviewed a sample of audits and found that they were of good quality and they identified tasks that required completion. For example, an audit of significant events identified that a young person's support plan needed to be updated and a discussion needed to take place with keyworkers in relation to another significant event.

There was a strong risk assessment framework in place which supported staff and managers to identify, manage and regularly review safeguarding risks and concerns. Staff demonstrated appropriate knowledge and understanding of the risk management policy and how this underpinned their day-to-day tasks and the care they provided to young people in order to keep them safe. Inspectors reviewed a sample of individual risk assessments for children, which were comprehensive and effectively identified plans to minimise potential risks to both young people and staff. The centre manager maintained a risk register which was reviewed by inspectors. Risks in the centre were reviewed regularly and managed effectively.

Risk escalation processes of 'Need to Know'<sup>2</sup> records were appropriately reported to senior management resulting in action to reduce or manage presenting risk. For example, multiple 'Need to Know' reports had been submitted by the centre manager in relation to ongoing risks for a young person. Plans were put in place and various interventions were attempted to address concerns after each 'Need to Know' report was made, however, risks to this young person's safety continued. In response to the growing concerns, weekly core group meetings took place and it was recognised that a more suitable placement was required for the young person so plans were made to address this.

In the main, there was adequate training and supports in place for managers and staff which supported effective safeguarding practices. However, as previously referenced, not all staff working in the centre had up-to-date Children First (2017) training. The staff team had completed other training relevant to safeguarding, such as; child sexual exploitation, substance misuse and social media. The centre recognised the importance of ongoing learning and development in the area of safeguarding and a training needs analysis was carried out by managers in January 2025. Further training in child exploitation and trafficking has been arranged for the staff team in early 2025 and training in sexual health was also identified as a training need for this year.

An annual review of the quality of care and support, including safeguarding practices had been carried out in August 2024 by Tusla's PASM team. This review identified that there was effective management oversight and good systems of governance in place. The review also identified that at the time, the service was experiencing acute staffing challenges. Since the PASM review, four new social care workers had started working in the centre. At the time of the inspection, there was one social care leader vacancy and two social care worker vacancies. Staffing contingency plans included having two staff on loan from another unit that was waiting to open and the use of agency staff. Despite the progress that has been made in recruitment in recent months, the centre did not have sufficient staffing to cater for four young people, resulting in the capacity of the centre remaining at three.

The PASM review also highlighted that a number of child protection and welfare reports in relation to one young person remained open on the centre's register despite the social care manager seeking updates from the social work department. The centre manager had further liaised with the social work department and at the

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<sup>2</sup> Tusla's system for informing senior managers about significant risks to the safety and welfare of children.



time of this inspection, all of the child protection and welfare reports in relation to the young person were closed.

The service developed a service improvement plan in 2024 aimed at improving the quality of care and support provided to young people. All of the actions in the plan were completed except for one which was carried forward into 2025 for completion. The plan for 2024 included increasing the number of social care leader positions on the staff team as both the staff team and the young people would benefit from having more experienced staff supporting them. This goal was achieved and the service now have four social care leader posts. Other actions completed included training on drugs and social media. A service improvement plan had also been developed for 2025, this includes a plan to fill the current vacancies and plans for the centre recording system to move from a paper based to a web-based system.

The inspection found that staff recruitment was not consistently carried out in line with Tusla's procedure on safe recruitment practices. Tusla staff files were of good quality and contained all necessary information to indicate safe recruitment practices, however, the review of agency staff files indicated significant concerns regarding the safety of recruitment and selection practices by the provider of agency staff.

Inspectors reviewed six staff files in total, four files related to staff directly employed by Tusla and two files related to staff employed through an agency which were used regularly by the centre. The review of Tusla staff files found that the required checks had been carried out for the staff members whose personnel files were sampled. These checks included Garda vetting, references, identification and qualifications.

However, the inspection found that there were gaps in the files of the staff employed through an agency. A copy of Garda vetting was not available in one staff member's file. Other gaps included; full contact details for one staff member not being on file and the files did not indicate staff had completed all the necessary training in Children First, in line with Tusla policy. In addition, reference checks carried out for these staff were of poor quality. Following the inspection, HIQA sought assurances from the provider in relation to these issues. The provider submitted a satisfactory response outlining a service improvement plan aimed at increasing effectiveness of oversight systems in place with regard to ensuring the safe recruitment of agency staff engaged to work in Tusla services.

CORU<sup>3</sup> registration documents were in place for two of the staff files sampled. The centre manager informed inspectors that the rest of the staff have started the registration process and all staff are aware of the legal requirement for all social care workers to be registered with CORU by November 2025.

A complaints register was maintained by the managers in the centre. There were two complaints made by young people in the last 12 months. One of these complaints was closed and one of the complaints had been withdrawn. The complaints by the young people were managed by the centre manager effectively and in a timely manner.

The governance and management systems in place promoted safe care practices and children were provided with good quality care. Robust recruitment practices are an essential element of effective safeguarding. However, this inspection found that significant improvements were required in the oversight and monitoring by Tusla to ensure that the recruitment of staff employed through agencies was safe and carried out in line with requirements. It is for this reason that this standard was judged to be not compliant.

**Judgment:** Not Compliant

## Quality and safety

There was a culture of openness in the centre, where safeguarding concerns were recognised, discussed and responded to appropriately. The safety and wellbeing of the young people was prioritised and staff worked in collaboration with social workers and other professionals to achieve this. However, improvements were required in the provider's oversight systems, in order to ensure that all agency staff have completed all required safeguarding training on Children First 2017 and to verify that they have been appropriately vetted.

While the majority of the staff working in the centre had completed Children First (2017) training, of the two agency staff files sampled, one staff member had not. Assurances were sought from the provider following the inspection in relation to all agency staff having Children First training and adequate assurances were provided.

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<sup>3</sup> CORU is an organisation that regulates health and social care professionals

In addition to Children First (2017) training, the staff team undertook further training in the previous 12 months to equip them with the skills and knowledge to meet the young people's safeguarding needs. This training included; substance misuse, child sexual exploitation, violence, harassment and aggression and social media.

Overall, the safeguarding policies and procedures were understood and implemented by staff and managers and safeguarding was at the core of the care provided to the young people. Staff understood their responsibilities to safeguard the young people in line with Children First (2017). There was a policy and procedure on protected disclosures in place, however, staff who spoke with inspectors did not have sufficient knowledge and understanding of this.

There was a register of child protection and welfare concerns maintained by staff and managers. In the 12 months prior to the inspection there were 55 child protection and welfare concerns recorded on the register. At the time of the inspection one of these reports remained open and the rest were closed. Inspectors reviewed a sample of seven child protection and welfare reports and found that concerns were reported in a timely manner and in line with Children First (2017).

The management of children missing from care was reviewed and inspectors found that these incidents were reported to the relevant organisation in a timely manner, 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'*.

Safeguarding concerns were effectively identified by staff, appropriately reported and safety plans were put in place to mitigate risks to young people. However, there was one potential safeguarding concern for a young person where, while appropriately identified, discussed and managed, no risk assessment form was completed to guide staff or ensure consistent implementation of agreed plans in response to risks.

Through individual work, each young person was supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. This was done in a way that considered young people's age, ability, personal history and stage of development.

Young people's rights were promoted by staff and managers and there was a culture of respect for each young person. Safeguarding practices were child-

centred and took into account the individual needs of each young person. The use of restrictive practices were proportionate and carefully balanced young people's safety and well-being with their rights.

Young people were provided with information on how to make a complaint and on an external advocacy agency for children-in-care. Young people were encouraged to be active participants in decisions that were made about safeguarding. However, further work was required to reflect young people's input into their safety plans.

The young people's care plans and child-in-care review meeting minutes demonstrated that the young people's safeguarding needs were being assessed on a continual basis. Before young people were admitted to the centre, a pre-admission collective risk assessment was completed where the safeguarding needs of the young people were considered.

The young people's care plans and placement plans recognised their individual vulnerabilities and changing circumstances and plans and supports were put in place to address these. Young people preparing to leave care had an allocated aftercare worker and the after-care planning took into account the young people's safeguarding needs.

When concerns emerged that the centre was no longer effectively meeting the safeguarding needs of a young person, due to risks to the child in the community, these concerns were escalated to senior managers through the provider's *'Need to Know'* system by the centre manager. The service were supported to manage the young person's placement, despite ongoing risks, until the young person was safely moved to their onward placement.

Young people's safeguarding needs were adequately assessed and addressed in preparation for their transition to their onward placement and these needs were effectively communicated to the relevant professionals and services. Discharges of young people as far as possible were planned and they were supported through the discharge process. The arrangements for the discharge of young people were carried out in consultation with the young people's social workers, other relevant professionals and the young people themselves, where possible.

Staff worked to safeguard young people by preparing them for adulthood supporting them to develop their life skills such as budgeting, cooking and looking after their own health. Young people were also given opportunities to be able to take developmentally appropriate risks. While supporting the young people to

become more independent, this was balanced carefully with minimising risk and keeping them safe.

### **Standard 1.1**

Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

### **Regulation 10:**

Religion

### **Regulation 4:**

Welfare of child

Young people living in the centre were provided with care and support which promoted and protected their rights as prescribed in the United Nations (UN) Convention on the Rights of the Child and in Irish law. There was a culture of respect for each young person and the staff tailored their approach in order to meet the individual safeguarding needs of each young person. Young people were encouraged to be active participants in decisions that were made about safeguarding in their own lives and in the running of the centre. The use of restrictive practices was carefully considered to ensure any restrictive practices used were proportionate and balanced young people's safety and well-being with their rights.

Information about rights was explained to young people as part of their induction to the centre. Young people's right to participate in decision making was supported and promoted. For example, young people were consulted in advance of and during their child-in-care reviews and when restrictive practices were put in place. Young people were aware of how to make a complaint in the service. As part of their induction to the centre young people were told about the complaints procedure. Information about how to make a complaint was also hung up on a noticeboard in the kitchen.

Opportunities for participation in decision making were provided to the young people, this gave them a sense of ownership over what was happening in the centre. A suggestion box for the young people to contribute their ideas about the running of the centre was placed in a communal area and the young people were encouraged to use this. The young people made suggestions such as, new computer games for the house and activities to go on, through this forum. The young people were also provided with an opportunity to fill out a form about their experience of living in the centre with the support of their keyworkers on a monthly basis. Weekly meetings were held specifically for the young people to come together and discuss issues or concerns. These meetings enabled young

people to have a say in different aspects of their week, for example, planning and agreeing activities. These meetings also promoted a culture of kindness and respect amongst the young people.

Safeguarding arrangements for each young person were individualised and took into account the young person's views while at the same time carefully balancing the young person's right to be protected from abuse and harm. For example, where there were safeguarding concerns in relation to social media for some young people, they were allowed to have mobile phones but only the type without access to the internet. These decisions were made in consultation with the young people and reviewed regularly by the staff team in partnership with social workers, other relevant professionals, the young people and their parents, where appropriate.

A restrictive practice register was maintained with oversight from the centre manager. Restrictive practices had been used seven times in the 12 months prior to the inspection. Only one of these restrictive practices was still in use at the time of the inspection. The centre manager had approved each of the restrictive practices and ensured that they were reviewed and were the least restrictive option used for the shortest duration possible. A physical restraint/physical intervention register was also maintained. There was one physical intervention carried out in the previous 12 months which was a non-routine intervention. Inspectors reviewed the records in relation to this incident which showed that the action taken was proportionate to the safety risks at the time and the incident was reviewed in a timely manner.

**Judgment:** Compliant

### **Standard 1.3**

Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

Young people were encouraged and supported to exercise choice and had opportunities to participate in and contribute to decisions made about their day-to-day activities which were in line with their safeguarding needs. However, records did not always show that young people had been involved in the development of their safety plans.

There were appropriate systems in place to encourage and facilitate young people to express their views and opinions through different forums in order to inform safeguarding practices and the daily running of the centre. Young people were consulted with in advance of their child-in-care reviews and were encouraged and

supported to attend these. Each young person had a care plan in place which they contributed to. The young people were supported to attend their child-in-care review meetings, and were supported to complete a form prior to their review meetings to ensure their views were recorded and considered. Young people were also supported to complete monthly forms about their experience of living in the centre as a way for them to have their voices heard.

On a weekly basis young people helped staff to develop their weekly planners and these could be changed depending on the young people's preferences throughout the week. Young people were facilitated with opportunities for spending time with peers and developing their friendships as well as spending time alone. Young people were encouraged and supported to read their daily logs and their views were recorded in these records.

Each young person was assigned two key workers with whom they had formed supportive and positive relationships. The managers carefully considered which staff would be best suited to key-work each child dependent on their skills and strengths. The centre manager informed inspectors that if there were difficulties for a young person in forming a relationship with one of their keyworkers that managers changed their keyworker, if necessary.

As previously mentioned, young people were provided with information on how to make a complaint and on an external advocacy agency for children-in-care as part of their induction to the centre. Staff understood their role in supporting young people to access the complaints process. The centre staff arranged for the external advocacy agency to come to the centre to meet with the young people during their first few months in the centre. This was due to happen for one young person who was admitted six weeks before the inspection. Young people were aware of advocacy services available to them. Posters and information about children's rights and advocacy services were placed throughout the centre.

Through key-working and individual work, young people were provided with relevant information and supported to develop skills for self-protection. Individual work was carried out with young people on issues such as education, bullying, sexual health and the risks associated with social media. This work with the young people helped them to understand safeguarding risks and how they could keep themselves safe. Young people were given choice in relation to the supports that were in place to meet their safeguarding needs. For example, staff and external professionals had suggested to a young person that they access a different service for support but the young person wanted to stay with the service they were already engaged with. This young person's preference was respected.

At the time of the inspection there was one restrictive practice in place whereby room searches were conducted due to the use of vapes by young people. Young people were informed of the room searches taking place and the reason why they were necessary. This restrictive practice was regularly reviewed.

Young people were involved in safety planning and were educated and informed about the safety concerns related to them, and the plans in place to keep them safe. Staff, the centre manager and the young people told inspectors that safety plans were discussed with and explained to young people, this was evident through some records on children's files such as individual work, however, safety plan records did not consistently record the young person's input or views. This is an area for improvement to ensure that young people's views are clearly reflected on their safety plans. It is for this reason that this standard was deemed to be substantially compliant.

**Judgment:** Substantially Compliant

## **Standard 2.2**

Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

### **Regulation 23:**

Care Plan

### **Regulation 24:**

Supervision and visiting of children

### **Regulation 25:**

Review of cases

### **Regulation 26:**

Special review

The young people living in the centre received care and support that was based on their individual safeguarding needs in order to promote their wellbeing and personal development. There was a child-centred culture in the service where managers and staff ensured that young people received the right care and support to meet their unique safeguarding needs.

One young person had an up-to-date care plan on file. The other young person's file did not have the most up-to-date care plan as the young person's child in care review had only taken place the week before the inspection, so the updated care plan had not yet been sent to the centre by the social worker. However, the minutes from the child-in-care review were in the young person's file.



The care plan and child-in-care review meeting minutes reviewed by inspectors demonstrated that the young people's safeguarding needs were being assessed on an ongoing basis. Before young people were admitted to the centre, a pre-admission collective risk assessment was also completed where the safeguarding needs of the young people were considered. The staff team were aware of the safeguarding needs of young people from communicating with their previous placement before their admission and plans were put in place to address these needs from the start of their placement.

The young people's care plans recognised their individual vulnerabilities and changing circumstances and plans and supports were put in place to address these. Individual work was carried out with the young people to help prepare them for independent living. Further assessments and additional supports were arranged as required to enable the staff and the external professionals supporting the young people to plan effectively for their future.

Placement plans were in place for young people including placement support plans, individual support plans and absence management plans. These plans were updated as required and reflected the changing safeguarding needs of young people. Young people preparing to leave care had an allocated aftercare worker and the after-care planning took into account the young people's safeguarding needs.

In one young person's file reviewed by inspectors, it was evident that when concerns emerged that the centre was no longer effectively meeting their safeguarding needs, due to risks to them in the community, these concerns were escalated to senior managers through the provider's *'Need to Know'* system by the centre manager. The centre manager effectively collaborated with other relevant professionals in planning for the young person to move to a more suitable placement. The service continued to put safety plans in place and different interventions were attempted to try and keep the young person safe until they moved to their new placement.

**Judgment:** Compliant

## **Standard 2.5**

Each child experiences integrated care which is coordinated effectively within and between services.

The centre managers and staff worked in partnership with other professionals to ensure that young people's care was coordinated effectively and that their safeguarding needs were met. Young people's safeguarding needs were adequately assessed and addressed in preparation for their transition to their onward placement and these needs were effectively communicated to the relevant professionals and services.

Discharges of young people as far as possible were planned. Discharge planning included an assessment of young people's needs including their individual vulnerabilities and safeguarding needs. Discharge planning also included the identification of work to be undertaken with young people to strengthen their own skills in keeping themselves safe. The transition and discharge process started in a timely manner.

Young people were supported through the discharge process. The arrangements for the discharge of young people were carried out in consultation with the young people's social workers, other relevant professionals and the young people themselves, where possible. Where this was not possible, staff engaged with the young person following the discharge to explain the reason that they could not be consulted and to support them during their transition. Any decisions not to include young people in the transition planning were appropriately based on safety risks for the young person.

The centre staff created memory books for each young person which was started on their admission. These books included notes and pictures from staff throughout their time there. The memory books were given to the young people when they were moving on from the centre.

Staff worked with young people to prepare them for adulthood. Staff engaged with young people to support them to develop their life skills such as budgeting, cooking and looking after their own health. Young people were also given opportunities to be able to take developmentally appropriate risks. While supporting the young people to become more independent, this was balanced carefully with minimising risk and keeping them safe. For example, young people were provided with free time out of the centre but plans were made with them to remain in contact with the staff team and what time they had to return by.

**Judgment:** Compliant

### **Standard 3.1**

Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Child safeguarding was a priority for the staff and managers in the centre. The centre manager ensured that Children First (2017) and the policies and procedures in place to protect children from abuse were implemented. Safeguarding concerns were properly documented, responded to and reported to the relevant authorities as appropriate, in line with Children First (2017). However, the staff who spoke with inspectors as part of the inspection, were not clear on the protected disclosures policy and procedure. In addition, although a potential new safeguarding concern was identified for a young person, no risk assessment form was completed to reflect the decisions made in relation to managing the concern. Furthermore, significant improvements were required in relation to the oversight systems in place, to ensure that all agency staff had completed all required Children First training.

All staff did not have up-to-date Children First (2017) training. At the time of the inspection, of the two agency staff files sampled, one staff member had not completed all of the required Children First training. The provider submitted satisfactory assurances that a full audit will be carried out over the coming months to ensure that all agency staff have completed Children First (2017) training. The response also outlined a plan to improve oversight of Children First (2017) training for agency staff going forward.

Staff, including agency staff who spoke with inspectors, understood their responsibilities to safeguard the young people in line with Children First (2017). Additional training had also been undertaken in 2024 to support the team to identify and respond to safeguarding concerns and risks. This included; substance misuse, child sexual exploitation, violence, harassment and aggression and social media. A training needs analysis had also been completed by centre managers in January 2025. From this, additional training in child exploitation and trafficking has been arranged to further enhance the staff's understanding of these issues.

There was a register of child protection and welfare concerns maintained in the centre by staff and managers that included the status of referrals. In the 12 months prior to the inspection there were 55 child protection and welfare concerns recorded on the register. At the time of the inspection one of these reports remained open and the rest were closed. Inspectors reviewed a sample of seven

child protection and welfare reports and found that concerns were reported in a timely manner and in line with Children First (2017). Risks indicating potential child sexual exploitation were appropriately recognised and child sexual exploitation reports were completed by centre staff and sent to young people's social workers as required.

The management of children missing from care was reviewed and inspectors found that these incidents were reported to the relevant organisation in a timely manner, 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'*. Protocols for notifying the young people's social worker and parents were also followed appropriately by staff. When young people experienced a high number of missing in care incidents, it was clear that there was effective joint working between centre staff and managers, social workers and An Garda Síochána to try and keep them safe. Staff were knowledgeable about the individual young people's vulnerabilities and one-to-one work was carried out with young people to provide them with care and support following missing incidents and also to explore possible reasons behind the missing in care episodes.

There were policies and procedures in place to prevent and address issues such as bullying, online harassment and abuse, and child sexual exploitation. The staff implemented the safeguarding policies and procedures in their daily practice. Safeguarding concerns were effectively identified by staff, appropriately reported and safety plans were put in place to mitigate risks to young people.

However, there was one potential safeguarding concern for a young person where, while appropriately identified, discussed and managed, no risk assessment form was completed to guide staff or ensure consistent implementation of agreed plans in response to risks. Inspectors discussed this with the centre manager who explained that the risk had been discussed with the young person's social worker in meetings and legal advice had been sought on how best to manage the risk. However, no risk assessment form had been completed to record the identification of the concern and the plans that were in place to mitigate associated risks. Management of the concern was included in the young person's current care plan and in transition planning for the young person.

Staff worked in partnership with young people, families and the child's allocated social worker to promote the safety and wellbeing of young people. Where safeguarding concerns arose for young people, regular communication and meetings took place with the relevant professionals to make plans and decisions about how young people were going to be kept safe. Safety plans were drawn up

and young people and staff told inspectors that they were consulted about these, however, as previously stated, this was not consistently evident from the safety plans.

Adequate consideration was given to the appropriateness of networks of people involved in each young person's life, and appropriate action was taken when risks relating to young people's associations presented. For example, inappropriate visitors for one young person were not permitted in the centre.

Through one-to-one work each young person was assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. This was done in a way that was sensitive to young people's age, ability, personal history and stage of development. From a sample of significant events and individual work reviewed by inspectors, it was clear that young people were supported to speak out when they felt unsafe. Appropriate supports were provided to young people who had experienced abuse.

The provider had a policy and procedure on protected disclosures in place, however, the staff who inspectors spoke with as part of the inspection did not have adequate knowledge of this. This was brought to the attention of the centre manager during the inspection and she said that she would arrange a refresher training on protected disclosures for the staff team. In addition, as previously discussed, the protected disclosures policy and procedure had not been reviewed as required.

The safeguarding policies and procedures were understood and implemented by staff and managers and safeguarding was central to the care provided to the young people. However, staff who spoke with inspectors were not clear on the protected disclosures policy and procedure. Additionally, no risk assessment form was completed for an issue of concern for a young person. Moreover, significant improvements were required to the oversight systems in place to ensure that all agency staff available to work in the centre have completed all required training in Children First (2017). It is for these reasons that this standard was deemed not compliant.

**Judgment:** Not Compliant

## Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
<b>Capacity and capability</b>	
<b>Standard 3.3:</b> Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Substantially Compliant
<b>Standard 5.1:</b> The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.	Not Compliant
<b>Standard 5.2:</b> The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Not Compliant
<b>Quality and safety</b>	
<b>Standard 1.1:</b> Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.	Compliant
<b>Standard 1.3:</b> Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.	Substantially Compliant
<b>Standard 2.2:</b> Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Compliant
<b>Standard 2.5:</b> Each child experiences integrated care which is coordinated effectively within and between services.	Compliant
<b>Standard 3.1:</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Not Compliant

# Compliance Plan for

Inspection ID: MON-0046243

Date of inspection: 10 February 2025

## Introduction and instruction

This document sets out the standards where it has been assessed that the provider or person in charge are not compliant with the National Standards for Children's Residential Centres.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which standards the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall standard when responding and not just the individual non compliances as listed section 2.

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

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge 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 or person in charge 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 residents 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 residents 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 and or the person in charge is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **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 standard 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
<b>Standard 3.3: Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.</b>	<b>Substantially Compliant</b>
<b>Outline how you are going to come into compliance with Standard 3.3: Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice:</b>	
<p>A verification email was requested from the Social Work team by the Social Care Manager and has been received to show that the Child Sexual Exploitation Tool has been reviewed by the Social Work team, stating that upon review of the information provided that no further action was required. This email has been placed on the young person's file with the CSE tool and as no further action is required this referral is now closed.</p> <p>All future referrals relating to Child Sexual Exploitation will continue to be recorded on the center CSE Register and will include a record of the outcome. When a CSE referral has being completed in consultation with social work department, a review date will be also be logged on the CSE register. The email from the Social Work team advising that the CSE referral has been reviewed and the outcome of this review i.e. under investigation/closed, will be placed on the young person's file and recorded on the CSE register.</p> <p>Significant Event Notifications for young people will be reviewed and monitored by the social care staff and managers to consider the possibility of child sexual exploitation especially in instances where young people have a history of being exploited and have episodes of</p>	



missing from care. Social care staff will be provided with training to identify signs of child trafficking and exploitation.

Responsible: Centre Manager

Status: Complete

**Standard 5.1: The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.**

**Not Compliant**

**Outline how you are going to come into compliance with Standard 5.1: The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child:**

The social care staff in the centre continue to adhere to and implement the National Policies and Procedures for Children's Residential Services Mainstream Services 2021. To date these policies and procedures have been found to be effective in practice.

The Tusla Director of Quality and Regulation has given an extension for the review of these policies and procedures to the end of Quarter 3 2025. These policies and procedures are currently under review and this review will be concluded by end of Quarter 3 2025.

The review of the Tusla Child Sexual Exploitation Procedure is currently underway in collaboration with other stakeholders including An Garda Síochána. The social care staff in the centre will continue to adhere to and implement the CSE Procedure in the interim and report concerns related to child sexual exploitation.

The review of the Joint Working Protocol for An Garda Síochána and Tusla is in progress in collaboration with An Garda Síochána. The social care staff in the centre will continue to adhere to and implement the Joint Working Protocol for An Garda Síochána and Tusla in the interim.

The Tusla Tell Us complaints policy will be reviewed in 2025. The social care staff in the centre will continue to adhere to and implement the Tusla Tell Us Policy in supporting children and young people with making a complaint.

Tusla's Recruitment and Selection policy and procedures is under review which is due to conclude in Quarter 2 2025.

To facilitate coordination and consistency within the organisation, Tusla has a National Policy Oversight Committee (NPOC) that governs, commissions, approves and authorises all Policies, Procedures, Protocols and Guidance documents formulated in the organisation. Tusla has processes in place to support the development and review of policies and procedures. The timely development and review of policies and procedures can be affected by factors such as availability of resources and other interdependencies. Future development of Tusla policies, procedures and guidance with regard to risks to children of criminal exploitation, labour exploitation, sexually coerced extortion and child trafficking will be progressed in line with government direction.

Responsible: National Director CRS

Status: 3<sup>rd</sup> Quarter 2025

**Standard 5.2: The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.**

**Not Compliant**

Tusla have been reassured that recruitment agencies procured by the agency have been compliant with the requirements under the service level agreement. However, given the concerns recently identified by HIQA regarding the agency files of staff working in the centre additional measures are now being put in place.

These measures are:

- Children's Residential Services HR staff have developed a central register of all agency staff working in Children's Residential Services.
- Children's Residential Services HR staff have commenced an audit of compliance files for all agency staff working in Children Residential Services centres to be reassured that Compliance files are of an appropriate standard in line with legislative requirements, requirements of service level agreements with providers of agency staff and best practice standards. To be completed by 30<sup>th</sup> April 2025.

- The methodology for this audit includes:
  - All compliance files will be requested from all agency staff providers.
  - The Children's Residential Services HR staff will validate that all relevant documentation is included on each compliance file against an Audit Checklist.
- The Audit Checklist will verify and validate that each Compliance File contains the following in compliance with the Service Level Agreement:
  - Garda Vetting Disclosure has been received and a risk assessment of positive disclosures where applicable.
  - Overseas Police Clearance Certificate (outside of the ROI and NI) is on each file. Checks will be completed to ensure that this includes all countries where the agency worker has lived for 6 months or more since the age of 16 years.
  - References checks to ensure there are 3 references on the compliance file that have been validated by the recruitment agency and verified by phone. The expectation will be that this should be noted on the reference with the date and the initials of the caller. Character references or personal references will only be acceptable in exceptional circumstances i.e. this is the first time employment after college studies.
  - The employment history of the agency worker including their Application Form or Curriculum Vitae with additional clarification provided in writing regarding any breaks in employment history.
  - Completion of Children's First Training will be checked and validated on each file. Completion of Modules 2 and 3 will be recorded following notification from the Social Care Manager for the centre.
  - An Audit Checklist will be placed on each Compliance File following the Audit, with validation checks recorded, notes of any actions to be taken and completed and signed and dated by the Children's Residential Services HR staff.
- Contact details for agency staff including phone number and email address will be held on the Agency Staff Register and held by Children's Residential Services HR staff. The agency staff addresses will be held by the recruitment agency and requested by Tusla as and if required.
- The Social Care Manager will undertake an audit to ensure all agency staff working in the centre have completed all three modules of Children First training. All outstanding training will be completed as a priority and recorded on the centre Training Register. To be completed by 30<sup>th</sup> March 2025.

- All new agency staff will undertake Children First Modules 2 and 3 immediately upon commencing their employment in the centre. This will be recorded and maintained on the centres Training Register by the Social Care Manager. The Social Care Manager will advise the Children's Residential Services HR team member that the Children First Training Modules have been completed by the Agency Staff.

**Standard 1.3: Each child exercises choice has access to an advocacy service and is enabled to participate in making informed decisions about their care.**

**Substantially Compliant**

**Outline how you are going to come into compliance with Standard 1.3: Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care:**

Safety Planning will continue to be discussed with the young people where relevant and the young person's safety plans will reflect the young person's views which will be clearly captured and recorded on Young Person's Individual Risk Assessments and safety plans and stored on the young person's file. Young people will be consulted in all reviews of their Safety Plan.

Responsible: Centre Manager

Status: ongoing

**Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.**

**Not Compliant**

**Outline how you are going to come into compliance with Standard 1.3: Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care:**

Safety Planning will continue to be discussed with the young people where relevant and the young person's safety plans will reflect the young person's views which will be clearly captured and recorded on Young Person's Individual Risk Assessments and safety plans and stored on the young person's file. Young people will be consulted in all reviews of their Safety Plan.

Where an issue of concern is identified for a young person a Young Person's Individual Risk Assessment will be completed identifying the necessary actions to be taken and the protective factors in place. The young person will be consulted as part of the risk assessment and their view's will be recorded on the Risk Assessment. The Risk Assessment will be regularly reviewed and updated accordingly in consultation with the young person and other professionals with a bona fide interest in the young person.

All staff will receive a briefing on the Tusla Protected Disclosure Policy and Procedure at a staff team meeting on the 25<sup>th</sup> March 2025. The briefing presentation will be circulated to the staff team.

The Social Care Manager will undertake an audit to ensure all agency staff working in the centre have completed all three modules of Children First training. All outstanding training will be completed as a priority and recorded on the centre Training Register and notified to Children's Residential Services HR staff. Completed by 30<sup>th</sup> March 2025.

All new agency staff will undertake Children First Modules 2 and 3 immediately upon commencing their employment in the centre. This will be recorded and maintained on the centres Training Register by the Social Care Manager. The Social Care Manager will advise the Children's Residential Services HR team member that the Children First Training Modules have been completed by the Agency Staff.

Responsible: Centre Manager

Status: ongoing

## **Section 2:**

### **Standards to be complied with**

The provider or person in charge 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 or person in charge 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 registered provider or person in charge has failed to comply with the following standards.

Standard	Standard requirement	Judgment	Risk rating	Date to be complied with
Standard 3.3	Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Substantially Compliant	Yellow	Completed
Standard 5.1	The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.	Not Compliant	Orange	3 <sup>rd</sup> Quarter 2025
Standard 5.2:	The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-	Not Compliant	Orange	30 <sup>th</sup> April 2025

	centred, safe and effective care and support.			
Standard 1.3	Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.	Substantially Compliant	Yellow	Completed
Standard 3.1	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Not Compliant	Orange	Completed

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