Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Health Information and Quality Authority Regulation Directorate monitoring inspection of Child Protection and Welfare Services

Name of service area:	Separated Children Seeking International Protection
Type of inspection:	Monitoring
Date of inspection:	28-30 January & 5 February 2025
Fieldwork ID:	MON-0045832
Lead inspector:	Caroline Browne
Support inspector(s):	Sheila Hynes, Sharon Moore, Hazel Hanrahan, Saragh McGarrigle

About this inspection

HIQA monitors services used by some of the most vulnerable children in the State. Monitoring provides assurance to the public that children are receiving a service that meets the national standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continual improvement so that children have access to better, safer services.

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.

The Authority monitors the performance of the Child and Family Agency against the National Standards for the Protection and Welfare of Children and advises the Minister and the Child and Family Agency.

This inspection was a monitoring inspection to assess the progress made in relation to the actions identified to address non-compliances during the previous inspection in November 2023. The key issues that were followed up on this inspection related to the capacity within the Separated Children Seeking International Protection (SCSIP) team to assess all child protection and welfare referrals in line with Children First: National Guidance for the Protection and Welfare of Children (2017), the team's ability to respond to issues arising for children accessing the SCSIP service, the governance and management structures in place to ensure the service was delivered in line with child protection standards, legislation and Tusla standard business processes.

This inspection found that while some progress had been achieved and further work was progressing in some areas, there remained growing concerns about the capacity of the child protection and welfare teams to develop and sustain service improvement initiatives in light of significant increase in referral rates to the service and continued deficits in resources and the risk this posed to children accessing the service.

How we inspect

As part of this inspection, inspectors met with social work managers and staff. 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
- interview with the area manager
- interview with service director
- interview with four principal social workers
- focus group with three social work team leaders
- focus groups with social workers and social care staff
- the review of local policies and procedures, minutes of various meetings, staff supervision files and service plans
- observation of meetings relevant to the standards being assessed
- observation of practice relevant to the standards being assessed, for example social workers on duty
- the review of 50 children's case files.

The aim of the inspection was to assess compliance with national standards of the service delivered to children who are referred to the SCSIP Social Work Service.

Acknowledgements
HIQA wishes to thank staff and managers of the service for their cooperation during the course of this inspection.

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 (Number 40 of 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 and family services are organised into 17 service areas and are managed by area managers. The areas are grouped into six regions, each with a regional manager known as a regional chief officer. The regional chief officers report to the Director of Service and Integration, who is a member of the national management team.

The SCSIP is a stand-alone service separate from the service area teams, set up to work with unaccompanied minors and separated children seeking international protection only. It is managed by an area manager, who reports to a service director, who in turn reports to the Director of Services and Integration.

Service profile

This information was submitted by the service:

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 service for separated children seeking international protection has operated since the establishment of Tusla Child and Family Agency in 2014 and prior to that operated within the HSE.

The service offers an emergency child protection response to the presenting needs of separated children who arrive in the jurisdiction unaccompanied by parents or caregivers. While these children are some of the most vulnerable in our society they have also displayed remarkable resilience.

The team is a multi-cultural and multi-disciplinary team comprised of social work, social care, family support practitioners and aftercare workers, with more than 19 nationalities represented on the staff team.

The service has a dual mandate to:

1. Provide care and protection to the children while accommodated/in the care of Tusla to assist them with integration into Irish life and to support them through their International Protection (IP) application. The social worker makes the application for IP on behalf of the child.
2. The service offers care for the separated child to the point of aftercare, planning and transition to independence and onward support with family reunification under s56 of the International Protection Act 2015[1], if possible.

While, children 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 require care and protection under the Child Care Act, 1991.

The SCSIP 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 accommodated under Section 5 of the Child Care

[1] A qualified person (in this section referred to as the "sponsor") may, subject to *subsection (8)*, make an application to the Minister for permission to be given to a member of the family of the sponsor to enter and reside in the State.

Act[2] 1991, or 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.

Reunification can also occur under Dublin III procedure in the case of unaccompanied children. Under Dublin III reunification procedure, the service has responsibility to proceed with requests for international protection applications to a member state where unaccompanied children have a family member who is legally present in a member state. As a result, the Child and Family Agency must complete a Best Interest of Child Investigation which is an investigation that checks that the relative can take care of the child.

[2] Where it appears to a health board that a child in its area is homeless, the board shall enquire into the child's circumstances, and if the board is satisfied that there is no accommodation available to him which he can reasonably occupy, then, unless the child is received into the care of the board under the provisions of this Act, the board shall take such steps as are reasonable to make available suitable accommodation for him.

Compliance classifications

HIQA will judge the service to be **compliant, substantially compliant or not-compliant** with the standards. These are defined as follows:

Compliant: A judgment of compliant means the service is meeting or exceeding the standard 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 standard 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 standard 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 report sets out the findings of a monitoring inspection against the following standards:

Theme 1 : Child-centred Services	
Standard 1.3	Children are communicated with effectively and are provided with information in an accessible format.

Theme 2. Safe and Effective services	
Standard 2.2	All concerns in relation to children are screened and directed to the appropriate service.
Standard 2.3	Timely and effective action is taken to protect children.
Standard 2.5	All reports of child protection concerns are assessed in line with Children First and best available evidence.
Standard 2.12	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.

Theme 3:Leadership, Governance and Management	
Standard 3.1	The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.
Standard 3.2	Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.

Theme 4:Use of Resources

Theme 5: Workforce	
Standard 5.3	All staff are supported and receive supervision in their work to protect children and promote their welfare.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector name	Role
28 January 2025	09:00hrs to 17:00hrs	Caroline Browne	Lead Inspector
28 January 2025	09:00hrs to 17:00hrs	Sharon Moore	Inspector
28 January 2025	09:00hrs to 17:00hrs	Sheila Hynes	Inspector
28 January 2025	11:00hrs to 17:00hrs	Hazel Hanrahan	Inspector
29 January 2025	08:30hrs to 17:00hrs	Caroline Browne	Lead Inspector
29 January 2025	09:00hrs to 17:00hrs	Sharon Moore	Inspector
29 January 2025	09:00hrs to 17:00hrs	Sheila Hynes	Inspector
29 January 2025	09:00hrs to 17:00hrs	Hazel Hanrahan	Inspector
30 January 2025	08:30hrs to 17:00hrs	Caroline Browne	Lead Inspector
30 January 2025	09:00hrs to 17:00hrs	Sharon Moore	Inspector
30 January 2025	09:00hrs to 17:00hrs	Sheila Hynes	Inspector
30 January 2025	09:00hrs to 15:00hrs	Hazel Hanrahan	Inspector
5 February 2025	09:00hrs to 17:00hrs	Caroline Browne	Lead Inspector
5 February 2025	09:00hrs to 16:00hrs	Sharon Moore	Inspector
5 February 2025	09:00hrs to 16:00hrs	Saragh McGarrigle	Inspector

Children's experience of the service

Hearing the voice of children is very important in understanding how the service works to meet their needs and improve outcomes in their lives. During the fieldwork, inspectors requested to speak with children accessing the service where the staff team felt this was appropriate. While there were children presenting to the service during the inspection, due to the trauma children may have experienced on their journey to Ireland, it was deemed inappropriate timing to speak with children who presented to the office. As a result, children's experiences were established through a review of case files, complaints documentation and observational opportunities. Parents or legal caregivers were not spoken to as part of the inspection, due to challenges in establishing contact with them.

Inspectors observed children arriving in the SCSIP offices and being greeted in the reception area of the premises as part of their emergency response. The SCSIP team had re-located since the previous inspection to a building which provided children with a comfortable bright, spacious area which was welcoming and child friendly. The new office space provided children with greater privacy for the completion of their eligibility assessment at the time of their arrival. The inspection team observed food and water being provided to children on their arrival, and there were charging facilities and comfortable furnishings available for children to relax following their journey to Ireland.

Children were provided with accessible and age appropriate information about the service. There was a translated children's booklet which was made available to children when they presented to the service. The complaints procedure was also available in six different languages and this was in constant development. The service identified that they were in the process of developing a childs version of this policy as children presenting to the service were younger. A review of files showed that children had timely access to interpreters as required.

The inspection team observed a planning meeting held for a child with additional needs who was in the process of being transferred from the AOD team to the child in care team within the SCSIP service alternative care team. This observation showed the teams advocating for a child to ensure all information was shared about the child's needs, current risks presenting to ensure appropriate management, placement planning and consistency of care.

Not all children were allocated a social worker. Data received showed that 195 (61%) of children were placed on an AOD team while they were awaiting the allocation of a social worker. During this time, specific tasks were completed by assigned social work and social care staff. A review of case files demonstrated that while children received a timely response on their arrival to Ireland and children's immediate needs of food, warmth and shelter was provided in a timely way, there were gaps in communication with children once they were in their placements.

A review of files showed mixed practice with respect to the service provided to children. It was evident that staff were aware of the importance of supporting children with interpreters and supporting placements with respect to culture, religion and food. Intake eligibility assessments showed consideration of children's religion, culture and dietary requirements. Some files showed where children were integrating with the community and had joined a local football team, clubs and a local gym. The inspection found good examples of children being supported to attend their medical screening appointments where they were kept informed of the process. On the other hand, in some files, children made requests for items such as a mobile phone and a prayer mat, there were no records to show that these requests were followed up.

A review of complaints showed that some children were not happy with the frequency of communication with their social workers, while others were not happy they did not have a social worker to advocate for them since their arrival to Ireland as unaccompanied minors. One complaint related to a social worker not answering their calls and not responding to their needs such as requests for a mobile phone. Another child raised concerns that they were placed in Special Emergency Accommodation (SEA) for almost two months and did not have a social worker. This child also raised concerns that they were awaiting to enrol in school during this time in which they were not involved in any activities which made daily life difficult. Another child made a complaint related to the lack of response from their social worker regarding an application to enrol in school, in addition to the lack of consideration for his needs within their placement and requested a change in social worker.

The service undertook a consultation project in order to seek the views of children accessing the service which was incorporated into a discussion paper on the challenges facing unaccompanied and separated children seeking international protection. The consultation with 22 children identified areas for improvement such as the waiting time for the allocation of a social worker, lack of communication and decisions not explained to children and the differences in the

treatment of children placed in different placements. The service identified that an additional project has begun to follow on from this piece of work, however this project was not finalised at the time of the inspection.

Capacity and capability

While improvements were made since the last inspection, the service continued to operate partially outside of Tusla's existing governance and information systems. At the time of the last inspection in November 2023 of ten standards assessed, nine were deemed not compliant and one standard was deemed substantially compliant with the standards. This inspection found that out of the eight standards assessed, seven were deemed not compliant and one was deemed substantially compliant. The inspection found that the service continued to operate in a crisis driven environment with high referral rates and continued staff vacancies which impacted on the teams ability to sustain service improvement and ensure delivery of a service in line with national standards. Despite this, the SCSIP team responded in a timely child-centred way to provide an emergency response to children on their initial presentation to the service.

Data received prior to the inspection identified that the service had received 877 referrals in the previous 12 months. At the time of the inspection, there were 321 open cases on the child protection and welfare teams which comprised of 126 (39%) children on the intake and assessment team and 195 (61%) children on the AOD team who carried out specific tasks as required, while children were awaiting allocation.

A project was underway to identify the services responsibilities and develop the required policies and procedures, systems, structure and governance to deliver improved safety and response to the needs of service users. Some additional governance structures were established with the development of standard operating procedures and terms of reference for various oversight groups and management forums. However, some governance arrangements in place were newly established and did not always ensure a safe and sustainable service was delivered. Monitoring and oversight systems in place were not effective in order to ensure the management of all referrals in line with procedures, such as the management of child protection and welfare referrals, the review of all unallocated cases and the completion of safeguarding visits. Improvement was required in order to ensure that the service was accountable, monitoring progress and

reviewing performance in order to drive service improvement and provide a good quality service to children seeking international protection in line with national standards.

The service did not take timely actions based on findings of previous HIQA inspections. There were considerable delays with completion of the majority of actions agreed. The service was fully aware of this, and the area manager escalated the risk to the Service Director in July 2024, that due to the delay in approval of recruitment of new posts, the SCSIP service did not have the required resources to meet statutory obligations or progress the agreed compliance plans. This was of significant concern for HIQA given that this was a previously escalated service and actions to address significant deficits were to be reached within specific timeframes.

The staff spoke of the challenges of working on teams citing workload being the biggest challenge and identified this was the reason for staff leaving the service. Some staff spoke about burn out being a big problem for the team and the majority of staff advised that the service was completely overwhelmed. Staff supervision records also cited the volume of work as a challenge. Some staff spoken with said that they felt unsupported with high caseloads and no guidance. They raised concerns that due to workload pressures it was not a safe service and children were passed from person to person. While children were met at intake on arrival, a staff member said that following intake, some children were never met.

At the time of the previous inspection, it was identified that the teams capacity for training was impacted by challenges and risks at the front door as there was little room for learning due to the capacity of a crisis driven team. There was a significant delay in the development of a strategic training model to address this concern and once developed it was unclear how the strategic training plan was going to address issues such as capacity of teams to undertake training as highlighted in the previous inspection. It was important to ensure that additional training was provided to staff working with this cohort of children on a ongoing basis given the numbers of newer staff joining this service.

During this inspection, systems risks pertaining to the absence of effective governance and oversight of cases were identified. The capacity of the service to manage the workload and the knock on effect on staff health and wellbeing which was previously escalated to the service director following the last inspection in November 2023 was also escalated. The area manager provided satisfactory assurances that a practice improvement plan was in place to address deficits in

governance and oversight of the service, in a timely way. However, given the significant delay in following up on the risks identified during the last inspection and the lack of progress, HIQA is concerned about the capacity of the management of the service to achieve this in a timely way.

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.

There were improvements in some governance structures and accountability was more clearly defined within the service since the time of the last inspection. However, some structures were newly developed and required further embedding in the service in order to ensure effective oversight.

Following the previous inspection, a service development project was initiated in February 2024 which was expected to be a 12-18 month project. This project was initiated as the service was experiencing a dramatic increase in demand which had impacted on staff with increased workloads, staff burnout and retention challenges within the service which had in turn impacted on the services ability to embed practice improvements. The overall objective of this project was to identify the services responsibilities and develop the required policies and procedures, systems, structure and governance to deliver improved safety and response to the needs of service users. It was also intended to engage and develop working relationships with Tusla and external stakeholders, all aimed at agreed child protection quality standards. This project identified seven high level deliverables and the aim of this service development plan was to develop capacity within the service to deliver a service meeting user's needs, regulatory standards and legislative requirements.

While improvements were made since the last inspection, the service continued to operate partially outside of Tusla's existing governance and information systems. Some of the deliverables met since the last inspection included the procuring of appropriate office accommodation with private reception area for children while waiting to meet with staff. A service scope statement had been drafted, however this was not an approved document and was reliant on legislative changes which were not yet agreed, as a result an implementation plan for the model of care had not yet been developed.

The remaining deliverables were still in progress at the time of this inspection. For example, the identification, management and publishing of SCSIP service performance reports remained in progress and the service was not yet generating reports or reporting key performance indicators (KPIs) such as timelines for eligibility assessments to Tusla Executive Management team. The area manager advised that they were currently working on KPIs required for the service. A working group had been established to progress this deliverable. The service continued to use various registers and duplication of data in order to maintain data on children accessing the service.

The services strategic objectives highlighted that in May 2024 figures represented a 27% increase in referrals compared to the previous year. A further 121 children were projected to require care and protection of Tusla in 2025. As a result there was a rapid expansion of the residential services which meant that the governance of Special Emergency Accommodation (SEA) required strengthening. The services strategy also set out that further resources were required to ensure compliance with child protection standards and to ensure a robust data strategy was in place to provide validated data. The ultimate aim of the service was to cease the operation of SEAs and expand registered capacity and highlighted that a sustainable funding source would allow the service to go to tender for registered provision. The strategic plan identified the services need for the post of an area manager for SCSIP residential services to hold overall governance and responsibility. However, this post was not approved at the time of this inspection.

Given the significant rise in referrals, there was a lack of sustainable service improvement which impacted the services ability to meet standards, and to ensure that Children First was adhered to for all children. Data submitted prior to the inspection identified that there were eight staff vacancies on the child protection pillar of the SCSIP team. The area manager advised that there was a budget overspend due to the rise in referral rates which was not funded in the 2024 budget which resulted in deficits in expenditure. A business case was submitted in 2024 for an increase of 53 staffing, nine of which were priority posts for the child protection and welfare pillar to manage current and projected demands, and the service were awaiting a response to this submission which was expected in February 2025.

The arrangements in place for the service director to govern and oversee the performance of the service required improvement. The service director advised that their oversight was through supervision with the area manager, oversight of the risk register, chairing meetings such as the service development project

meeting and the data improvement group meeting, which is developing key performance indicators for the service. The service director also informed inspectors that they chaired the National Services Organisational Risk Managemnet and Service Improvement Committee (NORMSIC) meetings. However, there were no performance reports to provide assurances regarding the operation of the service in line with regulation, legislation and standards. While the service director was aware of the challenges in staffing which impacted the ability of the service to meet its obligation efforts to address staffing deficits were ongoing at the time of the inspection.

While the service had arrangements in place to meet its legal obligations, some arrangements remained unclear, for example the continuation of the use of Section 4 of the Child Care Act, 1991, that is, voluntary care of Tusla, which requires consent from a legal guardian to place a child in care. However, the use of voluntary care was not always possible for those unaccompanied children whose parent's whereabouts were not known, posing challenges to establishing voluntary care status for a child, with no alternative approach reached at department level with respect to this cohort of children for whom voluntary consent posed an issue. While the area manager proposed to accommodate children under Section 5 of the Child Care Act, 1991[3] (once amended to include an entitlement for children similar to those placed in care) within the services scope statement, this position remained unclear.

Timely actions based on findings from the previous HIQA inspection were not taken. This was the third inspection of the child protection and welfare service. At the time of the previous inspection, Tusla's compliance plan outlined the services responses to deficits found on the inspection. Many of the agreed timeframes for completion of actions to address identified deficits were agreed for May 2024 however had not been achieved. Furthermore, a Practice Assurance and Service Monitoring (PASM) audit took place in July 2024 which identified that out of 71 actions agreed to increase compliance with standards, 19 actions were not complete and 33 actions were partially complete at that time. While the PASM report identified some actions as complete, on further review, HIQA found that some of those actions were not entirely complete. For example, an action with respect to the development of an audit schedule to include the audit and

[3] Where it appears to a health board that a child in its area is homeless, the board shall enquire into the child's circumstances, and if the board is satisfied that there is no accommodation available to him which he can reasonably occupy, then, unless the child is received into the care of the board under the provisions of this Act, the board shall take such steps as are reasonable to make available suitable accommodation for him.

management of unallocated cases was identified as complete, however while the service advised of their intention to complete this action, it was not completed at the time of the PASM inspection. An updated compliance plan was received by HIQA in October 2024 which identified that many actions were not completed and reviewed timescales were submitted by the service.

In line with the services updated compliance plan, the service advised they were in discussions with Tusla Executive Management Team in relation to the SCSIP service's alignment with Tusla operational structures processes and systems. However, the inspection found that there was limited evidence of discussion with Tusla Executive Managment Team with respect to the alignment with Tusla's operational structures processes and systems. While a reform programme in Tusla was being developed, the role of the SCSIP team in this reform project was yet to be determined.

There were improved governance structures for the operation of SEAs in the service. There was now a standardised operating procedure for the operation of SEAs in line with national requirement documents. There was an interim deputy regional manager for SEAs, two SEA coordinators who reported to the deputy regional manager and two SEA coordinator posts which were vacant. A 2024 service structure plan outlined that all areas of governance of the residential provision of SEAs required strengthening and proposed the post of area manager for SCSIP residential services to hold overall governance responsibility for all SCSIP SEAs who will report to the interim service director in order to further strengthen the governance of SEAs. However, this was not approved at the time of this inspection.

Tulsa national policies were in operation within the SCSIP service. These policies included Tulsa's complaints, risk management and staff supervision policy. However, improvement was required to ensure that staff were working in line with some policies as discussed further in this report including the national protocol '*Children Missing from Care' A joint protocol between An Garda Síochána and the Health Service Executive Children and Family Services* and Children First (2017).

Some governance structures were established with the development of standard operating procedures and terms of reference for various oversight groups and management forums. However, governance arrangements in place did not always ensure a safe and sustainable service was delivered. Staff spoken to demonstrated their knowledge of legislation regulations and policies, however many of staff spoken to were new to the roles within SCSIP team which operated outside of

Tusla standard business process. The majority of staff spoken to expressed frustration with work demands and some staff advised that this impacted their capacity to adhere to all policies and oversight systems, to ensure a good quality service was provided to children.

Judgment: Not compliant

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

Since the previous inspection, some governance arrangements and management arrangements were established to provide clearer lines of authority and accountability, however some of these structures were at the early stages of implementation and were not yet embedded in the service while some management systems were not effective.

The team consisted of an area manager who was in this position for a number of years and had extensive management experience throughout her career in Tusla. The area manager reported to a service director who was in position since May 2024 and while new to this role also had extensive experience in senior management positions within Tusla.

There were two principal social workers, one of whom held responsibility for the intake and assessment team who was new to the role since October 2024. The intake and assessment team was made up of one team leader who was also in an acting position and was new to this post. Data received prior to the inspection indicated that there were six social workers and two social care workers on the intake and assessment teams. However, at the time of the inspection, this was reduced to five social workers due to a social workers resignation.

There was also a principal social worker for the AOD team who was in post since October 2023. The AOD team was developed as a short-term measure to ensure governance and quality of service provision and management of Active on Duty cases that have moved from the Intake & Assessment team and await allocation within the alternative care pillar. There had been a restructuring of the AOD team in November 2024 in order to reduce pressures on the front door. A transfer of 135 cases of children who were benificiaries to the European Temporary Protection Directive were transferred from the intake team to the AOD team in order to give more capacity to the intake and duty team. An additional team

leader post was established for the AOD team to manage the these cases. The two team leaders on the AOD team reported to the principal social worker. There were two social workers, four social care staff and one family support worker on the AOD team.

Since the previous inspection, two new social work posts were established in the service, one of whom was a principal social worker for practice improvement and one principal social work post for strategic training. A quality risk and service improvement lead was also in post since January 2024.

There remained vacancies on the team which impacted on the service's ability to meet service demand in line with standards. The service reported that there were eight vacancies on the child protection and welfare teams. The service was also met with a significant increase in referrals which meant that staff teams were working in a crisis driven environment. While some improvements were made since the last inspection, the service continued to operate on a crisis driven basis.

While the findings of this inspection are outlined throughout this report, it is acknowleged that gaps identified were in the context of a service whereby there continued to be increased demand and need for additional resources which meant that the service did not have the capacity to deliver on compliance plans and sustain service improvement. The area manager had already escalated this concern in July 2024.

While staff were committed to delivering a quality service to children that was child-centred, there was pressures on the teams which meant that there was limited room for sustaining service improvement initiatives. The majority of staff spoken to reported feeling overwhelmed and some staff expressed concern about the quality of service and were unclear as to how the service improvement plan would deliver improved service delivery. Improvements were required in order to take steps to address the continuing crisis faced by staff working on this team to meet the needs of these children.

At the time of the inspection, there was uncertainty about the current vision of the service. The area manager advised that the service scope statement which was finalised in November 2024 proposed a social support model, building a support network around the child providing a more holistic service, however this plan was not yet agreed and no implementation plan had been developed to date. Due to the impending changes in policy and legislation there remained uncertainty with the vision for the service.

The services scope statement outlined proposals seeking to establish capacity within the residential care and data management of the service and building on further capacity of the social work teams to meet the required standards of service delivery. This statement also outlined plans for recruitment the expansion of the service improvement project to include the expansion of governance of the residential care governance, integration with the Children's Residential Services (CRS) functions and governance of data management as a full data strategy was required to stand down registers and to provide regular validated data and plans for recruitment. The area manager advised that the ultimate vision for the SCSIP service was to be included in Tusla's National reform project.

The area manager discussed various upcoming factors which may relieve pressures at the front door which were being developed. One of those factors included the international PACT on migration[4] which sets out that screening of age will become the responsibility of the determining authority by June 2026 which will impact on the operation of the service. However, these approaches were not clearly defined to show the level of impact of upcoming legislative changes on the operation of the SCSIP service.

In spite of the continuing increasing referral rate which coincided with the ever increasing pressures felt by the staff team, there was a slow progression in the allocation of resources to this service. The area manager advised that a significant proportion of the provision of service was not funded in 2024 resulting in pay deficits. A business plan for 2025 set out the strategic and operational direction for the service. This plan highlighted the rapid expansion of the residential services meant that the strengthening in the governance of SEAs was required. This strategy also set out that further resources were required to ensure compliance with child protection standards and to ensure a robust data strategy was in place to provide validated data.

There were some improved governance structures and alignment with Tusla national structures, however some of these structures were at the early stages of implementation. The SCSIP service had a risk management group which was now set up in line with Tusla national practice which was a positive development in governance structure. The SCSIP service was now represented on the National Oversight Management of Risk Committee. In addition, with the new post of

[4] The Pact on Migration and Asylum is a set of new rules managing migration and establishing a common asylum system at EU level, that deliver results while remaining grounded in our European values.

practice improvement in place, the PSW advised of plans to sit on Tusla's national practice improvement forum. Similarly the quality risk and service improvement lead was now sitting on a national quality and risk forum which was enabling the service to become more aligned with national procedures. Staff advised that their continuing liaison and exposure to national forums will allow them to develop their roles within SCSIP in line with colleagues across Tusla.

However, there remained deficits in the governance structures and further progress was required in order to align the reporting procedures with Tusla's existing governance and information systems. The SCSIP was not operating in line with standard business process and was not generating similar KPI reports which meant that there were gaps in performance reporting and monitoring structures for this service. Further governance structures were required in order to ensure that the service was accountable, monitoring progress and reviewing performance in order to drive service improvement and provide a good quality service to children seeking international protection in line with national standards.

At the time of the previous two inspections, during which deficits were escalated to the CEO of Tusla, a compliance plan was agreed and due to the level of non-compliance HIQA requested these actions were completed within a specific timeframe in order to ensure children were receiving a safe service.

The inspection found that there was considerable delays with completion of the majority of actions agreed and some actions agreed were not achieved despite assurances from the service that these actions were progressing. The area agreed that any events that seriously impacted on timelines would be notified to HIQA. No such escalation was made to HIQA in the timeframe in which these actions were to be completed. However, a risk which was deemed high was escalated to the Service Director in July 2024, outlining that due to the delay in approval of recruitment of new posts, the SCSIP service did not have the required resources to meet statutory obligations or progress the agreed compliance plans. The level of lack of progression of some key actions identified to bring the service into compliance was of significant concern to HIQA given that this was a previously escalated service and actions to address significant deficits were to be reached within specific timeframes.

Management systems in place were not always effective at ensuring the service was in line with national standards and there were further improvements required to ensure the service was operating effectively. The service had taken steps to increase governance with the introduction of various communication systems and

oversight groups. There were communication systems in place which included team meetings, management team meetings, case transfer meetings, a cases of concern forum, quality risk and service improvement meeting and compliance and governance meetings.

Senior management team meetings were held monthly and were attended by PSWs and the Area Manager. Minutes reviewed showed agenda items included staffing, standard operating procedures, risks and operational discussions. While these meetings demonstrated good communication amongst management teams with respect to operation of the service, records did not demonstrate how agreed actions were tracked and progressed from month to month. Team meetings were held in individual teams and records showed that these meetings were regular and showed good direction to staff teams with respect to practice, for example management delivered direct guidance to staff with respect to areas such as the use of case notes on Tusla Case Management System (TCM), the management of child protection and welfare concerns, and missing child in care processes. However, records did not show accountability for agreed actions. In the absence of full staff attendance at team meetings, it was not clear how these messages were relayed to those team members given the increased workload and pressures on the teams. It was evident that staff were child-centred and sought to provide a good service to children, for example staff spoke about the their values to ensure that children's culture was respected and promoted, that the child's voice was heard and ensuring children were included in all decisions about their care. However, the pressures on the team was also cited as overwhelming at times.

In line with service's updated compliance plan, a compliance oversight review meeting was established to ensure ongoing oversight and review of agreed actions in order to communicate any blocks or gaps to achieving actions to the area manager in a timely manner. It was also established in order to facilitate the escalation of any risks to achieving compliance and the review of upcoming actions for the forthcoming month. This forum was also established to track PASM audits. This meeting was attended by the area manager, the QRSI lead and the PSWs within the service. While these meeting were to occur monthly, there was no minutes taken of these meetings. In the absence of meeting minutes, a compliance plan tracker was updated following this meeting. The inspection found that some actions were incorrectly marked complete and the tracker did not show the progression of actions during the 14 months in which the actions were agreed to be implemented. For example, an action which was agreed for completion in April 2024 was only updated in December 2024, citing that due to HIQA inspection in December, the service was unable to complete it within the required timeframe.

In line with the service's updated compliance plan, a complex case forum was established in October 2024 to provide consistency in approach to complex cases reviews and to support frontline staff in decision making on complex cases to share learning and ensure collective ownership of decisions and was to be held bi monthly. There were two of these meetings held up to the time of the inspection. Records of meetings held showed discussion with respect to issues such as consent for children, however minutes did not reflect discussions with respect to individual cases. It was noted that frontline staff were not in attendance at these meetings which may have been a beneficial exercise in order to share decision making and supporting staff working with high caseloads.

In line with the service's compliance plan, a plan was in place to ensure the timely movement of cases from the front door of the service to other teams in order to relieve pressures at the front door where staff were responding to all children's presenting needs in a timely way. A revised case transfer guidance document was reviewed and updated in October 2024 in order to improve the transfers of cases to other teams. There was a bulk transfer of 200 cases from CIC and AOD in August and September 2024. While records were provided of case transfer meetings from October 2024, there were gaps in the frequency of these meetings prior to this date. The inspection found some challenges in the transfer of cases which included the ability of the intake team to progress all required documentation in a timely way, while responding to all new referrals and the lack of information on case files on TCM which caused delays in transfers.

The inspection found that there were risks identified which related to the transfer of cases. For example, cases were not transferred in a timely way and transfers did not occur as agreed by management within the case transfer's forum. There was lack of communication among teams with respect to decisions made regarding the transfer of cases and next steps required of both the allocated worker, who was allocated to advocate for a child and the assigned worker who was assigned to carry out specific pieces of work with respect to a child and/or a specific accommodation/unit where a number of children were while awaiting allocation.

There was a risk management framework in place, however there were gaps in the identification, assessment and management of risk within the service. The service was now part of Tulsa's national risk management forum in order to align the service with Tusla's national processes and procedures which was a positive development in the service. There were clear channels for communication of risks

to be escalated through regional and national channels. Records showed that the SCSIP team were represented at two meetings of the national risk management forum. There was also a specific forum for management of risk of national services which included the out of hours and SCSIP service. Minutes of two meetings provided showed that risks with respect to the completion of action plans committed to by SCSIP and the increase of incidents with respect to missing children in care were discussed. However, there remained no assessment or actions to identify the extent of the risk of children missing from care and to address this risk in a timely way. Risks such as staff wellbeing and retention were not identified or discussed as risks to the service despite evidence of staff reporting being overwhelmed in team meetings and supervision records.

A quality risk and service improvement forum was established in August 2024, as part of the overall governance and oversight structures to ensure ongoing oversight and review of all governance and compliance at area manager level. This forum was in place to identify blocks, gaps and risks in relation to the SCSIP services level of governance and compliance. A review of a sample of these minutes showed agenda items such as a review of missing children in care (MCIC), trafficking, risks and complaints. However, records of meeting minutes demonstrated the lack of adequate planning for the timely completion of actions in line with the HIQA action plan. The quality of meeting minutes was mixed with limited records outlining discussions, agreed actions, persons responsible and agreed timeframes.

There were eight risks on the services risk register relevant to the child protection and welfare service. Risks escalated included the increase in referrals to the SCSIP service which noted that as of June 2024 there was a 54% increase compared to 2023 referral rates and identified the risk of referral rates increasing beyond predicated capacity, as a result of which the service would not meet statutory requirements, there was a delay in the completion of intake and assessments and there was a continued reliance on SEA's for placements. This was deemed a high risk to the service and was escalated in July 2024. In January 2025, controls in place to manage this risk related to the submission of a business case for new staffing positions to meet the demands of the residential oversight of SCSIP. Controls to manage this risk also related to the inclusion of data and information governance to the services development project to identify data required to accurately forecast referral and intake rates.

A further risk which was deemed high risk included unallocated cases and that there was a 300% increase in referrals of unaccompanied minors (UAM) which

was created in November 2022 and remained on the risk register at the time of this inspection. As a result of cases awaiting allocation, there was a risk of non-compliance with national standards, regulations and legislation and children were not allocated a worker to complete care plans, placement plans and advocate on behalf of the child. In October 2023, an AOD system was established where these children would have a duty service to oversee them and meet statutory requirements. Despite this risk being identified in November 2022, it remained open to the service in January 2025. As a result, at the time of this inspection, 195 (61%) of children who arrived into the country unaccompanied were not allocated a social worker with whom they could develop a trusting relationship with and who could advocate for them ensuring they received a timely service. This risk was reviewed the week of the inspection which identified some new posts sanctioned and the use of a Youth Advocate Programme service to offer intensive support to 50 children seeking international protection which was a welcome development in the service.

There was a risk relating to the manual collection of data and the maintenance of daily logs and trackers. This meant that staff were continually challenged in the manual counting of data which could also result in inaccuracy of data. This risk was identified as a high risk in November 2022 and despite escalation over three years previously controls were not effectively reducing the risk in a timely way. While records did not indicate regular review of this risk, a recent review showed that a data management goal was recently added to the service improvement plan to look at all data collection and KPIs for the service. A working group was established in September 2024 to provide good validated data for Tusla and identify all data collection data sources currently within the service. This working group was anticipated to last for a period of six months.

Some controls identified to manage risks to the service were not in place. The risk of separated children seeking international protection who were in care subject to invalid Section 4 (voluntary consent), where they were extended beyond the agreed 28 days, and written agreement for their continued placement was not secured, was identified as a risk in March 2023. Controls to manage this risk included the audit of children placed under voluntary consent to ensure no backlog were to occur. Audits of such cases were due to be completed on a six monthly basis by April 2024, however this action had not occurred in line with the risk assessment and compliance plan provided to HIQA. Data received prior to the inspection identified that there were 50 children in the previous year who were admitted into care under voluntary consent. At the time of the inspection this was

reduced to seven children in care under voluntary consent. However, no audits were completed which posed a risk to the service.

There were five risks which were escalated to the Service Director including a high risk that due to the delay in approval of recruitment of new posts, the SCSIP service did not have the required resources to meet statutory obligations or agreed compliance plans which was escalated in July 2024. Other risks included the lack of oversight and governance of SCSIP procured residential services, the significant growth in residential care provision for SCSIP outside of the Tusla CRS governance and support systems was also deemed a high risk. There was an estimated 30 centres operating as residential units and Section 5 accommodation centres in addition to use of approximately 20 SEAs. There was a lack of agreed agency response to the oversight and governance of these centres.

Monitoring and oversight systems required improvement to ensure the service provided was safe and timely. In the absense of audits, there were limited systems in place in order to ensure the management of all referrals in line with procedures, such as the management of child protection and welfare referrals, the review of all unallocated cases and the completion of statutory visits. As a result, opportunities for identifying service improvement initiatives were limited.

There was a child in care register which management identified as an mechanism for oversight, however on review, this register did not track information to inform of the quality of service delivery, for example, it did not identify the services adherence to statutory requirements such as visits to children, completion of care plans or progression of child protection and welfare concerns.

The principal social worker for the AOD team also held individual trackers for the team. The inspection found that these trackers were not up to date for all cases with safeguarding visits or when a placement plan was due. There was no tracker to oversee safeguarding visits to children by the intake teams and the manager and staff advised that this was reviewed on TCM prior to their transfer to the AOD team, which was ideally reached at 6-8 weeks, however this inspection found that some cases took considerably longer to transfer which meant that children were waiting for transfer and the system to oversee visits to children were not effective.

Information governance systems required improvement. While the service had ensured the migration of children's files to Tusla's Case Management system, (TCM), which was a positive development, the inspection found that many documents were not available on children files which raised concern about

management's ability to oversee practice. There also remained further work to do in order to build key performance indicators and reports to be accessible in order to inform service delivery and performance management. The inspection found that there were various information systems including trackers and logs in order to generate data with respect to children accessing the service. While this created a duplication in workload, there were also risks to holding dual information systems such as the services ability to view data in a consolidated way and the increased workload of generating data for staff.

There was a system in place to monitor complaints and adverse events. A complaints tracker was maintained and identified 21 complaints since January 2024. Data received from the area identified that there were 22 complaints of which 16 were closed and 4 were open. However, on review of the complaints tracker which recorded 21 complaints, 10 remained open and 11 were closed. The 10 opened complaints were all open for longer than nine months, three complaints were 12 months open, two complaints were 11 months open, one complaint was 10 months open and three complaints were nine months open. It was unclear from the complaint tracker what stage open complaints were at the time of the inspection, for example, whether there was an investigation report ongoing.

Categories of complaints related to the lack of allocation of a social worker, children's level of communication with their social worker, and concerns relating to children's accommodation or placement. However, over the course of the inspection an additional complaint was identified with respect to a child's social worker which was not captured on the complaints register. While evidence was provided to show that this was recorded as a complaint and managed appropriately the tracker required updating to ensure effective oversight of same. Complaints were discussed at management meetings, quality risk and service improvement forums. A review of four closed complaints records showed that complaints were actioned and responded to and closing letters sent to children.

Data received prior to the inspection indicated that there were 50 Need To Know (NTK) notifications in the previous 12 months. At the time of the inspection, this number had risen to 70 NTK's. Senior management advised that the majority of NTK's related to children who were missing from care. These notifications were escalated to area manager, while the area manager identified that there was a significant rise of children missing from care, which was increasing over and above the increase in referral rates, there was no record of any trend analysis or steps taken in addressing the rise in missing children in care. Inspectors reviewed NTK records relating to standards of accommodation and found that there were

detailed with appropriate responses to individual risks such as the implementation of safety plans and liaison with SEA providers.

During the inspection, systems risks pertaining to the absence of effective governance and oversight of cases were identified, such risks related to :

- Garda notifications not completed in line with legislation and Children First*: National Guidance for the Protection and Welfare of Children* 2017
- The management of missing children in the service
- The reporting and management of child protection and welfare concerns in line with Children First*: National Guidance for the Protection and Welfare of Children* 2017.
- Lack of oversight and management of the monitoring of safety plans
- Lack of safeguarding visits to children.

Risks were also identified which related to the management arrangements with respect to the transfer of cases and information sharing. For example,

- Cases were not transferred in a timely way.
- Transfers did not occur as agreed at management level or line with the transfer policy.
- There was lack of communication among teams with respect to decisions made regarding the transfer of cases and next steps required of both the allocated and assigned worker.

Governance and management of the service

- Poor progress and in some instances no progress against Compliance Plan actions despite this being an escalated service to the CEO with red rated risks.

The capacity of the service to manage the workload and the knock on effect on staff health and wellbeing which was previously escalated to the service director following the last inspection was also escalated.

The area manager responded to HIQA with satisfactory assurances that a practice improvement plan outlining specific actions that would be taken to address the above systems risk without delay within the service was now in place.

Judgment: Not compliant

Standard 5.3
All staff are supported and receive supervision in their work to protect children and promote their welfare.

During the course of the inspection, inspectors spoke with both experienced and newly qualified social work and social care staff. While staff spoken to were competent and qualified, some were new to the role of working in child protection and welfare and also new to this role within the separated children seeking international protection team.

Some staff raised concerns that their roles were not clear within those teams, that they were not provided with job descriptions and that they felt unsupported in their roles. Staff spoke of the workload and pressures on the intake team and new graduates had caseloads of 18 up to 30 cases. Many staff spoken to cited workload as the biggest challenge and some staff advised this was the reason for staff leaving the service. New staff members on the intake and assessment team spoke of excessive working hours and pressures at the front door of the service. Staff advised that burn out was a problem for the team and the service was completely overwhelmed. Some staff were not aware of the action plan to improve the service and were not clear how actions would improve the service.

In line with the service's updated compliance plan, the service agreed to develop a specific induction package for the separated children seeking international protection staff given that it was a bespoke service which operated outside of Tusla national operating procedure and standard business processes, however this was not yet finalised at the time of the inspection. Similarly, an action with respect to a mentoring programme for the SCSIP newly recruited staff was to be in place by May 2024, however this action remained outstanding. Staff told inspectors that they did not have protected caseloads and that there was no specific SCSIP induction programmes available. There were six new staff members working at the front door of the service in the last 12 months. Management advised that the work at the front door involved the completion of eligibility assessments, which was a specialised area in which staff required time to develop expertise and confidence in their completion, however it was difficult to retain staff on the team.

In line with the updated compliance plan received in October 2024 the service had committed to training of all staff in the revised supervision policy. The area manager advised that training had been delivered to all relevant management staff with the exception of one staff member who had recently come into post.

However, records showed that while this training had commenced, three members of the management team who were supervising staff had not completed this training at the time of the inspection.

Supervision was not always carried out in line with policy. Inspectors reviewed 11 supervision files, and found that five staff had not received supervision in line with the frequency set out in policy. Some staff reported that they did not have the capacity to undertake supervision as required. In particular, newer staff had not received regular supervision to support them in their roles. In some supervision files, there was an absence of records of induction or that the probation process was followed.

The quality of supervision records was mixed. Some records did not record agreed actions or follow up on actions to ensure accountability in the service. While many staff supervision records cited unmanageable workloads, there was limited strategies or actions recorded or taken based on this feedback. Records were unclear with respect to training staff had completed and further training required. There was limited discussion about cases or management of unallocated cases and they lacked clear accountable decision making. In line with the service's updated compliance plan the service agreed to complete an audit of supervision by quarter four 2024. However, there had been no audit of supervision done since the previous inspection.

In light of the concerns escalated in previous inspections over the wellbeing of staff, the service agreed to request that a workshop was made available to staff on self-care and resilience. While staff were made aware of the facility of the Employee Assistance Programme (EAP) this dedicated workshop had not been provided by the time of the inspection. Essentially the unmanageable workloads, and the impact of this on the health and wellbeing of staff remained unaddressed, despite escalation of this issue in November 2023. The area manager met with the staff team in the week prior to the inspection to discuss their concerns therefore strategies to address concerns raised in this meeting were not yet developed.

An active listening session was completed with senior managers in November 2024 to gather feedback from the team to inform any People and Change related opportunities. Opportunities for growth focused on addressing challenges such as high workloads, resource gaps and recommendations included training on leadership and therapeutic skills to empower staff in a high pressure environment and facilitated team building activities to strengthen collaboration.

Since the previous inspection, some learning and development sessions had taken place and these included agenda items such as family reunification, cultural religious beliefs and practice and a trauma informed approach to working with separated children.

These learning and development days were positive for the upskilling of teams and maintaining the staff teams' knowledge, however newer staff reported that they did not receive training in topics such as child sexual exploitation and cumulative harm. While there were mandatory training records for staff, there was no central record relating to additional training staff had completed. Therefore, it was difficult to oversee the uptake of additional training and outstanding training for staff. It was important to oversee this given the numbers of newer staff joining this service who were expected to address the distinctive needs of this cohort of children. Mandatory training records showed that three staff members had not completed all modules of Children First (2017) training.

A training needs analysis was completed in April 2024, which outlined a list of training in 23 areas including family reunification, hidden harm and gender based violence, however it was unclear how this training was to be prioritised. There was no training plan developed in response to this training needs analysis.

At the time of the previous inspection it was identified that the teams capacity for training was impacted by challenges and risk at the front door as there was little room for learning due to the capacity of a crisis driven team. In response, the service agreed to put a strategic model of training in place by June 2024 and this action was significantly delayed. The service's strategic training plan was requested prior to the inspection, however was unavailable at that time. During inspection field work, a strategic training plan for 2025 was provided. This was considerably delayed given the deficits identified in the 2023 inspection. This strategic training plan consisted of a list of training for the 2025 year. Many of the courses listed on the TNA completed in April 2024 were not included in the training plan and some training had not been confirmed with dates. Furthermore it was unclear how this strategic training plan was going to address issues such as the capacity of teams to undertake training, due to their significant workload, as highlighted in the previous inspection.

Judgment: Not compliant

Quality and safety

The inspection found that there was timely response to children's presenting needs and children were met with, screened and placed within a timely manner. The staff team were child centred and ensured children's immediate needs were met and they were placed in suitable accommodation following their arrival into the country. While the majority of intake eligibility assessments were detailed and provided an analysis of children's immediate needs at point of intake they did not record a detailed assessment of all aspects of the child's circumstances including risks such as trafficking and child exploitation and were not aligned to Tusla's national assessment framework or Children First (National *Guidance for the Protection and Welfare of Children*, *and the Children First Act 2015*) herafter Children First (2017).

The level of demands continued to impact on the child protection and welfare teams and staff were not in a position to meet with children and undertake a more comprehensive assessment of their needs. Following the intake process, there were gaps in the visiting of children to further assess their needs in line with Children First (2017). The inspection found there were concerns for the sustainability of this team to continue to meet the increased referral rates and demands on staffing which impacted on the quality of care provided to children. While an AOD was established in 2023 to manage cases awaiting allocation, the inspection found that the transfer of cases was delayed and resulted in cases remaining on teams without the resources to provide adequate oversight. While some cases were accepted for transfer in line with local policy, not all transfers occurred and the intake team continued to work these cases. Staff spoke of the workload and pressures on the intake team with significant workload and additional working hours required to meet the needs of children presenting to the service.

Not all child protection concerns were managed in line with Children First (2017). There were gaps in the identification of child protection concerns by staff newly recruited to the team, gaps in referrals to AGS in line with Children First, lack of completion of actions such as safety planning and lack of social work assessment of the concerns and risks to children. As previously mentioned in this report HIQA requested and received satisfactory assurance with respect to the management of child protection and welfare referrals.

There was mixed practice with respect to the implementation management and monitoring of safety planning in the service. Safety planning was not routinely completed when a trafficking risk was identified for a child. Improvement was required to respond appropriately to this vulnerable cohort of children arriving as unaccompanied minors into the country. The service did not work closely with all relevant professionals to identify and respond quickly to protect vulnerable children. The inspection found that while there were some channels of communication from police counterparts in Northern Ireland with respect to the location of children reported missing in Ireland, however improvement was required in order to liaise with counterparts in other jurisdictions with respect to children missing particularly where there were concerns about child trafficking and exploitation.

In addition, the inspection found that improvement was required to ensure that staff were 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.*

Standard 1.3
Children are communicated with effectively and are provided with information in an accessible format.

When children were first referred, the SCSIP service was child centred and children were communicated with in a clear and sensitive manner. The service considered children's communication needs and had access to interpreters when required. In line with the service's compliance plan, the service identified that within three days of intake being completed by the SCSIP team the child would be assigned a contact person. The area identified that this action was not achieved within the timeframe of March 2024, however the service anticipated that would be achieved by April 2025. Where it was not possible to assign a social worker, a social care worker or family support practitioner would be assigned as a contact person. At the time of the inspection, there was eight children awaiting allocation on the intake and assessment teams, however these related to children who were referred in the previous days of the inspection and were allocated on the 4th day of the inspection.

While there was a good level of communication with children when they first presented to the service, there were gaps in the ongoing communication with children. The service also agreed to ensure that children would be met with by a SCSIP team worker within two weeks of intake to identify their needs. The area

identified that this process was taking longer due to delays with on boarding staff however full completion was agreed by Q4 2024. A review of intake records over the previous year showed that while the majority of children were met in order to complete an intake assessment in a timely way, further improvement was required.

While inspectors found good communication with children when assessing children's needs and intake eligibility assessments were completed within two weeks in 14 files reviewed however, in five of the 19 files reviewed children were not seen to complete an intake assessment in a timely way. Records of ongoing communication with children during this wait time was limited.

There was a system in place should any issues arise for children which required actions and in order to complete safeguarding visits to children. The inspection found that communication with children was not regular and it was not evident that children were informed that they were assigned a duty social worker should they have a concern. In some cases the inspection found that there was limited contact or relationship built with children. For example, staff on intake and assessment teams advised that children who were no longer on their teams often contacted them as that was who they made their first connection with.

Children were provided with accessible and age appropriate information about the service. There was a translated children's booklet which was made available to children when they presented to the service. The inspection found that there was good consideration of and participation of children within the eligibility assessments of children. Inspectors saw good social work practice in supporting children through their medical assessments as part of their assessment by the service. Furthermore, children's voices were heard in the reunification assessment process with family members.

The service undertook a consultation project in order to seek the views of children accessing the service which was incorporated into a discussion paper on the challenges facing unaccompanied and separated children seeking international protection which was incorporated into the services proposals for reform of the SCSIP service that could be considered by Tusla. The area identified that the outcomes of this consultation with unaccompanied minors to the team would be reviewed to explore suggestions or areas for improvement identified by children and a plan developed that can be implemented.

The consultation with 22 children identified areas for improvement such as the waiting time for the allocation of a social worker, lack of communication and decisions not explained to children and the differences in the treatment of children placed in different placements. The service identified that an additional project has begun to follow on from this piece of work, however this project was not finalised at the time of the inspection.

In line with the services compliance plan, the service agreed to develop a strategic training plan to include cultural competence training for all staff with a focus on communicating effectively and appropriately with children. The plan was also set out to provide training on the impact of adverse childhood experiences and cumulative harm for children. Records showed that training was provided in cumulative harm, child exploitation among various cultures and a trauma informed approach to working with children, all of which were positive in building awareness among staff in their communication with children. However, given that there were new staff on boarding to the service, a central training record of attendance was required and training was required on a more regular basis. The 2025 plan indicated that trauma in separated children and nonverbal multicultural communication was scheduled for February 2025.

Judgment: Not compliant

Standard 2.2
All concerns in relation to children are screened and directed to the appropriate service.

There had been a restructuring of the child protection team in the months prior to the inspection. In order to create additional capacity to manage referrals at the front door of the service, 135 cases were moved from the intake team to the AOD team. A new team leader position was in place on the active on duty team in order to oversee these additional cases. While restructuring was an effort to improve workload across teams, the benefits of this restructuring was not yet seen at the time of the inspection.

The intake and assessment team represented the front door of the service where staff responded to initial contacts made by professionals where there was a concern about an unaccompanied child. As of January 2025 children were presenting to the service through referrals on a portal which was a positive development and provided greater accountability.

There was a process map in place to guide staff when managing referrals to the service however the screening process was not aligned to Tusla's standard business process and the screening of referrals due to the nature of the service was largely focused on the immediate needs such as shelter and safety of the child. There was also a process in place to manage any further child protection and welfare referrals and all referrals received through the portal were now screened by a team leader on the intake and assessment team. All new child protection referrals were referred to the local area where the child was placed and all welfare concerns were managed by the SCSIP team. Staff spoken to were aware of the process in place to manage child protection and welfare concerns received in relation to children placed with the SCSIP team.

The inspection found that there was timely responses to children's presenting needs and children were met with, screened and placed within a timely manner with direction on next steps to take in the processing of referrals. At the time of the inspection, the majority of referrals were allocated within the intake and assessment team and children were responded to in a timely way. The intake team's response at the front door was focused on ensuring children were placed in suitable accommodation and ensuring children were safe following their arrival into the country.

The procedure used within the service to prioritise the needs of children was not aligned to Tusla's prioritisation of need procedure. Staff advised that the service was using a prioritisation guidance based on the international protection vulnerability assessment rather than Tusla's standardised procedure for prioritisation of cases. As a result, the majority of referrals were classified as medium priority which did not take into account factors which placed the child at actual risk. Inspectors found that children's cases were incorrectly classified as medium priority in cases where children were missing from care, deemed a flight risk, where there were indicators of trafficking and exploitation and where there were additional child protection concerns. Furthermore, rationales for prioritisation were not clearly recorded. The system for prioritisation of children required review in order to identify those with the highest level of need and ensure waiting lists were well managed. Staff advised that they had planned to review the prioritisation guidance.

Medical screening for newly arrived unaccompanied minors was a service which was provided by the HSE. There was an agreement in place that five children were selected from the register on a weekly basis for medical screening. As a result, not all children received medical screening at point of referral and this was often

delayed. Staff advised that there was ongoing liaison with the HSE to expand this service further and they were working on the backlog of children awaiting medical screening. Minutes of meetings identified that in November 2024, the number on the waiting list for medical screening was at 75.

A children's medical service established in September 2023 provided this service to younger children who were unaccompanied minors and the service was having a positive impact on picking up on health issues for younger children. Minutes of meetings identified that areas of improvement in the operation of this service related to the timely presentation of children who were to be accompanied by staff to clinics and raised concerns about appointments being missed due to non-attendance. There was some evidence of medical screening on file and inspectors found examples of good child-centered work with children to support them through the process.

Judgment: Substantially compliant

Standard 2.3
Timely and effective action is taken to protect children.

In line with procedure cases were to be held for six to eight weeks on the intake and assessment team. The tasks to be completed by the intake team included making efforts to contact children's parents, visits to children in their placements and processing applications for their international protection registration, ensuring their PPSN and medical card applications were made, referring and accompanying children for medical screening appointments, completion of care plans, placement plans, absence management plans and referrals to education. Following the initial screening, an intake eligibility assessment was completed.

Staff reported significant workloads and additional working hours were required to meet the needs of children presenting to the service. The area manager advised that the referral rate had increased to approximately 50 referrals in a month and made reference to 12 children presenting to the service in one day. As a result, this raised concerns for the sustainability of this team to continue to meet the increased referral rates and demands on staffing which impacted on the quality of care provided to children. This however was not a new development, and the capacity and capability of the service to meet the demands and needs of this cohort of children had been raised with Tusla CEO following both previous HIQA inspections. Furthermore, placing new graduates in a crisis driven team whereby

they did not have adequate training or experience, induction or mentoring, to deal with a very complex area of work, was poor management of staff resources.

In response to concerns raised in previous inspections the service established an active on duty team in October 2023 in order to ensure appropriate oversight for children while they were awaiting allocation. This team was established in recognition that all children presenting to the service could not be allocated due to service demand and level of resources and its purpose was to ensure that children received a safe and structured service of providing a statutory response and to respond to emergencies pertaining to children in their placements. While this was a temporary measure to manage those awaiting allocation within alternative pillars, this active on duty team was still required two years since its establishment. In line with the updated compliance plan, the team was awaiting the approval of two family support practitioners to join this team and this remained the case at the time of this inspection.

The standard operating procedure and criteria for the AOD team outlined that the child must be aged 16 and there were no concerns relating to child exploitation at the time of referral or there were no child protection referrals. In these circumstances, children should be transferred to relevant child-in-care teams under the SCSIP service. In line with the SOP a statutory visit was to be completed by the intake team prior to transfer to the AOD team. However, records showed that there were gaps in the visiting of children on the intake and assessment teams due to the high workloads where staff members were managing increasing referrals which meant addressing the immediate needs of children as they present to the service.

Within the active on duty teams, cases were allocated to the team leaders and the principal social worker and duty tasks were completed by assigned workers. Managers on the active on duty team were assigned to cases which were awaiting allocation as there were only two social workers on the team. As a result, managers were also doing direct work and this then impacted on their level of oversight of all cases on the team.

At the time of the inspection, the PSW for the active on duty team was reviewing the team's procedures to ensure a system was in place to ensure all children were seen in a timely way. In order to improve service provision, the principal social worker advised that the current operation of the active on duty was changing from a daily duty system to a weekly system which it was anticipated would work better with the provision of designated contact details for the children accessing the AOD

team. A guidance document dated January 2025 was developed to respond to the growing number of referrals as well as complexities in responding to all children's needs. A principal social worker advised that the active on duty team were striving to visit children and respond to any issues arising for children in their placement on a six weekly basis however staff advised that seeing children regularly was a challenge in the service.

The inspection found there were delays in the completion of safeguarding visits to children once children were accommodated. Staff on the intake and assessment team spoke of transfers not being possible in 30 cases as the safeguarding visits were not complete. The inspection found seven cases where there were delays in safeguarding visits to children placed in SEA's to ensure their safety. In three cases there were delays in visits in circumstances where there were concerns about the placement and where children were under the age of 16. In one case, there was a delay of five months before a safeguarding visit to a child was done. Further to this, there were three cases reviewed where there were no records of safeguarding visits to children. HIQA sought assurances with respect to the lack of safeguarding visits to children in these three cases. The service provided assurance that in one case these records were not on file, in two cases the service had taken steps following the inspection to complete safeguarding visits to these children one of whom had not been visited since August 2024.

The principal social worker on the intake and assessment team advised that audits to ensure safeguarding visits were occurring were not routine but were usually completed prior to the case being transferred to ensure all necessary information and records of visits were on file. Oversight mechanisms required improvement to ensure necessary actions such as safeguarding visits and any risk identified on placements were actioned appropriately while children were placed on the intake and assessment team.

Inspectors found that the AOD tracker was a useful tool to track statutory responsibilities, however, the tracker was not kept up to date at the time of the inspection. In line with the compliance plan, principal social workers were to complete monthly reviews of cases to review risk and identify actions and priorities for allocation or transfer and this would be evidenced in a case note and uploaded to the child's files on TCM. However, there was limited evidence of reviews on files. The principal social worker of the AOD team advised that they complete a rolling two month review of cases, however this had not yet taken place with respect to the 128 cases which had transferred to the AOD Team in November 2024.

The inspection found that the transfer of cases was not occurring in a timely way which raised concerns about the timeliness of the service provided to children given the increasing workloads of teams at the front door of the service. During the inspection, some staff raised concerns about the extensive amount of documents required prior to the transfers of cases within a 6-8 week timeframe, which was not always possible due to increasing workloads. Staff told inspectors that this concern was highlighted with management in August 2024. A new case transfer guidance document was finalised in October 2023. However, staff identified that they were holding onto a large volume of cases as they were not being transferred until criteria such as a statutory visits were completed. Staff identified that children were not getting the service they needed due to delays in transfers.

In addition, staff highlighted that when children were transferred to the active on duty team, they remained waiting for a service as cases were not being picked up. As a result of which, children often sought support by reverting to the intake team whom they made first connection with when first referred to the service. The staff team advised that due to delays in transfer children were waiting with limited contact with the SCSIP service.

A review of files by inspectors confirmed that there was a delay in the transfer of cases and cases remained on teams without the resources to provide adequate oversight. While some cases were accepted for transfer in line with local policy, some transfers did not occur and the intake team continued to work these cases. A monthly transfer meeting was occurring to review team caseloads and identify the most appropriate referrals pathways and agree the transfer of children. While this was a positive to ensure a standardised process was in place, there was a backlog of cases to be transferred and the workload involved in transferring cases required review to ensure transfers were timely. Further to this, the process of transfer required increased oversight to identify and address blockages in the system and to ensure the transfer of cases agreed.

Inspectors reviewed 10 cases in which there were delays in the transfer of cases. Of those ten cases, transfers were not occurring in a timely way and teams were working on cases for longer periods of time while also managing an increasing referral rate at the front door. For example, in three cases reviewed there were delays of eight, seven, and five months in transferring cases after they were accepted. In one instance, there was direction in November 2024 for a child's aftercare referral to be completed, however file review indicated that this referral

had not been completed at the time of the inspection and the child was turning 18 in August 2025. While this case was transferred by name only to another team on TCM in September 2024, no work had been completed since its transfer four months previous and the intake team continued to work the case as they were aware that the young person was struggling.

In another case, records showed that the case was accepted by the AOD team in November 2024, a review of TCM showed that it was being allocated back and forth from active on duty to intake teams on TCM outside of the formal transfer as it was incorrectly assigned. Further to this, there was a lack of information sharing between teams with respect to cases assigned to them and important tasks to follow up on for the child. As mentioned previously in this report, HIQA escalated the transfer of cases as a systems risk within the service following the inspection.

At the time of the last inspection risks were escalated with respect to the use of the practice of placing children in the voluntary care of Tusla. At that time, the inspection found that the practice of using Section 4 of the Child Care Act, 1991 (voluntary consent) did not provide children with stability or promote children's rights in the service. At that time, the inspection found that consent was not always sought in writing and voluntary care was used for indefinite periods of time. In some cases Tusla staff who were not eligible guardians were signing voluntary consent in the absence of parental consent. It was aknowledged that there were significant challenges in obtaining consent from parents living in exceptionally difficult circumstances in war torn countries.

In line with the services updated compliance plan, the service committed to the use of voluntary consent in the minority of cases and that consent would not be signed by a Tusla staff member. In order to oversee this practice the service identified that an audit of voluntary consent would occur six monthly in order to ensure these actions were implemented. Data received prior to the inspection identified that there were 50 children placed under voluntary consent in the previous 12 months. At the time of the inspection, there were seven children placed in care under voluntary consent.

While the inspection found that the service had significantly reduced the use of voluntary care for this cohort of children, staff identified that there were challenges and delays incurred in seeking various court orders within particular parts of the country. While the use of voluntary consent had reduced, a review of five files found that the current legal status of children placed in care was not updated on TCM, in some instances the voluntary consent had expired and in one

case a voluntary consent was signed by a Tusla staff member. In another case, where a voluntary consent was signed, the relationship with this person to the child was not verified. The inspection found there were no audits of the 50 children who were placed in voluntary care completed in the previous 12 months to ensure practice had improved with respect to the use of Section 4 by the service.

There was mixed practice with respect to the implementation, management and monitoring of safety planning in the service. Further to this, the use of safety planning was not aligned to Tusla's standard business processes in order to ensure information was shared effectively with colleagues such as the Out of Hours (OOH) who were the social work team responsible for ensuring the safety and welfare of children outside of normal working hours. There was evidence of good practice in five of 15 cases reviewed. For example, staff responded appropriately and implemented safety plans in consultation with staff teams in response to risk identified in two NTKs[5] reviewed which highlighted concerns about space and management of behaviour for children within a SEA accommodation.

However, the inspection found that there were risks identified for children on ten cases reviewed where safety planning required strengthening. Safety planning was not routinely completed when a trafficking risk was identified for a child. In eight cases where there were concerns about trafficking and exploitation and in one case where a child said they felt unsafe there were no safety plans in place to manage those risks. In one of those cases, there was a delay in developing a safety plan as requested by a SEA provider. In another case of a 12 year old where there were trafficking concerns, a trafficking matrix was completed, however information recorded on the trafficking assessment was not included in the safety plan and it did not address all identified risks to the child.

At the time of the last inspection, a family reunification policy was developed to establish safe practice in reunifying children with their families. The policy was developed to ensure that applications were considered in a timely and sensitive manner, that enquiries, checks and assessments were undertaken without undue delay. While the previous inspection found that improvements were made in the practice of reunification of children with their families, to ensure practice was safe, this improvement in practice was not sustained by the service.

[5] The NTK notification system is a mechanism for serivces to inform senior managers about local issues.

Data received prior to the inspection indicated that there were five cases of family reunification in the previous 12 months. Inspectors reviewed four cases where a family reunification had occurred and found mixed practice. In two of those cases there were no records of visits or observations between parent and child, no checks with international agencies and no checks with family after reunification had occurred. In a third case reviewed, there was no follow up completed with international agencies to confirm the legitimacy of reunification paperwork and no evidence of interview with the adult who was reunified with a child. In a another case reviewed, there was a lack of information on file to ensure the process was robust. Staff advised that liaison with international agencies would not routinely occur and that the team were satisfied that they were related, this posed a risk to the service. In another case reviewed the reunification assessment was not comprehensive. Inspectors reviewed one case which involved a best interest's assessment for a child seeking to be reunited with a relative in Ireland which showed a good assessment with necessary checks completed, however there was no record of the progression of the report and the reunification since August 2024.

Judgment: Not compliant

Standard 2.5
All reports of child protection concerns are assessed in line with *Children First* and best available evidence.

In line with Tulsa's standard business processes (SBP) screening of a referral was concerned with screening out of referrals which did not belong to the child protection and welfare team. A preliminary enquiry is conducted to support the staff to make decision on the next actions to take in response to the information reported that will be in the best interest of the child and this was completed within five days of the referral. In line with SBP an important objective of an initial assessment was to determine if a further more comprehensive assessment was required and usually initial assessments were centered on interviews and direct work with children.

The SCSIP team was operating outside of Tusla's standard business processes and national Tusla assessment framework. Within the SCSIP team, following the initial screening of referrals and the services timely response to children's immediate need for food, shelter and safety, the intake team were completing an eligibility assessment in order to determine the child's eligibility for services. As part of the eligibility assessment, the child's needs such as the health, education, family

history and social development were reviewed. Inspectors found that the while the majority of intake assessments were timely, not all intake assessments were completed in a timely way. In five of the 19 files reviewed, children were not seen to complete an intake assessment in the timeline of two weeks.

While the majority of intake eligibility assessments provided an overview of children's immediate needs at point of intake, they were not aligned to Tusla's assessment framework and were not in line with Children First (2017). The inspection found that assessment were largely focused on children's immediate needs and did not record analysis of risk or an assessment of concerns such as trafficking and child exploitation. Furthermore, some assessments were not fully completed for example observations of the children were not recorded as required. During the inspection, there was training provided to staff on the completion of intake assessments, however some staff who were in the role and completing assessments had not received this training in a timely way.

In line with the services compliance plan, the service agreed to ensure children would be met with by a SCSSIP team member within two weeks of being referred to intake in order to further assess their presenting needs. These two weeks would allow the primary needs of children's accommodation medical screening and rest to be met. In October 2024, the service identified that this was not occurring and the process was taking longer than two weeks due to delays with onboarding of new staff, however with the transfer process now in place the service identified that this action should now be possible and in practice. The inspection found that following the intake process, there were gaps in the visiting of children to further assess their needs in line with Children First (2017). Therefore, there was an absence of a comprehensive assessment of children's needs once their initial needs were met.

The level of demands continued to impact on the child protection and welfare teams and staff were not in a position to meet with children and undertake a more comprehensive assessment of their needs. For example, circumstances where concerns were raised for child trafficking which required a child protection and welfare response were not occurring. As outlined in the Tulsa's child protection and welfare handbook, potential victims of trafficking may be affected by the impact of trauma. In particular victims may experience post-traumatic stress disorder which can result in symptoms of hostility, aggression, difficulty in recalling details or entire episodes and difficulty concentrating. The inspection found that when there were concerns or indicators of trafficking further assessments were not conducted to assess past harm, the impact this harm had on children, whether

there continues to be a risk to the child, risk factors to other children placed due to possible risk behaviors and the therapeutic supports required. This approach continued not to be in line with Children First (2017) and Tusla's standard business processes.

The service did not respond appropriately when further reports of child protection concerns were received about children who were placed with the SCSIP team. In order to manage child protection and welfare concerns the SCSIP team were managing all welfare concerns while concerns of abuse were transferred to local area teams in the geographical location where children were placed for further assessment. However, the inspection found that there were gaps in communication with respect to the management of child protection and welfare concerns.

In line with good practice, when staff suspect that a crime has been committed staff are required to formally notify An Garda Síochána (AGS) in writing without delay. Both agencies should then work together to support the sharing of information, and records of liaison between both agencies where agreed actions are documented as required, should be saved on the child's file. While there was a clear process in place and child protection and welfare concerns were being screened by the intake and assessment team leader, there were gaps in follow up actions taken on foot of child protection and welfare concerns. Strategy meetings were not convened to facilitate information sharing and evaluation of information between professionals in order to prepare a plan of action for the child.

The inspection found that out of six child protection referrals reviewed, there were gaps in management of four child protection and welfare referrals. On two of those referrals, there was no follow up by the allocated workers who told inspectors that they were not aware of the referrals, and as a result no further assessments were completed. For example, in one case where there was a referral relating to female genital mutilation (FGM) no assessment was completed. In line with Tusla's child protection and welfare handbook when a professional has concerns that a child has been victim of FGM the case should be assessed in accordance with Tusla's social work standard business process and an intervention plan developed which considers the emotional and physical wellbeing of the child.

On two cases one of which included the above case, there were no records of notifications to the AGS in line with Children First (2017). In the fourth referral reviewed, the inspection found that there was a delay of three months in the screening of the referral concern including the required notification to AGS. Staff

advised that this was an oversight at the time the case was dealt with by the intake and assessment team due to the failure to recognise a child protection and welfare concern which was brought to their attention as part of the child's intake eligibility assessment. Inspectors identified a further case where a child identified that they felt unsafe within their placement, there were no records of Tusla's response to the child and assessment of these concerns in order to identify whether a child protection and welfare response was required. HIQA escalated three of these cases following the inspection and satisfactory assurances were provided that actions were taken on foot of the escalation, that safety was established, assessments were ongoing and gaps in information were addressed on children's files.

There were gaps in the identification of child protection concerns by staff newly recruited to the team, gaps in referrals to AGS in line with Children First (2017), lack of completion of actions such as safety planning and lack of social work assessment of the concerns and risk to children. As previously mentioned in this report HIQA requested and received satisfactory assurance with respect to the management of child protection and welfare referrals. However, based on the above findings there was a concern about the level of oversight of child protection and welfare referrals particularly when children were awaiting allocation, and the level of training provided to staff in relation to key child protection processes, including assessments, safety planning, requirements of legislation, including notifications to AGS, and best practice.

Judgment: Not compliant

Standard 2.12
The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.

Improvement was required to respond appropriately to this vulnerable cohort of children arriving as unaccompanied minors into the country. In particular, the inspection found that improvement was required to ensure that staff were 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.*

In data received prior to the inspection, the service identified that there were no cases in the 12 months prior to the inspection relating to organisational abuse.

Furthermore, the service identified that there were no cases of organised abuse which included child trafficking and child exploitation in the 12 months prior to the inspection. However, the inspection found that there were many cases where child trafficking was suspected during the 12 months prior to the inspection.

Data received prior to the inspection identified that there 50 children reported by the service as missing in care in the previous 12 months. At the time of the inspection, data provided indicated that there were approximately 30 children missing and remained unaccounted for at the time of the inspection and 27 children had been reported missing at various stages and returned to their placements. Inspectors sampled ten cases where children were reported as missing and found that the service was not managing these cases 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.*

In line with the protocol for missing children in care, management prevention strategy meetings are to be held with Tusla and AGS in order to formulate and agree a more robust plan to reduce the frequency, duration and risk associated with the missing child in care episodes. The garda national missing persons unit has oversight over the garda investigation and is updated by the local area on the ongoing attempts to locate the child including Interpol if there is a concern that the child has left the jurisdiction.

The area manager discussed the increasing high rate of missing children in care which exceeded over and above the increasing rate of referrals to the service. The area manager also raised concern about the numbers of children who were missing in transit and potentially exposed to exploitation such as forced labour. While staff used the Need To Knows (NTK) process to escalate cases with respect to children who were missing, there was no analysis or audit of the management of missing child in care cases. The lack of analysis meant that the opportunity to identify trends and risks which were present prior to missing from care episodes such as the appropriateness of accommodation, timeliness of allocation of a social worker or the location of the SCSIP teams building were lost.

Inspectors reviewed 10 cases where children were reported as missing in care. The inspection found that strategy meetings or management meetings were not held on the majority of those cases which was concerning given the vulnerability and risk given the length of time some of these children were missing from care. Given the circumstances of these children who went missing there was limited liaison with AGS specifically with respect to the risk of organised abuse of children

by adults and the possibility of abuse of other children was not considered or in line with national standards. While it was noted that strategy meetings were requested in four of the 10 cases reviewed, two of those requests were made five months after the child was reported as missing. Staff told inspectors that there were difficulties encountered when requests were made for strategy meetings. However, challenges in seeking liaison with AGS were not followed up or escalated appropriately. In two of those cases while the AGS were made aware that the child was missing there was no formal records of the missing child in care notification form on file.

The service did not work closely with all relevant professionals to identify and respond quickly to protect vulnerable children. The inspection found that while there were some channels of communication from police counterparts in Northern Ireland with respect to the location of children reported missing in Ireland, improvement was required in order to liaise with counterparts across Europe with respect to children missing particularly where there were concerns about child trafficking and exploitation.

Staff advised that they did not routinely contact other jurisdictions as part of the intake and assessment process or following a child going missing from their care. For example, a 12 year old child went missing over 18 months previous, however there was no records of strategy meetings held with AGS, or of contact with UK or Northern Ireland counterparts in order to share information in an effort to locate this child since that time. In another case where there were clear concerns about the trafficking of a child who was reported as missing, this child was found in another jurisdication and while there was evidence to note that this was communicated to the SCSIP service, the staff were unaware of this development and continued to consider this child as missing from care. The area manager advised that TCM did not provide an effective reporting mechanism for children missing in care. In another case, where a 14 year old was reported as missing from care in over 6 months previous and while a strategy meeting was requested by the principal social worker, this occurred five months after the child was reported missing from care and there was no evidence of liaison with counterparts in neigbouring jurisdictions.

HIQA sought assurances with respect to four cases where children were missing from care and there were concerns about the management of these cases. The service provided assurances that in two of those cases, strategy meetings were conducted, however these were not recorded on the children's files. In one of those cases it was noted that the strategy meeting was held 10 months after the

child was reported missing from care. In a further two cases, the area manager and the service director provided assurances that the necessary strategy meetings were in process and required oversight systems were now in place.

Following the previous inspection, there were concerns raised about the identification and management of this specific cohort of vulnerable children. In light of this, the service agreed to circulate Tusla's 'Child Sexual Exploitation Procedure (CSE) 2021' to all staff and training to identify and respond to indicators of child sexual exploitation would be provided. While the service identified that the CSE procedure was provided to all staff, and that annual training was provided on identifying indicators of trafficking, this inspection found that while some staff were aware of the CSE procedure, newer staff who were managing referrals from the point of childrens arrival advised that they had not received training on the CSE procedure and were not trained in the use of the trafficking matrix.

In line with the services compliance plan, the service identified that collective risk assessments would be carried out where there were known risks of trafficking and child exploitation. However, some staff spoken to advised that they had not yet received training on the use of the child trafficking matrix or cumulative harm. Further to this the service agreed that the trafficking matrix would be reviewed and updated by July 2024 to improve the quality of assessment. At the time of this inspection, a principal social worker noted the requirement for the review of this tool, however this action remained outstanding. The service had also agreed to complete a review of the quality of safety planning where there were trafficking indicators would be included in the 2024/2025 audit plan. While this audit was on the inspection schedule for quarter four 2024, this review remained outstanding by the time of the inspection.

The inspection found that there was mixed practice with respect to the management of risk when trafficking concerns were identified for children. The trafficking risk assessment was not used across the service and of the 50 case files reviewed there were nine cases which had the trafficking assessment on children's files. In two of the nine cases reviewed, there was evidence of safety plans which were reviewed appropriately and there were records of consultation with children's placement providers in relation to safety measures in place for children. However, inspectors found that where there were indications of trafficking on file, the trafficking toolkit was not routinely used to inform planning. Furthermore, when trafficking concerns were identified, there was no contact with counterparts in the UK to ground these concerns and inform safety planning for the child. The use of

safety planning required strengthening when there was a risk of trafficking for children.
Judgment: Not compliant

Appendix 1 - Full list of standards considered under each dimension

This inspection was carried out to assess compliance with the National Standards for the Protection and Welfare of Children (2012). The standards considered on this inspection were:

Standard Title	Judgment
Capacity and capability	
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
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
Standard 5.3 All staff are supported and receive supervision in their work to protect children and promote their welfare.	Not compliant
Quality and safety	
Standard 1.3 Children are communicated with effectively and are provided with information in an accessible format.	Not compliant
Standard 2.2 All concerns in relation to children are screened and directed to the appropriate service.	Substantially compliant
Standard 2.3 Timely and effective action is taken to protect children.	Not compliant
Standard 2.5 All reports of child protection concerns are assessed in line with Children First and best available evidence.	Not compliant
Standard 2.12 The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.	Not compliant

Compliance Plan for SCSIP Child Protection and Welfare Service OSV – 0008511

Inspection ID: MON-0045832

Date of inspection: 28 January 2025

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. In this section the provider must consider the overall standard when responding and not just the individual non compliances as listed in section 2.

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 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
Outline how you are going to come into compliance with Standard 3.1: Provision for legislative change is being scoped by DCEDIY and DOJ as part of preparations for the EU Pact on Migration. Service director continues to attend meetings in relation to this matter and will continue to advocate for the appropriate changes to be made. **Timeline:** End 2025 **Person Responsible:** Service Director The SCSIP care pathways model has been revised and is being presented to EMT the week of the 14th of April 2025. **Timeline:** Completed April 2025 **Person Responsible:** Service Director The SCSIP guidance on CPWRFs has been finalised. It is now compliant with Tusla processes. **Timeline:** Completed April 2025 **Person** Responsible: PSW – Practice Improvement Further training will be delivered to the SCSIP service regarding the SCSIP guidance on CPWRFs.	

This training will be premised on children first and the national standards for children in care.

1. National standards for the protection and welfare of children
2. Children first national guidance for the protection and welfare of children

Timeline: June 2025
Person Responsible: PSW – Practice Improvement

Regular audits of CPW Referrals are included on the 2025 audit tracker.
Audit tracker attached.

Timeline: Completed January 2025
Person Responsible: QRSI Manager

Training workshop to be delivered to highlight learning from this audit and audit of AGS notifications, with a focus on consistent application of thresholds and to increase confidence and accurate recording of the application of professional judgement.

This training will be premised on children first and the national standards for children in care.

1. National standards for the protection and welfare of children
2. Children first national guidance for the protection and welfare of children

Timeline: PSW - Strategic Training Lead
Person Responsible: June 2025

CPW referrals are recorded within TCM. Reports will now regularly be generated from TCM to confirm the status of every referral.

Timeline: Completed April 2025
Person Responsible: PSW – Intake and Assessment

A six-weekly meeting between PSWs and Team leaders will take place to review CPW referrals in detail. A record of these discussions will be recorded on each individual child's file, and minutes stored in the SCSIP Governance & Compliance folder and decisions will be tracked from one meeting to the other and reflected in the minutes.

Timeline: Completed April 2025
Person Responsible: PSW-Intake and Assessment

The Executive Management Team have approved an additional 43 posts for the service. The posts include 9 positions relating to residential oversight, one of which is an additional Area Manager for the service. Recruitment to immediately commence.

Timeline: September 2025
Person Responsible: Service Director

Procurement to formally tender children's residential services has commenced.

Timeline: September 2025
Person Responsible: Area Manager

In respect of Garda Notifications (AGS Notifications), an audit of files across whole service will be completed to ensure compliance with responsibilities under Children's First. An audit action plan is to be completed and shared with the service.

Timeline: June 2025
Person Responsible: QRSI Manager

Key learning from the above audit will be brought to team development day in Quarter 3 2025.

Timeline: September 2025
Person Responsible: PSW - Strategic Training Lead

AGS Notifications are listed as standing items on all PSW and Team Leader supervision agendas. This expectation has been communicated to all relevant staff.

Timeline: Completed April 2025
Person Responsible: PSW Practice Improvement

Supervision case record will be generated for every case that has an open AGS Notification. This expectation has been communicated to all relevant staff.

Timeline: Completed April 2025

Person Responsible: PSW – Practice Improvement

Liaison meetings to be scheduled with district Garda Protective Service Units and Principal Social Workers to discuss open Garda notifications.

Timeline: Completed April 2025
Person Responsible: Area Manager

CPW referrals are recorded on TCM. Reports can now be generated to confirm the status of every referral.

Timeline: Completed April 2025
Person Responsible: PSW – Intake and Assessment

All missing children in care (MCIC) will have an assigned worker.

Timeline: Completed April 2025
Person Responsible: Area Manager

MCIC listed as standing items on all PSW and Team Leader supervision agendas. This expectation will be communicated to all relevant staff.

Timeline: Completed April 2025
Person Responsible: PSW – Practice Improvement

A supervision case record will be generated for every missing child in care. This expectation will be communicated to all relevant staff.

Timeline: Completed April 2025
Person Responsible: PSW – Practice Improvement

A further audit of missing children in care completed in April 2025. Actions arising from the findings to be communicated to wider service.

Timeline: Completed April 2025
Person Responsible: QRSI Manager

MCIC to be a standing agenda on all Team and Pillar meetings.

Timeline: Completed April 2025

Person Responsible: PSWs – all pillars

Missing Children in Care Forum has commenced and will continue every two months. TOR and agenda and minutes to be maintained on MS Teams.

Timeline: Completed February 2025
Person Responsible: Area Manager

A dedicated Grade V business support person has been assigned as point of contact for tracking MCIC notifications, scheduling strategy meetings with AGS, recording minutes and managing tracker.

Timeline: Completed March 2025
Person Responsible: Area Manager

Standard 3.2 Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.	**Judgment:** Not Compliant

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

An additional 43 posts have been approved by the Executive Management Team for the service, with positions granted within all grades. This will ensure greater governance, communication and risk management within the SCSIP service. Recruitment to commence immediately.

Timeline: To have additional posts approved: Completed April 2025
Person Responsible: Service Director

Timeline: To onboard all posts: October 2025
Person responsible: Area Manager

The intake and assessment team has restructured into two teams. Team One has responsibility for screening and intake, and Team Two has responsibility for assessment and intervention.

A second team Duty team commenced on the 7th April 2025, staffed with a SWTL, 2 PQSW, 1 SCW, and shared business support. A further PQSW post has been accepted and will be assigned to the Assessment and Intervention team.

Timeline: Completed April 2025
Person Responsible: PSW – Intake and Assessment

The new CPWRF process will support the governance and accountability surrounding the management of child protection referrals.

Timeline: June 2025
Person Responsible: PSW – Intake and Assessment

Case transfer meetings will continue to occur monthly and chaired by the PSW for Practice Improvement. Review of previous minutes and actions are included on meeting agenda. Any outstanding transfers will be reviewed and actioned.

Timeline: Completed November 2024
Person Responsible: PSW – Practice Improvement

The implementation of the assessment and intervention team will ensure that all tasks required for transfer are completed in a timely manner.

Timeline: Completed April 2025
Person Responsible: PSW – Intake and Assessment

Any concerns or challenges arising from case transfer meetings are escalated by PSW for Practice Improvement to Area Manager.

Timeline: Completed November 2024
Person Responsible: PSW – Practice Improvement

Case Transfer decision tracker will be provided to all PSWs within two working days, and decisions regarding transfers will be communicated to the relevant SCSIP staff.

Timeline: Completed April 2025
Person Responsible: PSW – Intake and Assessment

All young people subject to transfer will be advised of same by transferring social worker at the earliest possible time.

Timeline: Completed April 2025
Person Responsible: PSW – Intake and Assessment

Key Performance Indicators have been agreed for the service. They will be presented to the National Data and Information Oversight Committee for final approval. Once approved, they will be included in Tusla's published metrics.

Timeline: September 2025
Person Responsible: Service Director

In order to ensure timely response to actions agreed at management meetings, the minutes are circulated within 24 hours. These minutes are available for information to be disseminated amongst the wider team.

Decisions will be tracked from one meeting to the other and reflected in the minutes.

Timeline: Completed April 2025
Person Responsible: Area Manager

Following quarterly team development days, the contents, slides and key learning will be uploaded to a shared resource, accessible to staff members who were unavailable on the day.

Timeline: Completed April 2025
Person Responsible: PSW - Strategic Training Lead

Minutes will be kept of the monthly compliance plan tracker meetings identifying who was in attendance, status of actions, any follow ups and any risk escalations relating to the actions or inactions.

Timeline: Completed March 2025
Person Responsible: QRSI Manager

Old compliance plan actions to be incorporated into new compliance plan and tracked. 2023 actions to be incorporated into new compliance plan.

Timeline: Completed April 2025
Person Responsible: QRSI Manager

Standard agenda to be developed for one to one's to incorporate review of governance trackers. This will be used for Area Manager one to ones with PSWs. These items will appear in all one-to-one meeting agendas and will be reviewed appropriately at each level and escalated as appropriate.

Any delays in meeting the requirements of the compliance tracker will be escalated where timelines are not being met this will be tracked in 1:1 with Service Director and Area Manager.

Timeline: Completed April 2025
Person Responsible: QRSI Manager

A proposal is going to the Executive Management Team in respect of the additional pay budget available for SCSIP and how that can be utilised to increase compliance across all areas of SCSIP.

Timeline: Completed March 2025
Person Responsible: Service Director

Centralised Governance & compliance folder to be set up on T-drive with folder for each pillar which contains all trackers for area manager oversight and review.

Timeline: Completed March 2025
Person Responsible: QRSI Manager

Tracker for internal audits to be held by QRSI and reviewed monthly with Area Manager and PSWs.

Timeline: Completed March 2025
Person Responsible: QRSI Manager

The Terms of Reference for the Complex Case Forum will be reviewed to consider including the attendance of interested frontline workers.

Timeline: Completed April 2025
Person Responsible: Area Manager

All missing children in care (MCIC) will have an assigned worker.

Timeline: Completed April 2025
Person Responsible: PSWs – all pillars

MCIC listed as standing items on all PSW and Team Leader supervision agendas. This expectation will be communicated to all relevant staff.

Timeline: Completed April 2025
Person Responsible: PSW – Practice Improvement

A supervision case record will be generated for every missing child in care. This expectation will be communicated to all relevant staff.

Timeline: Completed April 2025
Person Responsible: PSW – Practice Improvement

A further audit of missing children in care completed in April 2025. Actions arising from the findings to be communicated to wider service.

Timeline: Completed April 2025
Person Responsible: QRSI Manager

MCIC to be a standing agenda on all Team and Pillar meetings.

Timeline: Completed April 2025
Person Responsible: PSWs – all pillars

Missing Children in Care Forum has commenced and will continue every two months. TOR, agenda and minutes to be maintained on MS Teams.

Timeline: Completed February 2025
Person Responsible: Area Manager

A Liaison Team Meeting with An Gardaí Siochana will be explored by the PSW for Intake and Assessment. These Joint Protocol Meetings will consider missing children in care and other Garda Notifications. The establishment of this system for a national service is subject to participation of An Gardaí Siochana and escalated to Senior AGS as required.

SCSIP has begun discussion with the PSW Tusla National Garda Liaison regarding the implementation of the above.

Where this cannot be expedited it will be escalated to Service Director and onward to National Office.

Timeline: June 2025
Person Responsible: PSW – Intake and Assessment

Tusla Case Management User Liaison Officer is now in post, to ensure that TCM becomes the sole source of data information/case recording.

Timeline: Completed January 2025
Person Responsible: User Liaison Officer

The SCSIP service is working alongside Tusla ICT to ensure that TCM aligns with SCSIP processes. When this project is completed, it will assist in the reduction of trackers and registers maintained by the SCSIP service.

Timeline: Q3 2025
Person Responsible: Service Director

The SCSIP guidance on CPWRFs has been finalised. It is now compliant with Tusla processes.

Timeline: Completed April 2025
Person Responsible: PSW – Practice Improvement

Further training will be delivered to the SCSIP service regarding the SCSIP guidance on CPWRFs. This training will form part of the SCSIP training strategy and induction

for all SCSIP staff.

This training will be premised on children first and the national standards for children in care.

1. National standards for the protection and welfare of children
2. Children first national guidance for the protection and welfare of children

Timeline: June 2025
Person Responsible: PSW - Strategic Training Lead

An audit of CPW Referrals is included on the 2025 audit tracker.

Timeline: Completed January 2025
Person Responsible: QRSI Manager

Safety planning and Safeguarding Visits will continue to be monitored and reviewed by team leaders and PSWs through a service tracker. Service trackers to be developed and updated as required.

Where PSWs identify resourcing issues in relation the above, this will be escalated to the Area Manager and in turn to the Service Director.

Timeline: June 2025
Person Responsible: PSWs- all pillars

A six-weekly meeting between PSWs and Team leaders will take place to review safety planning cases in detail. A record of these discussions will be recorded in minutes and stored in the SCSIP Governance & Compliance folder.

The records will include any discussion and decision and will also be placed on child's file.

Timeline: June 2025
Person Responsible: PSWs-all pillars

Standard 5.3 All staff are supported and receive supervision in their work to protect children and promote their welfare.	**Judgment:** Not Compliant

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

An audit of the quality and supervision was completed by PASM in March 2025, and returned to the Service Director. An action plan will be developed in response to this inspection.

This action plan will be reviewed by the Area Manager in 1:1 with each of the PSWs. Actions not completed which pose a risk will be included on the risk register and escalated to the Service Director.

Timeline: June 2025
Person Responsible: Area Manager

SCSIP Service is committed to ensuring a protected caseload for newly qualified social workers, social care workers and family support practitioners. The Service will continue to make efforts to locate the most experienced workers at the Front Door where possible.

A plan will be developed in relation to the above by the Senior Management Team in collaboration with Tusla HR to ensure that newly qualified staff are represented across the Service with protected caseloads and are adequately supported.

Timeline: August 2025
Person Responsible: Area Manager

The Strategic Training Lead will develop a mentoring plan for SCISP service in line with the Tusla policy for new staff

Timeline: July 2025
Person Responsible: PSW, Strategic Training Lead

Per the Tusla Supervision Policy, two records of supervision will be made –
1. Case Management for each child, which will be uploaded to the child's file on TCM.
2. Professional Development, which will be retained on the staff members supervision file.

Timeframe: Completed January 2025
Person Responsible: Area Manager

An SCSIP supervision guidance document to be devised and implemented, in line with the Supervision Policy 2023, and pertaining to the frequency and quality of

supervision, and the storage of supervision records.

An audit of supervision will be included in the annual audit schedule for SCSIP to ensure frequency and quality is maintained.

Timeframe: Q3 2025
Person Responsible: PSW – Practice Improvement

An additional 43 posts have been approved for the service by the Executive Management Team, with positions granted at all grades. The recruitment and induction of new staff across the service will have a positive impact on staff wellbeing and stress reduction.

Person Responsible: PSW – Strategic Training Lead
Timeframe: Q3 2025

A Wellbeing Ambassador for the service has been appointed and is in the process of establishing a wellbeing committee.

Person Responsible: PSW – Strategic Training Lead
Timeframe: June 2025

A service specific induction package is in progress for the SCSIP service, including mandatory Tusla training, and training specific to the SCSIP service. This will initially be an online induction and professional development landing site for SCSIP.

This will include training on:

1. National standards for the protection and welfare of children
2. Children first national guidance for the protection and welfare of children

Person Responsible: PSW – Strategic Training Lead
Timeframe: Q3 2025

In order to ensure timely response to actions agreed at management meetings, the minutes are circulated within 24 hours. These minutes are available for information to be disseminated amongst the wider team.

Timeline: Completed April 2025
Person Responsible: Area Manager

Following quarterly team development days, the contents, slides and key learning will be uploaded to a shared resource, accessible to staff members who were unavailable on the day.

Timeline: Completed April 2025

Person Responsible: PSW - Strategic Training Lead

Area Manager will attend pillar meetings annually to hear any concerns from SCSIP staff (attend one pillar each quarter).

Timeline: Completed April 2025
Person Responsible: Area Manager

EAP information session, offered previously, will become part of SCSIP staff induction.

Timeline: Completed April 2025
Person Responsible: PSW – Strategic Training Lead

All social work teams will be offered trauma based psychotherapeutic group support.

Timeline: June 2025
Person Responsible: PSW – Strategic Training Lead

All managers will be offered High Impact Leadership training through Steering Point, with a combination of 1:1 and group facilitation.

Timeline: Commenced March 2025
Person Responsible: Area Manager

A register of staff training, including mandatory or voluntary training undertaken by staff will be developed and maintained.

Timeline: Completed
Person Responsible: PSW – Strategic Training Lead

An updated Training Needs Analysis for the service will be completed

Timeline: May 2025
Person Responsible: PSW – Strategic Training Lead

The restructure of the Intake and Assessment teams will facilitate the workers' greater ability to avail of training.

Timeline: September 2025
Person Responsible: PSW – Intake and Assessment

SCSIP is informing the International Protection Office in the development of an electronic process for IP registration and application. This will mean that children will not always have to present in person with their Social Woker, reducing pressure at the front door.

Timeline: This action is outside of Tusla remit but is expected End 2025
Person Responsible: PSW Intake and Assessment is lead on this for Tusla

Intake Eligibility Appeal Panel expanded, trained and fully operational reducing pressure at the front door,

Timeline: Q3 2025
Person responsible: Area Manager

The Intake Assessment, the Eligibility Assessment, the Eligibility Re-assessment and the Eligibility Appeal will all be on as separate processes on TCM. This will allow for direct inputting of assessments which will auto-populate other forms/fields reducing pressure at the front door,

Timeline: Q3 2025
Person Responsible: PSW Practice Improvement

Representative model to outsource International Protection functions/tasks to an NGO, reducing pressure at the front door. Commissioning process has commenced

Timeline: Q3 2025
Person Responsible: Service Director

SCSIP will continue to roll-out Mecpaths training twice a year. SCSIP will also provide Child Sexual Exploitation guidance on a service planning day.

The Tusla National Garda Laision office (TNGLO) initiated a review the CSE procedure in Q2, 2025. As part of the review a working group is being set up to explore what is working well, identify any challenges social workers have in identifying child victims of sexual exploitation, get feedback on how the procedure can be improved, explore any operational challenges regarding the reporting pathways, and identify changes needed to improve the reporting templates'

SCSIP have representation on this group at PSW level.

Timeline: June 2025
Person Responsible: PSW – Strategic Training Lead

SCSIP will liaise with An Garda Siochana Trafficking Unit in relation to a consultation process where trafficking concerns arise. The establishment of the National Referral Mechanism will clearly identify Tusla's role in this matter.

Timeline: Q3 2025
Person Responsible: PSW Practice Improvement

Standard 1.3 Children are communicated with effectively and are provided with information in an accessible format.	**Judgment:** Not Compliant

Outline how you are going to come into compliance with Standard 1.3:

An additional 43 posts have been approved for the service by the Executive Management Team, with positions granted within all grades. The staff increase will improve the regularity and quality of communication between the Intake and Assessment Pillar and young people until such a time as they are transferred to other pillars.

Timeline: Completed April 2025
Person Responsible: Service Director

The team leaders within the Child Protection and Welfare teams Pillar will review the frequency and quality of communication with young people on a quarterly basis.

Timeline: July 2025
Person Responsible: Team Leaders

TCM will operate as a sole source of data gathering, tailored to capture intake assessments for SCSIP as a launchable and live document, thus ensuring that the assessment exists within the system from day one.

Timeline: Q3 2025
Person Responsible: Service Director

Tusla Case Management User Liaison Officer has been recruited, to ensure that TCM becomes the sole source of data information/case recording.

Timeline: Completed January 2025
Person Responsible: User Liaison Officer

Further TCM training and support be offered to the Intake and Assessment. This will commence with a further training workshop per team, and support days will continue quarterly thereafter, with informal support available from the TCM Lead.

This training will be premised on children first and the national standards for children in care.

1. National standards for the protection and welfare of children
2. Children first national guidance for the protection and welfare of children

Timeline: June 2025
Responsibility: TCM Liaison Lead

A register of staff training, including mandatory or voluntary training undertaken by staff will be maintained.

Timeline: completed May 2025
Person Responsible: PSW – Strategic Training Lead

Following quarterly team development days, the contents, slides and key learning will be uploaded to a shared resource, accessible to staff members who were unavailable on the day.

Timeline: Completed April 2025
Person Responsible: PSW - Strategic Training Lead

Training in respect of cumulative harm, child exploitation, and trauma informed care will become part of the SCSIP training strategy and induction for all SCSIP staff.

This training will be premised on children first and the national standards for children in care.

1. National standards for the protection and welfare of children
2. Children first national guidance for the protection and welfare of children

Timeline: June 2025
Person Responsible: PSW - Strategic Training Lead

The Case Transfer decision tracker will be provided to all PSWs within two working days, and decisions regarding transfers will be communicated to the relevant SCSIP staff.

Timeline: Completed April 2025
Person Responsible: PSW – Intake and Assessment

All young people subject to transfer will be advised of same by transferring social worker.

Timeline: Completed April 2025
Person Responsible: PSW – Intake and Assessment

Standard 2.2 All concerns in relation to children are screened and directed to the appropriate service.	**Judgment:** Substantially Compliant

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

The SCSIP guidance on CPWRFs has been finalised. It is now compliant with Tusla processes. The new CPWRF process will support the governance and accountability surrounding the management of child protection referrals.

Timeline: Completed April 2025
Person Responsible: PSW – Practice Improvement

Further training will be delivered to the SCSIP service regarding the SCSIP guidance on CPWRFs. This training will become part of the SCSIP training strategy and induction for all SCSIP staff.

This training will be premised on children first and the national standards for children in care.

1. National standards for the protection and welfare of children
2. Children first national guidance for the protection and welfare of children

Timeline: June 2025
Person Responsible: PSW - Strategic Training Lead

An additional 43 posts have been approved for the service by the Executive Management Team, with positions granted within all grades. This will ensure greater governance, communication and risk management within the SCSIP service.

Timeline: Completed April 2025
Person Responsible: Service Director

An additional social work team leader for intake and assessment has been appointed and is in post. The intake and assessment team has restructured into two teams. Team One has responsibility for screening and intake, and Team Two has responsibility for assessment and intervention.

Timeline: Completed April 2025

Person Responsible: PSW – Intake and Assessment

An audit of screenings to be completed to ensure all cases are screened in line with policy.

Timeline: July 2025
Person Responsible: PSW – Intake and Assessment

Training workshop to be delivered to highlight learning from audit and audit of AGS notifications and in relation to consistent application of thresholds and to increase confidence in use of professional judgement.

Timeline: June 2025
Person Responsible: PSW – Strategic Training Lead

Standard 2.3 Timely and effective action is taken to protect children.	**Judgment:** Not Compliant

Outline how you are going to come into compliance with Standard 2.3:

SCSIP cases are being incorporated into the Tusla Case Prioritisation guidance.

Timeline: Q2 2025
Person Responsible: Service Director

Training on the case prioritisation guidance will be delivered to the service at the next staff development day.

This training will be premised on children first and the national standards for children in care.

1. National standards for the protection and welfare of children
2. Children first national guidance for the protection and welfare of children

Timeline: July 2025
Person Responsible: PSWs-Training and strategic lead

A workshop will be delivered to the service on SCSIP's reunification policy on roles and responsibilities within each process in relation to general family reunification, Best Interest Assessment, Repatriation.

Timeline: July 2025

Person Responsible: PSWs-Training and strategic lead

Line managers will ensure that all documents available are uploaded on the child's file.

Timeline: June 2025
Person Responsible: All PSWs

Safeguarding visits will be reviewed quarterly a record of this will be placed on each individual child's file.

Timeline: July 2025
Person Responsible: PSWs-Child Protection and Welfare

Timeline: June 2025
Person Responsible: PSW – Strategic Training Lead

An additional 43 posts have been approved for the service by the Executive management Team, with positions granted within all grades. This will provide for protected caseloads where required and reduce service demand impact on staff. The appointment of staff to be located regionally, has been approved by EMT, this will increase the service's ability to offer a timely response to the needs of children, to oversee and support children in placement and to identify pathways to into local resourcing.

Timeline: Completed April 2025, onboarding to commence.
Person Responsible: Service Director

A Training Needs Analysis for the service will be completed

Timeline: May 2025
Person Responsible: PSW – Strategic Training Lead

A six-weekly meeting between PSWs and Team leaders will take place to review CPW referrals in detail. A record of these discussions will be recorded in minutes and stored in the SCSIP Governance & Compliance folder.

The records will include any discussion and decision and will also be placed on child's file.

Timeline: May 2025
Person Responsible: Area Manager

Case transfer meetings will continue to occur monthly and chaired by the PSW for Practice Improvement. Review of previous minutes and actions are included on meeting agenda. Any outstanding transfers will be reviewed and actioned.

Timeline: Completed November 2024
Person Responsible: PSW – Practice Improvement

The implementation of the assessment and intervention team will ensure that all tasks required for transfer are completed in a timely manner.

Timeline: Completed April 2025
Person Responsible: PSW – Intake and Assessment

Any concerns or challenges arising from case transfer meetings are brought by PSW for Practice Improvement to Area Manager.

Timeline: Completed November 2024
Person Responsible: PSW – Practice Improvement

Case Transfer decision tracker will be provided to all PSWs within two working days, and decisions regarding transfers will be communicated to the relevant SCSIP staff.

Timeline: Completed April 2025
Person Responsible: PSW – Intake and Assessment

All young people subject to transfer will be advised of same by transferring social worker.

Timeline: Completed April 2025
Person Responsible: PSW – Intake and Assessment

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

Timeline: June 2025
Person Responsible: QRSI Manager

Immediate safety plans will be shared with appropriate services and made available to the National Out of Hours Service via TCM.

Timeline: Completed April 2025
Person Responsible: Area Manager

A six-weekly meeting between PSWs and Team leaders will take place to review safety planning cases in detail. A record of these discussions will be recorded in minutes and stored in the SCSIP Governance & Compliance folder.

The records will include any discussion and decision and will also be placed on child's file.

Timeline: Completed April 2025
Person Responsible: All PSWs

Standard 2.5 All reports of child protection concerns are assessed in line with *Children First* and best available evidence.	**Judgment:** Not Compliant

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

The SCSIP guidance on CPWRFs has been finalised. It is now compliant with Tusla processes.

Timeline: Completed April 2025
Person Responsible: PSW – Practice Improvement

Further training will be delivered to the SCSIP service regarding the SCSIP guidance on CPWRFs.

This training will be premised on children first and the national standards for children in care.

1. National standards for the protection and welfare of children
2. Children first national guidance for the protection and welfare of children

Timeline: June 2025
Person Responsible: PSW – Practice Improvement

An audit of CPW Referrals is included on the 2025 audit tracker.

Timeline: Completed January 2025
Person Responsible: QRSI Manager

Training workshop to be delivered to highlight learning from audit and in relation to consistent application of thresholds and to increase confidence in application and recording of professional judgement.

This training will be premised on children first and the national standards for children in care.

1. National standards for the protection and welfare of children
2. Children first national guidance for the protection and welfare of children

Timeline: June 2025
Person Responsible: PSW - Strategic Training Lead

Eligibility Assessment training is included as part of induction for all SCSIP staff. There is an introductory webinar on the HUB for staff as a first step, followed by full day in-person training,

Timeline: Completed April 2025
Person Responsible: PSW - Strategic Training Lead

An audit of screenings to be completed to ensure all cases are screened in line with policy.

Timeline: July 2025
Person Responsible: PSW – Intake and Assessment

Liaison meetings to be scheduled with district Garda Protective Service Units to discuss open Garda notifications.

Timeline: July 2025
Person Responsible: PSWs – all pillars

Training will be delivered to the SCSIP service on the facilitation and use of Garda Strategy Meetings, and the recording of same on TCM.

This training will be premised on children first and the national standards for children in care.

1. National standards for the protection and welfare of children
2. Children first national guidance for the protection and welfare of children

Timeline: June 2025
Person Responsible: TCM User Liaison Team Leader

CPW referrals are recorded within TCM. Reports can now be run to confirm the status of every referral.

Timeline: Complete
Person Responsible: PSW – Intake and Assessment

A six-weekly meeting between PSWs and Team leaders will take place to review CP&W referrals in detail. A record of these discussions will be recorded in minutes and stored in the SCSIP Governance & Compliance folder.

Timeline: June 2025

Person Responsible: PSW- Service Improvement

Training workshop to be delivered to highlight learning from audit and audit of AGS notifications and in relation to consistent application of thresholds and to increase confidence in use of professional judgement.

This training will be premised on children first and the national standards for children in care.

1. National standards for the protection and welfare of children
2. Children first national guidance for the protection and welfare of children

Timeline: June 2025
Person Responsible: PSW – Strategic Training Lead

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.	**Judgment:** Not Compliant

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

All missing children in care (MCIC) will have an assigned worker. This worker along with their line manager will ensure that the joint protocol is adhered to.

Timeline: Completed April 2025
Person Responsible: PSWs – all pillars

MCIC listed as standing items on all PSW and Team Leader supervision agendas. This expectation will be communicated to all relevant staff.

Timeline: Completed April 2025
Person Responsible: PSW – Practice Improvement

A supervision case record will be generated for every missing child in care. This expectation will be communicated to all relevant staff.

Timeline: Completed April 2025
Person Responsible: PSW – Practice Improvement

A further audit of missing children in care completed in April 2025. Actions arising from the findings to be communicated to wider service.

Timeline: Completed April 2025

Person Responsible: QRSI Manager

MCIC to be a standing agenda on all Team and Pillar meetings.

Timeline: Completed April 2025
Person Responsible: PSWs – all pillars

Missing Children in Care Forum has commenced and will continue every two months. TOR, agenda and minutes to be kept on MS Teams.

Timeline: Completed
Person Responsible: Area Manager

A dedicated Grade V business support person has been assigned as point of contact for tracking MCIC notifications, scheduling strategy meetings with AGS, recording minutes and managing tracker.

Timeline: Completed
Person Responsible: Area Manager

A qualitative audit of a sample of missing children in care, completed initially in January 2025, will become a rolling task bi-monthly, to monitor progress and identify outstanding tasks.

Timeline: Completed
Person Responsible: PSW – Intake and Assessment

Feedback from this audit will be provided to the service via pillar meetings.

Timeline: June 2025
Person Responsible: PSW – Intake and Assessment

The SCSIP trafficking toolkit has been reviewed and updated, to include critical analysis of information and next steps recommendations. This will remain the tool for the service until the National Referral Mechanism and Tusla's guidance surrounding same, is in place.

Timeline: Completed January 2025
Person Responsible: PSW – Practice Improvement

A briefing on the new trafficking matrix tool will be facilitated to the SCSIP service.

Timeline: May 2025
Person Responsible: PSW – Practice Improvement

A trafficking audit has been completed. A briefing on the findings will be provided

to the SCSIP service and training to address deficits developed.

This training will be premised on children first and the national standards for children in care.

1. National standards for the protection and welfare of children
2. Children first national guidance for the protection and welfare of children

Timeline: June 2025
Person Responsible: PSW – Practice Improvement

An integrated management forum has been established to ensure good communication between Tusla and AGS, in respect of missing children and those at risk of trafficking and exploitation. These fora will be facilitated quarterly.

Timeline: Completed
Person Responsible: Service Director

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	Judgment	Risk rating	Date to be complied 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.	Not Compliant		30 June 2025
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		30 June 2025
Standard 5.3 All staff are supported and receive supervision in their work to protect children and promote their welfare.	Not Compliant		30 June 2025
Standard 1.3 Children are communicated with effectively and are provided with information in an accessible format.	Not Compliant		30 June 2025
Standard 2.2 All concerns in relation to children are screened and directed to the appropriate service.	Substantially Compliant		

Standard 2.3 Timely and effective action is taken to protect children.	Not Compliant		30 June 2025
Standard 2.5 All reports of child protection concerns are assessed in line with Children First and best available evidence.	Not Compliant		30 June 2025
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		30 June 2025

Published by the Health Information and Quality Authority (HIQA).

For further information please contact:

Health Information and Quality Authority

George's Court

George's Lane

Smithfield

Dublin 7

D07 E98Y

+353 (0)1 8147400

info@hiqa.ie

www.hiqa.ie