

Report of an inspection of a Child Protection and Welfare Service

Name of service area:	Separated Children Seeking International Protection
Name of provider:	Child and Family Agency
Type of inspection:	Announced
Date of inspection:	28 February – 2 March 2023
Lead inspector:	Hazel Hanrahan
Support inspector(s):	Susan Geary Sue Talbot Sharon Moore

About this inspection

The Authority 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.

This inspection was the first inspection of Tusla's Separated Children Seeking Asylum team.

How we inspect

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

The key activities of this inspection involved:

- the analysis of data
- interview with the area manager and one principal social worker
- speaking with three children
- focus group with external stakeholders
- focus group with social workers
- focus group with social work team leaders
- the review of local policies and procedures, minutes of various meetings, staff supervision files, audits and service plans
- the review of 27 children's case files
- four observational opportunities with the duty team.

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

Acknowledgements

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

Profile of the child protection and welfare service

The Child and Family Agency

Child and family services in Ireland are delivered by a single dedicated State agency called the Child and Family Agency (Tusla), which is overseen by the Department of Children, Equality, Disability, Integration and Youth. The Child and Family Agency Act 2013 (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 protection and welfare services are inspected against the National Child Protection and Welfare Standards (2012) by HIQA.

Separated Children Seeking International Protection

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

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

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

While, young people who have been displaced by the war in Ukraine in 2022 are unaccompanied minors, they are not seeking international protection as they are beneficiaries of the European Temporary Protection Directive.

They do though, fall under the remit of the SCSIP as they may be in need of care and protection under the Child Care Act, 1991.

The SCSIP team is a multi-disciplinary team comprised of social workers, social care workers and aftercare workers. A dedicated duty and intake service was established in 2022 and comprised of two teams. The work of these teams was the focus of this inspection. At the time of this inspection, one team consisted of two social workers, one team leader, and there was two vacant positions, while the other team consisted of one temporary team leader, two social care workers and one family support practitioner. The team leaders reported to the principal social worker.

All referrals to the SCSIP team from the Department of Justice are screened for eligibility for services, and where required, an initial assessment helps determine the appropriate next steps to be taken. Where it appears that an unaccompanied minor reaches the threshold for receipt of Tusla services, they are admitted into the care of the State and provided with a child protection and welfare service from Tusla under the Child Care Act 1991.

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

The service was restructured in June 2022, and a duty and intake team was established. The SCSIP was now comprised of a duty and intake team, a foster care team, a children in care team, and an aftercare team.

Compliance classifications

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

The compliance descriptors are defined as follows:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

The quality and safety dimension relates to standards that govern how services should interact with children and ensure their safety. The standards include consideration of communication, safeguarding and responsiveness and look to

ensure that children are safe and supported throughout their engagement with the service.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
28.02.2023	09:00hrs–17:00hrs	Hazel Hanrahan	Lead Inspector
28.02.2023	09.:00hrs-17:00hrs	Sue Talbot	Support Inspector
28.02.2023	11:00hrs-17:00hrs	Susan Geary	Support Inspector
28.02.2023	09:00hrs-17:00hrs	Sharon Moore	Support Inspector
01.03.2023	09:00hrs-17:00hrs	Hazel Hanrahan	Lead Inspector
01.03.2023	09:00hrs-17:00hrs	Sue Talbot	Support Inspector
01.03.2023	09:00hrs-17:00hrs	Susan Geary	Support Inspector
02.03.2023	09:00hrs-17:00hrs	Hazel Hanrahan	Lead Inspector
02.03.2023	09:00hrs-17:00hrs	Sue Talbot	Support Inspector
02.03.2023	09:00hrs-17:00hrs	Susan Geary	Support Inspector
02.03.2023	09:00hrs-17:00hrs	Sharon Moore	Support Inspector

Views of people who use the service

As part of the inspection, inspectors spoke with three children and listened to their experiences of the service from the separated children seeking international protection team. These children, all aged over 12 years, had arrived in Ireland separated from their parents or their legal guardian. Two of the children had been placed in a stable foster care placement by the SCSIP team, while the third child had experienced three placement moves, and all three children were allocated to a social worker.

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

Hearing the voice of children is very important in understanding how the service worked to meet their needs and improve outcomes in their lives. Due to the trauma children may have experienced in their journey to a safe destination, being alone and in an unfamiliar country, only a small number of children were consulted with to ask whether they wished to speak with inspectors about their experiences. Children were given the choice whether to participate or not. Two children chose to speak with inspectors in person, although one child chose to talk with the inspector by telephone.

Of the children spoken with, one child said that they were provided with an interpreter as part of the 'getting to know you' process. While other children said that the service was;

- 'good'
- 'little bit slow'
- 'think they are great'
- 'very nice and friendly'
- 'helped me in every way they can'
- 'I was very nervous when I first came to Ireland but that has all changed now'.

Children told the inspectors about the ways in which social workers supported and cared for them by securing them a school placement, a personal public service number, opened a bank account and provided a medical card. One child was awaiting a school placement. When talking about their social worker, children described them as;

- 'very nice'
- 'comes to see me to check how I am doing'
- 'I have their phone number so that we can keep in touch'

- they were humble and calm and did not put pressure on me when asking questions’.

The children had different experiences of receiving information about their rights. One child told the inspectors that the social worker explained to them about their rights and what these were. The child was also provided with a booklet with information on children rights. Another child told inspectors that when they initially arrived to Ireland and an emergency placement was secured, they were ‘not given much information about what I could do, or my rights’. Children said that if they had any worries that they would talk to the principal social worker or their social worker.

Inspectors observed children meeting social workers as part of the assessment process on two occasions. Consent was provided by the children for the inspectors to be part of this observational opportunity. Children were observed to be treated with respect and dignity by the social workers for example; a social worker identified that the child was hungry, delayed the interview time and prepared food for the child to eat.

However, the environment in which the team operated did not promote children’s right to privacy. The room in which the assessments were held had no ceiling and therefore, it was very likely that confidential and very sensitive conversations could be heard throughout the office, as the inspector could hear conversations from the outer office while in this room.

Children also described to inspectors their experience of the different placements they were living in. Children were offered opportunities to avail of pre-planned visits to foster care placements to make the transition for the child as comfortable as possible. Children described their placements as;

- foster carer ‘is very good, they love me like their own children’
- ‘very good, like it there’
- ‘the foster carer is really lovely and the boys also living there are very welcoming’
- life has been much better after securing a placement in supported lodgings.

Through the children’s different placements they spoke of how they were being integrated into the local communities. The children were engaging in local activities such as soccer, swimming, taekwondo, joined the gym, made new friends and have also been able to practice their faith.

A child told inspectors that further improvements were needed for unaccompanied children placed in emergency placements, to ensure that those children know and understand what their rights are and can easily access this information, and that social workers know what is happening for them in their life when placed there.

Capacity and capability

Governance of the SCSIP service was poor and required significant improvement. Throughout much of 2022, the team had experienced significant staffing challenges to manage the service which had impacted on their ability to consistently deliver a safe and effective service to unaccompanied children. It also impacted on the ability of Tusla to ensure staff received regular and stable supervision and support. Tusla did not ensure that resources were deployed effectively, and there was a lack of strong leadership for maintaining and improving service provision and practice.

This lack of leadership and governance was evident in that this service did not operate under Tusla's existing governance and information systems. This meant that standard business processes, monitoring structures and performance reporting was not being applied to this service. This resulted in the service being reactive rather than proactive in meeting the emergency needs of unaccompanied children.

In response to the challenges, the managers had introduced some methods to improve its governance and oversight. At the time of the inspection some of the measures were at the early stage of implementation so it was not possible to assess their effectiveness. A business case for increased staffing was approved and recruitment had commenced.

Despite the resource and capacity challenges, Tusla had ensured that all unaccompanied children were seen by a social worker on the day of referral and an intake assessment was undertaken.

The data provided by the SCSIP team in advance of the inspection indicated that the service received 602 referrals in 2022 resulting from the war in Ukraine and the increased migration of children from other regions. This had placed additional pressures on the service. From 2020 to October 2022, the service was managed through a duty rota where social workers from the children in care team and the fostering team, took on additional duties for supporting new unaccompanied minors. In October 2022, in response to the increase in the numbers being referred, Tusla established a dedicated duty and intake service to ensure the sustainability of the service. The new structure established two stand-alone intake and duty teams, with one team consisting of two social workers and the second team had two social care workers. Each team was overseen by a dedicated team leader. All team leaders reported to a principal social worker. However, as this service operated outside of the majority of Tusla's governance and oversight systems, there was a missed opportunity to ensure improvement to its governance and oversight of the service and ensure it was operated in line with Children First. Inspectors found that there was an absence of clear and effective organisational systems and leadership to guide the duty team to ensure that they were effective, strengths based and outcomes focused. In addition to the above, there was an absence of oversight of records by case managers in 2022, with respect to the child protection and welfare needs and care planning for unaccompanied children.

The manager of the service was experienced and had been in position since 2020, but was also responsible for the management of multiple other services. Inspectors noted that Tusla had recently re-assigned some of these areas to other managers in February 2023. The area manager spoke with inspectors about the vision they had to develop the service and acknowledged there was 'more to do'. There was no business plan for 2022 but inspectors noted that one had been developed for 2023. The plan included goals that were not relevant to this specific service, which they informed inspectors was due to it being aligned with Tusla's corporate plan, as required by Tusla internal systems. All of the relevant goals had a completion date of quarter 4 2023. The area manager told inspectors that she was developing a service improvement plan and submitted it after the inspection. The plan set out goals in the areas of governance and oversight arrangements, new office space and information for children. The plan included defined timescales.

Regular senior management team meetings were held and attended by the area manager, principal social worker and social work team leaders from the duty and intake team, child-in-care team, foster care and aftercare. The minutes lacked information as to whether key information around the governance of the service was discussed. They also did not include areas such as performance against standards, legislation and regulations. While the minutes showed that a range of items were discussed at these meetings such as; audits, standard operating procedures, eligibility assessments and the 'withdrawal of medical screening', inspectors were concerned that areas such as cases awaiting allocation, including priority, were not recorded as discussed. In addition, where difficulties were raised that some standard operating procedures were difficult to implement, due to staff shortages, no measures were discussed or actioned.

Tusla had developed a number of 'trackers' to assist them in establishing and ensuring accountability that; unallocated cases were managed, special emergency arrangements were monitored and that visits happened within the required timeframes. These trackers were electronic records which managers added information to and manually changed to reflect completed tasks. Inspectors reviewed the live tracker with the principal social worker, and found that it was detailed, with timeframes and scheduled visits logged. However, inspectors found that the information in the trackers was not consistently used to inform the service provision. Staff and managers told inspectors that they did not have capacity to address the needs of unallocated children except on a duty basis.

The arrangements in place for the Service Director to govern and oversee the performance of the service was not adequate. It was not clear how the area manager provided regular assurances to the service director on the performance of the service. While, the Service Director was aware of some of the risks and non-compliances with national standards, legislation and regulations, the steps taken to address these deficits were not effective.

As a result of this service operating outside of Tusla's standard business processes for the management of child protection and welfare services, there was a lack of policies, procedures and processes in place to guide staff in the day-to-day delivery of the service. Moreover, the service was oriented towards crisis responses with the focus primarily on the unaccompanied children's basic care needs and accommodation, and not on the wider, ongoing child protection and welfare needs of this cohort of vulnerable children. The meant, the systems in place to support social workers to meet the needs of unaccompanied children or for managers to adequately monitor the service, were inadequate. For example; there were limited systems in place to support the governance of the service in the discharge, monitoring and reporting of

statutory functions, and the systems that were in place were ineffective. The absence of the national governance framework around child protection services was not identified as a risk or placed on the services risk register by Tusla. Tusla had not identified the impact this risk had on unaccompanied minors receiving a safe, effective and timely child protection service.

The SCSIP team, which is located in Dublin, was under resourced to undertake visits to see unaccompanied children in placements in counties across Ireland. In addition, there was no bespoke transfer policy in place, to enable the transfer of cases of unaccompanied children from the SCSIP team to the local Tusla service areas where children had been placed.

Despite such resource and capacity challenges Tusla had ensured that all unaccompanied children were seen by a social worker on the day of referral and an intake assessment was undertaken. However, as a result of under resourcing, the capacity of the team was over stretched to meet all the needs and demands.

The management of risk was not appropriate and required urgent review. The management of risk for this service was not aligned with Tusla's national risk management framework. Following review of the risk register in place, inspectors were concerned that the identification, evaluation and prioritisation of all organisational risks did not ensure that timely appropriate action was taken to mitigate against them. For example, the risk related to the significant number of unallocated unaccompanied children was only placed on the areas risk register in November 2022. For the risks reviewed by inspectors there was an absence of control measures. A risk associated with the termination of medical screening services by the Health Service Executive (HSE) did not have appropriate measures in place to address the risk to children's wellbeing and development due to challenges and delays in finding a suitable alternative.

Inspectors were concerned that Tusla did not have adequate processes in place to identify and record all the risks the service faced, and had not put actions or control measures in place. Such as the risk relating to unaccompanied children, who were being placed in voluntary care under section 4 of the Child Care Act 1991, but were being placed without the required consent being obtained or evidenced on their files. This is covered in more detail in the quality and safety section of this report.

Furthermore, information on unaccompanied children was not placed onto Tusla's electronic case management system, therefore their key details were not known to Tusla service areas in which they were placed, nor the Out of Hours Service (OOHS). This risk was not recorded on the risk register nor formally escalated to the service director. Given the specific vulnerabilities of this cohort of children, this could pose a

significant risk in the event that an issue arose outside of the SCSIP office hours, such as a child going missing from care. Systems for tracking, including providing adequate information on the child to An Garda Síochána were ineffective.

Due to the risks identified, an urgent compliance plan was issued on the 3 March 2023 to the area manager requiring urgent action to safeguard the safety and well-being of children. One urgent action was in relation to unaccompanied children's details not being entered onto Tusla's national case management system. A satisfactory response was received from the area manager indicating that:

- going forward the OOHS would have access to key details on children open to or in care on the SCSIP team
- three staff members were assigned to upload the details pertaining to 206 children open to the service
- a working group was established and training would be provided to staff, a third of cases would be uploaded by 14th March 2023, new referrals would be uploaded in real time, and that all children would be uploaded on the system by 31st March 2023.

The dataset provided prior to the inspection outlined that the service had submitted ten 'Need to Know' notifications between the service director and the national office. The 'Need to Know' reporting procedure is Tusla's mechanism for services to inform senior managers about local issues. Inspectors reviewed the area's 'Need to Know' log and found the log to be detailed. This inspection reviewed seven 'Need to Knows' to examine the effectiveness of the process. Three of the 'Need to Knows' were related to children missing from care. Inspectors found that the actions outlined in response were detailed, with some having been completed and others remained outstanding, such as media alert completed, notification sent to An Garda Síochána. However, inspectors found that the convening of a strategy meeting with An Garda Síochána did not feature as an action in responding to the increasing risk of unaccompanied children missing from care. Additionally, there was no evidence of an outcome being received by the service from the national office in response to the 'Need to Knows'.

The systems for quality assurance and improvement required improvement. Quality assurance systems were in the most part confined to the auditing of files, which identified areas for improvement but largely remained outstanding. Inspectors were provided with four audits that had been undertaken. These audits were detailed with unassigned recommendations, therefore actions to address the deficits found were largely outstanding. In addition, where social work practice required improvement, additional resources were not provided such as mentoring and training for staff, and practice was not monitored through supervision. Managers told inspectors that their capacity to undertake audits was limited as they were '*putting out fires and responding to immediate need*'. Inspectors noted that two weeks prior to the HIQA inspection, Tusla's Practice assurance and Monitoring Team had carried out their first audit of the service. The report was not available at the time of the inspection, given that it had only recently been carried out.

Inspectors found that Tusla did not promote a strong learning culture in the service to deliver the highest levels of performance. It was found that the managers and their teams were not equipped with all the right skills to deliver a safe and effective service. There was no clear evidence of training undertaken by staff and managers on the cultural responses and rapidly changing needs of unaccompanied children nor was this captured on the training needs analysis of the team. For example; trafficking training, safety planning and exploitation. In addition, the process for managing practice that was poor required improvement. Inspectors noted that there was not a consistent and proactive approach taken when practice fell below the required standard, and there was an absence of learning disseminated through regular team meetings to inform practices. Inspectors found that there was an absence of management oversight of cases and that the application of thresholds and social work practice was not scrutinised. Supervision records by the area manager could not be reviewed as part of the inspection as they were not available.

Regular structured supervision provides the opportunity for staff support on an individual basis and also is used by managers to hold their staff to account.

However, inspectors found that due to staffing capacity and challenges in 2022 there was limited time scheduled for supervision. When supervision occurred it was inconsistent with action planning and direction not documented. Inspectors reviewed the induction programme that would support new social workers and student social workers joining the service, and found that it required significant improvement. The programme lacked guidance on what to expect when a new member of the team started in their new role/placement to allow them to do their job safely and effectively. Staff told inspectors that there was no induction programme in place and new recruits were 'learning on the job'. For example, one new staff member was unable to carry out key induction tasks and mandatory training modules, due to them having to respond to emergencies on a daily basis.

Improvements were required in supporting staff and managers. The area manager told inspectors that social workers and managers were working in excess of their daily hours to meet the needs of the service. Staff also confirmed this to inspectors and described feeling 'stressed and overwhelmed'. Staff had been provided with information on Tusla's employee assistance programme, but there was no corporate action plan in place to address this.

Inspectors found that the principal social worker's professional capacity was stretched at a time when they were solely managing three teams that included the duty and intake teams, children in care teams and the aftercare teams. This was further intensified by the increase in the number of referrals to the service from the war in Ukraine and unaccompanied children coming to Ireland from other countries. A second principal social worker with responsibility for children in care commenced working in the service on the week of the inspection.

Inspectors found that there was an absence of multi-agency collaboration to drive improved safeguarding approaches for unaccompanied children through better information sharing and high quality and timely safeguarding responses. Staff told inspectors that 'links with other agencies have not been formalised'. The SCSIP service was found to be working in isolation with each agency involved in a child's life and lacked a strategic focus with agencies such as the Red Cross, Spirasi and Youth Advocate Ireland. The impact was that external professionals who spoke with the inspectors said that they were not familiar with each other's services and it created a barrier to the sharing of information. Additionally, the expertise and resources of several bodies were not combined in order to identify safeguarding risks and support unaccompanied children. Key stakeholders told inspectors that they would welcome the development of a multi-agency working group to help support the implementation of shared agendas.

The SCSIP team showed great passion and dedication in their work with unaccompanied children, dealing with competing case priorities on a day-to-day basis. During the course of the inspection, it was acknowledged by Tusla that significant improvements are required in order to strengthen the governance of this service, address the identified risks so that children receive a safe and better service.

Standard 3.1	Judgment Not Compliant
The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	
<p>Tusla had not ensured the service performed its functions in line with relevant child care legislation, Children First, child protection policies and standards to effectively protect children seeking international protection and promote their welfare. The service operated entirely separate to other child protection and welfare services and systems operated by Tusla. There was a failure by Tusla to align its service and integrate departmental processes into the child protection and welfare services, systems, and policies of Tusla. Staff were not equipped with adequate knowledge to safely discharge their statutory duties, or provide an adequate service to the cohort of children they were responsible for.</p>	
Standard 3.2	Judgment Not Compliant
Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.	
<p>Governance systems were poor. The duty and intake teams operated without clear and effective organisational systems. There was inadequate governance, management and leadership, at a local, regional and national level. Risk management systems were largely ineffective – many risks were identified but were not appropriately mitigated against or actioned. The risk register did not identify timely and urgent actions to mitigate against high risks identified. The service had an ineffective case management system that did not support the recording, tracking and analysis of children’s records. There was limited evidence of audits being used by the service to understand its effectiveness and to drive wider organisational learning and improvement. There was weak management oversight of cases and review of unallocated children.</p>	

Standard 5.3	Judgment Not Compliant
All staff are supported and receive supervision in their work to protect children and promote their welfare.	
Staff at all levels were not sufficiently supported and supervision was poor, and did not occur on a regular basis in line with Tusla’s supervision policy. There was no induction programme in place for new social workers to allow them to do their job safely and effectively. Adequate support for staff was not provided in a time of crises within the service in 2022, and up to the time of inspection, which was known to senior managers.	

Quality and safety
<p>Overall, inspectors found that the quality and safety of the services for unaccompanied children seeking international protection required significant improvement. One significant non-compliance with standard 2.3 was identified that required urgent attention to safeguard the safety and well-being of children. This related to the practice by Tusla in relation to Section 4 of the Child Care Act, 1991 that takes unaccompanied children into care on a voluntary basis.</p> <p>Tusla has failed to monitor all aspects of the service provided to unaccompanied children. For example, the systems in place were not effective for the management and review of referrals. In addition, Tusla could not ensure that unaccompanied children had timely access to supports, and that they could effectively respond to their changing needs in a managed way. As outlined in the previous section, there was poor interagency and inter-professional working relationships in the service to promote the protection and safety of children. Improvements were required in the management and oversight of these cases including the identification of unaccompanied children’s needs, the assessment and management of risk and to embed the use of safety plans to protect children. These issues had an impact on the quality and safety of the service provided to children.</p> <p>Unaccompanied children who arrive in Ireland are alone in a new country separated from family; some children arrived with an adult, either known or unknown to them, while other unaccompanied children were sent alone, either by parents desperate to deliver their children to safe havens, or by others for more concerning reasons, such as the possibility of being subjected to trafficking.</p>

Data provided to inspectors prior to the inspection indicated that the duty and intake team had 123 cases open to them.

These cases were broken down into:

- 67 children were accommodated under section 5 Child Care Act 1991¹.
- 31 children were children in care
- 25 children were undergoing the intake eligibility assessment².

All of the 123 cases open to the duty and intake team were unallocated, and were awaiting allocation to a social worker. Out of the 123 cases, eight of these cases were identified by Tusla as being high priority.

Inspectors reviewed 27 files of unaccompanied children on this inspection. The files sampled included unallocated cases, closed cases, cases of children who were re-united, and cases of children missing from care.

Unaccompanied children, who arrived through ports and airports, into the country were provided with a frontline service from the duty and intake team. Every unaccompanied child was met by a social worker who provided information about their rights upon arrival. This was done through the use of interpreters and booklets in different languages. This approach informed unaccompanied children that their best interests was a primary consideration in all matters concerning them from the moment of arrival.

¹ 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.

² Includes an exploration of age, is not a determination of age for the purpose of the International Protection Act 2015. The purpose of Tusla's social work assessment is to establish if the person is a child in need of care and protection. It determines a child's eligibility for service and identifies their needs, and subsequent development of a care plan.

When a referral was first received to the service, the inspectors found that the duty and intake teams screened the referral on the day it was received. The immediate safety of unaccompanied children and their need for accommodation and care was the primary concern. The social workers worked in collaboration with the immigration officers when children were identified as being unaccompanied, or when there were questions about the adult with whom they arrived with, and secured appropriate accommodation when required for these children. To help unaccompanied children understand how their best interests would be taken into consideration, they were provided with different types of information in the form of booklets by social workers. These explained the role of the social worker, care plans, child-in-care review meetings, different types of placements and the international protection process. Inspectors found evidence where social workers worked with the child and had applied, on their behalf, for international protection, in their best interests. The duty team also paid good attention to ensuring children had access to legal advice to support their asylum claim.

Of the 27 children's case files reviewed, inspectors found that the social workers and managers largely focused their work on undertaking the intake eligibility assessment to determine if the person is a child in need of care and protection. This approach was not in line with *Children First National Guidance for the Protection and Welfare of Children*, and the *Children First Act 2015*, as there was an absence of a child protection and welfare assessment being undertaken. The resourcing issues outlined in the previous section impacted on the duty and intake team in being able to meet with children to undertake a more comprehensive assessment of needs and risks. '*Children First National Guidance for the Protection and Welfare of Children*, and the *Children First Act 2015*' requires that assessments are carried out by Tusla social workers. If concerns are found after the initial checks, further evaluation involving a detailed examination of the child and family's circumstances will follow. This includes meeting the child and their parents, as well as contacting professionals involved in order to develop an understanding of the child and their circumstances. Whilst it is acknowledged that for some unaccompanied children, contacting parents may be challenging, as well as contacting any professionals. Therefore the assessments in these instances may solely rely on information obtained from the child.

Inspectors were concerned about the quality of the documentation related to these assessments. For example, the intake records reviewed by inspectors were found to be of poor quality with limited information recorded. The assessments lacked the basic assessment of the children's needs, with little evidence of any management oversight, and several were completed by students with no evidence of oversight or supervision. Inspectors found 15 cases where there was little or no case recording on the child's file to inform the initial assessment and or the subsequent care plan.

Care plans were not always completed in a timely manner, and some of those reviewed were of poor quality. The area manager and staff outlined that the assessment of the child's circumstances was contained in their care plan. In one instance, an unaccompanied child's care plan was completed four months after their placement and was inadequate.

In addition, there was little evidence of a more in-depth assessment to obtain a fuller understanding of unaccompanied children's needs beyond the gathering of basic information about the unaccompanied child such as identity, age, health, and education. Information such as risk factors regarding trafficking or exploitation and their needs and strengths, were not adequately assessed in order to develop their plan and appropriate interventions. As outlined in the previous section this service was not aligned to Tusla's standard business processes and the paperwork did not reflect Tusla's national approach to safeguarding. Additionally, staff told inspectors that the intake assessment form they used was too generic and was not sufficiently clear regarding the risks children were potentially exposed to.

Inspectors found that the service had a 'risk assessment matrix' tool in place for unaccompanied children at risk of trafficking. This matrix was in place to ensure that unaccompanied children who may be at risk of being trafficked or those involved in the trafficking of unaccompanied children, were identified and signalled as needing further assessment and intervention by social workers, An Garda Síochána and other professionals. Inspectors found that the trafficking matrix was inadequate and not consistently used across the teams, and lacked analysis of risk.

Further improvement was needed to develop managers and social workers awareness on how to identify indicators of trafficking of unaccompanied children during their migration journey to Ireland.

In addition, no safety plans were devised to address children's specific vulnerabilities. The consistent use of safety plans needed to be strengthened as part of the assessment of the child's levels of needs and risk of harm.

Inspectors found that some case files provided details of parents being initially contacted by social workers, about the need to receive their child into care and what Tusla's role in caring for the child meant. Social workers also discussed with parents the potential for reunification, including with wider family members residing in Ireland. However, issues such as distance, complexity of circumstances in the parents' home country and availability of technology meant that ongoing engagement with parents proved challenging.

Contact was made by social workers with international organisations, as part of their enquiries of an unaccompanied child's migration journey, to request information in the country the child had lived for example; obtaining the care status, medical and court records of the child. It was found that the outcome of discussions with their international counterparts was either absent or not clear on case records. Further improvement was needed as to the weight given to the information received from abroad in the analysis of need and risk. For example; due weight had not been given to information regarding a parent who had been deemed a risk to an unaccompanied child in another country, to establish an effective and shared safety plan with all professionals. In addition, further improvement was needed in the attention paid to the alleged perpetrators of abuse in assessing risk so that social workers can best understand these risks, to help keep unaccompanied children safe. The service did not undertake comprehensive safeguarding checks of a child who had been the victim of trafficking, before their entry to Ireland, and the potential risks to the child were left unknown and unassessed as there was no evidence of follow-up action to gain as full as possible a picture of the child's former circumstances.

As mentioned under Capacity and Capability the health screening services which had been provided by the Health Service Executive (HSE) was terminated in October 2022. As a result, inspectors found that unaccompanied children did not have timely access to appropriate health care screening upon arrival to the country. At the time of the inspection, no alternative plan or temporary measures had been put in place by Tusla to address this issue, however they had tried to advocate with the HSE for the continuation of this service. The impact of this was that unaccompanied children did not get access to receive the treatment they may require and there was a potential for health issues to go undetected. For example; in one case, a contagious medical condition of an unaccompanied child who was subsequently placed in a care placement was not appropriately managed. Staff told inspectors that the service had an 'ad hoc response to the health needs of children'. Inspectors were concerned, about the absence of an appropriate screening service given that some of these children were arriving from countries with poor or no vaccination programmes, poor public health, and high levels of illness and medical conditions.

Once a child arrived into the country, they were brought to the offices of the SCSIP team, or members of the duty and intake team met them at the airport or port to collect them and brought them to their office. Inspectors found that the premises where the service operated from did not afford adequate privacy or dignity for unaccompanied children. Inspectors observed that the reception area for children was also utilised by other organisations that had offices in the building. In addition, the designated room for interviews and assessments did not provide a child-friendly safe environment. The room was not equipped with a ceiling and sensitive information disclosed by the child could be heard throughout the department, therefore not

ensuring their confidentiality and dignity. Staff told inspectors the impact of this was that there was a possibility that unaccompanied children would not disclose information that helped inform the assessment process. Inspectors found that the designated room did not ensure that unaccompanied children's best interests were protected as they moved through a complex and sometimes intimidating process. Although, managers had taken action to secure alternative accommodation this had not been successful and no further action was taken as an interim measure.

When the SCSIP team was closed, after working hours and at weekends, the responsibility for the screening and response to unaccompanied children arriving into the country was managed by Tusla's Out of Hours Service. The inspectors found that the Out of Hours Service was aligned with Tusla's processes and the referrals completed were of a high standard. These referrals were sent to the SCSIP team the next working day. Inspectors found that the Out of Hours Service provided good initial response to the recognition of trafficking risks and these records captured good analysis of risk using Tusla's national approach to practise. Tusla's 'Out of Hours' service provided strong support to the service in managing referrals for unaccompanied children seeking international protection, when they were identified outside of normal office hours. All children under 12 years of age were placed with emergency foster carers by the Out of Hours service, with the case then being referred to the SCSIP team for appropriate checks to be undertaken regarding reunification, or onward placement.

Emergency placements were used by the service as a temporary measure to provide safe accommodation for the child, for them to physically recover from their journey and to be able to engage with the assessment of their needs, with the help of interpreters where necessary. As a result some of these children were subjected to placement moves and delays in being able to access suitable long-term foster care and residential accommodation. In addition, there was limited safeguards in place to ensure that placements provided to unaccompanied children were adequate or that placement and care plans identified all their needs.

In some instances, inspectors found that the personal belongings of children, including money, mobile phones, and legal documents such as passports were removed from them by social workers upon their arrival into the country. There was no policy in place to guide this practice, and it was described to inspectors that this was routinely done as a safeguarding practice. However, the rationale for removal of these items was not explained to children, was not documented on their file, and was not informed by any policy. Inspectors reviewed one file whereby a child told their social worker that they thought their passport had been stolen, when it was being held in the social work office. Inspectors were shown a locked box which was kept in

the principal social worker's office, in their filing cabinet, which contained several envelopes, with hand written details of the child the property belonged to. There was no system for ensuring the process in place was safe, such as the co-signing in and out of money, and there was no independent oversight of this practice.

Data provided to inspectors prior to the inspection identified that the service accommodated 180 children under Section 5 of the Child Care Act 1991 in the previous 12 months. Good practice was found on some records where placement decisions took particular account of the need to protect the child from any risk of being exploited, for example; a child who was trafficked to the country was placed outside of the area as a safeguarding measure. Additionally, where a child posed a risk to themselves in a special emergency placement, a single occupancy room was secured with staff support to reduce the likelihood of further risk of harm.

Data provided to inspectors prior to the inspection indicated that there were 25 children admitted to care, on the duty and intake team, under section 4 of the Child Care Act 1991, that is, in the voluntary care of Tusla. Inspectors found the practice of using section 4 of the Child Care Act 1991, for voluntary care, did not provide stability or promote children's rights within the service. The process involved gaining parental consent for unaccompanied children being cared for by Tusla. Inspectors found that where consent was obtained from parents, it was not always in writing, some consent was recorded as being given verbally, and in one file reviewed there was no evidence of any consent written or verbal being recorded, and contrary to Tusla policy, it was used for an indefinite length of time. Where consent could not be obtained from parents, social workers, team leaders and principal social workers signed the voluntary agreement in the parent's absence. This practice meant that Tusla staff members who were not legal guardians to the child were consenting to the placing of the child in voluntary care within their own organisation, as well as for any medical treatment if required. Managers of the service informed inspectors that they received differing legal advice on this. Inspectors found that for unaccompanied children whose parent's whereabouts were not known and access to parental consent posed as a barrier to establishing voluntary care status for a child, the staff and managers did not always utilise other legislative powers within the Child Care Act 1991.

Due to the risks identified, an urgent compliance plan was issued on the 3 March 2023 to the area manager. Assurances provided by Tusla were not satisfactory in relation to the timely and effective action outlined to address the concerns surrounding the practice of section 4 of the Child Care Act 199. As well as the original 25 children identified on the duty and intake team, they indicated that there were a further 20 children open to other sections of the team, therefore the total number of children

this impacted for the entire SCSIP team was 45. The issue was further escalated with HIQA requesting the Service Director to attend a cautionary provider meeting.

Following this cautionary provider meeting with the Area Manager and Service Director, Tusla re-submitted an urgent compliance plan, indicating that for all 45 children's cases whereby section 4 arrangements had expired, where there was no evidence of parental consent on file, or where there was no initiation of care proceedings to take the child into the care of Tusla under section 18 of the Child Care Act 1991, that applications for all 45 children would be initiated by the end of July 2023.³

Once the child is provided with emergency accommodation, then in line with Children First, and national standards, a social work assessment should be carried out to determine whether a child protection or child welfare service is required. However, due to the lack of capacity within the service, as already outlined, all 123 cases open to the duty and intake team were awaiting allocation to a social worker, and as a result the assessment of their needs was not timely. It was found that the service did not have clear procedures in place to ensure a timely and effective response to the range of needs and vulnerabilities of unaccompanied children.

Of the 27 children's case files reviewed, 15 children were awaiting allocation to a social worker. The responsibility for managing unallocated cases rested with the duty and intake teams due to workload capacity and staffing availability of the child-in-care team, the cases could not be transferred on. The principal social worker said there was no designated worker assigned to manage the unallocated cases whilst awaiting assignment to a social worker. It was found that unallocated cases were not proactively managed by the intake and duty team, with the approach being more task based, which resulted in poor practice, for example, one child who had specific medical needs, was not effectively managed, and a task based approach was taken. Further examples of poor practice were found whereby case files were left blank with little recording of any actions, initial assessments were completed by students, with no evidence of management oversight or supervisory oversight by a qualified social worker. Staff told inspectors that they were unable to keep up to date with case recording, and were often unable to carry out the tasks assigned to them on duty, as once a child arrived into the country unaccompanied, they dropped all other work in order to respond to the emergency.

³ (2) A care order shall commit the child to the care of the health board for so long as he remains a child or for such shorter period as the court may determine and, in such case, the court may, of its own motion or on the application of any person, extend the operation of the order if the court is satisfied that grounds for the making of a care order continue to exist with respect to the child.

Tusla did not have effective oversight of the unallocated cases and there was no evidence that there was a policy or procedure in place for meetings or reviews to take place to discuss or review unallocated cases, where they re-assessed and considered factors that may have increased risk. This meant that for some children placed in the care of Tusla following their arrival into the country, there was no Tusla oversight of their care, such as children placed in non-statutory foster care placements. In another example, inspectors found a child was due to have their first visit by a social worker, four months after being placed in a placement. The statutory visit did not take place as the unaccompanied child was reported as a missing child-in-care and the social worker informed.

Inspectors found that the practice of prioritisation of unallocated cases was not consistent in case records. Although the service had introduced a new case prioritisation form in January 2023, the tool was not being consistently used and was at the initial stages of being embedded across the teams. In eight cases identified by the service as being high risk, there was little evidence that risk assessments were undertaken to determine if the case should be allocated to a SCSIP social worker, nor was there evidence of consideration to requesting the Tusla service area where the child was placed to provide an immediate response to the safeguarding concerns. For example; for one case reviewed the inspector was informed by the social worker that the priority level was high however, there was no evidence on the file that recorded the rationale for the prioritisation level. There was also no record of manager oversight that outlined the activity that needed to be undertaken to proactively manage the high priority case. Additionally, a further case deemed as high priority also had no evidence of prioritisation on file, and where actions were identified from an audit no professional was assigned to complete them.

While elements of good practice were identified in some individual unallocated cases deemed high priority, it was not consistently carried through. For example; where disclosures were made by a child alleging they were trafficked into Ireland in the company of an adult and discrepancies were found in their stories, immediate action was taken and the child was removed to another location. However, when supervised access was initiated, there was no written evidence that an assessment was undertaken to determine the risk to the child.

The management of subsequent child protection concerns received by this team required improvement. Inspectors found that the approach to assessment and investigation of child protection concerns was not always in line with Children First: National Guidance for the Protection and Welfare of Children, and of the Children First Act 2015 (Children's First). Data submitted to HIQA prior to the inspection indicated that the service had received 87 referrals of child protection and welfare concerns

pertaining to unaccompanied children in the 12 months prior to the inspection. Inspectors found that the agreed Tusla process for managing Child Protection and Welfare referrals were not known to the duty and intake teams and was not operational at the time of the inspection; for example; initial assessments were not commenced after receipt of a Child Protection and Welfare referral.

Inspectors found that there was mixed practice by social workers whereby they operated in line with some aspects of *Children First*. For example where disclosures of child sexual abuse were made by an unaccompanied child these were acted upon in a timely manner and reported to An Garda Síochána. However, it was found that there was a need for Tusla to urgently address the joint working arrangements so that policies, procedures and guidance reflected the diversity of risks unaccompanied children were exposed to. In addition, further improvement was required for timely management of strategy discussions and agency accountabilities for follow-up actions. For example; where a child was exposed to risk by a parent and sustained injuries this was not reported to An Garda Síochána, or a strategy meeting organised. Furthermore, a safety plan was not completed. Further assurances were sought on this case by the inspector and a satisfactory safety plan was developed by the principal social worker and a notification was made to An Garda Síochána during the inspection.

Inspectors found that the staff working in this service did not adhere to the national protocol, *Children Missing From Care, A Joint Protocol between An Garda Síochána and the Health Service Executive Children and Family Services*. Staff told inspectors that unaccompanied minors were reported as a missing child to An Garda Síochána. However, appropriate follow up, such as the convening of strategy meetings by Tusla, did not occur in these cases, contrary to the protocol and Children First, when a child went missing. The protocol states '*time missing cannot be used to determine whether a child qualifies as missing, rather it is a combination of the time period with all other circumstances of the case that must be considered*'. However, there was an absence of an agreed approach between this service and An Garda Síochána for assessing and classifying the degree of risk and vulnerabilities when an unaccompanied child goes missing. For example; for one child missing from care, and flagged as at risk of exploitation, there was no evidence of follow-up discussion with An Garda Síochána around the risk to the child of returning to exploitation. When another child went missing from care without being seen by a social worker since securing a placement, no strategy discussion was held with An Garda Síochána. There was limited evidence of shared learning from incidents of children missing from care. Furthermore, in another case reviewed by the inspectors there was a delay of one month for a strategy meeting to take place with An Garda Síochána for a child presenting with trafficking risks and who was unallocated to a social worker.

A new national procedure, Child Abuse Substantiation Procedure (CASP) 2022, was introduced from the 27th June 2022. This procedure provided new guidance in the assessment of allegations of child abuse. Following discussion with staff, it was noted by inspectors that this procedure was only being implemented in this service since January 2023. This resulted in little oversight or responsibility assigned for referrals to be made to the CASP team for a substantiation assessment to be undertaken that determined whether the person subject to abuse allegations (PSAA) posed a risk to a child. It had only recently been identified by the area manager that the service were unable to meet its obligations under the CASP procedure. However, this was not placed on the service's risk register. From review of senior management meetings, the manager had requested training to be made available to the team about the new national procedure (CASP).

The lack of awareness and training for staff about CASP resulted in gaps in practice. Inspectors found that one child who had made a disclosure was not identified as needing to be progressed to CASP nor was safety planning put in place, or risks to other children assessed. Inspectors had serious concerns about the lack of identification and management of referrals to CASP. This was escalated to the area manager and assurances were sought. Tusla assured HIQA that CASP referrals would be completed within an agreed timeframe and training was provided and will continue to be provided to staff. They also said that their screening tool will include a prompt to identify cases for CASP with supervision providing monitoring and oversight of this.

Inspectors also reviewed the tracker that was in place to log complaints made. There were eight complaints made between, 2021 to 2023, and all of these remained open. Complaints were notified to and investigated by the complaints officer who was also the principal social worker. From review of senior management meetings, complaints had featured as an agenda item and were discussed at these forums.

Inspectors found examples where the best interests of unaccompanied children were assessed through the possibility of family reunification in line with international law, Dublin III Regulation.⁴ Children were also informed if family tracing was to be undertaken. For one child who entered the country, the social worker examined the relative's identity, undertook interviews with both the child and the relative separately, to determine whether the relative had the capacity and the means to take care of the child. The assessment determined that the best interests of the child was not to be placed with the relative as their primary care giver.

⁴ Is a European Union law that establishes which country is responsible for examining a person's asylum application. It also outlines opportunities for family reunification. Unaccompanied children applying for international protection can be reunited with family members living elsewhere in Europe to have their applications for international protection examined in the same country.

However, areas for further improvement were required as the reunification system in place was at times not safe or effective. On review of a case where an unaccompanied minor travelled to another European country, inspectors found that the Principal Social Worker had identified that the SCSIP team's reunification guidance had not been adhered to thoroughly and the risk to the child was not mitigated to a satisfactory level. This case had been escalated to the service director. Furthermore, in two more cases sampled by inspectors there was no evidence of the following safety measures being undertaken;

- no evidence of background checks being undertaken with An Garda Síochána by Tusla or the IPAS provider as part of the reunification process with the relative,
- no evidence of observation of child with the relative,
- no evidence of checks being undertaken regarding the suitability of the placement such as visits to the relative to check if accommodation was suitable, or the sleeping arrangements for the child, and;
- no evidence of visits to the child or contact with the child following reunification.

There was no clear process for verifying the identity of located parents, extended family or relatives, or legal guardians before unaccompanied children were released to them so that Tusla could be assured as to the safety and appropriateness of the placement for the child.

Further assurances were sought from Tusla about two specific cases sampled, and subsequently the reunification process for all children. A satisfactory response was received and a commitment was made to follow-up on the two children highlighted, and that an audit of all closed re-unification cases would be requested from Tusla's Practice Assurance and Service Monitoring team (PASM), as an additional safeguard. Additionally, managers would review and monitor open cases through supervision.

Effective interagency and inter-professional cooperation supports and promotes the protection and welfare of children. However, inspectors found that there was significant weaknesses in the services approach to inter-professional and multi-agency working to bring together professionals, agencies, children, and service providers. There was an absence of key policy documents and guidance to establish a comprehensive multi-agency approach to inform responses to harm that unaccompanied children experienced and may continue to experience and be influenced by a range of environments and people outside of their families. Rather than agencies being brought together by the team to be included in each other's work and planning accordingly, they worked independently of each other. This impacted on establishing a full overview of a child's situation and a co-ordinated approach to support them being taken.

Social workers and managers worked with some external agencies, on an individual basis, in building co-operation, so that additional support was made available to unaccompanied children. The service co-operated with some other agencies such as; an external service provided an education resource to unaccompanied children before they entered mainstream education, along with a youth advocacy service providing additional support. However, external stakeholders told the inspectors that the service was fire-fighting, under resourced and were not always able to prioritise unaccompanied children's needs because of staff capacity constraints. In addition, this led to insufficient contact with young people.

Shared safety plans or safety networks to promote collaboration between professionals to fully understand any risks a child may be exposed to and to take appropriate action to keep them safe were not developed. An example of this was observed by inspectors, where a risk was identified for two children in a non-statutory placement, the social workers relied heavily on the safety plan devised by the private provider. Inspectors found that there was an absence of multi-agency collaboration in place to ensure that risk assessments and decision making in complex cases were shared.

Overall, inspectors found that Tusla promoted children's right to be heard by using interpreters to tackle the language difficulties met, so that one language could be translated into another. This enabled the child to give, receive and understand information. Tusla offered face-to-face and telephone call interpreting services for unaccompanied children. Inspectors found that this platform offered unaccompanied children the opportunity to be involved in the process and to express their views about their circumstances, wellbeing and need for support. There was one case though where an unaccompanied child was used as an interpreter between Tusla and an international organisation and also with a parent of concern. The posed a risk whereby the child may not have had the language competency and professional

literacy in English or their own language to discuss complicated safeguarding processes and concerns. This also did not respect the dignity of the child. The SCSIP team awareness of cultural differences in communication required improvement. For example; where boys and girls are socialised into different roles in different cultures, enquiries were not undertaken by the social workers with the child about their preferences for the gender of the interpreter beforehand. Nor were they offered a choice in the gender of the social worker conducting the initial interview. This should be taken into consideration for all children and especially those who may have experienced significant trauma, sexual exploitation, or trafficking.

Inspectors observed a meeting with an interpreter, a child and social worker as part of the inspection with the consent of the child. The inspector observed the child repeatedly responded with one word answers and the social worker did not establish through the interpreter the child's understanding of the questions. Additionally, where the child had a long discussion with the interpreter, this conversation did not appear to be directly translated into what the child had said as a one word response was provided. Inspectors found that there was no bespoke policy in place on how the service obtained a suitable interpreter for unaccompanied children or whether the interpreters were appropriately trained to understand the particular issues these children may face for example trafficking, exploitation and forced labour. Instead managers and staff were working with the Health Service Executive guidance document.

It was evident, from interviews and document review, that staff and managers practiced a children's rights based approach to promote the rights of vulnerable unaccompanied children. Unaccompanied children were seen by the staff team as rights holders to safety, accommodation, health, education, and a standard of living. Children placed were provided with access to basic healthcare, a medical card, education, accommodation and other services for example; recreation and where possible family reunification. Inspectors found examples where unaccompanied children were provided with accommodation suitable for their age, by taking into account gender and other specific reception needs. For example; for children aged 12 years and younger they were placed within a foster family setting, while older children were placed in supported lodgings. However, the service encountered challenges in shortages of suitable housing which led to children initially being placed in emergency accommodation. Emergency accommodation is accommodation provided as an emergency and short-term solution to homelessness.

There was limited evidence of campaigns, despite a wide range of accessible information materials, being used to promote the work of the service and raise public

awareness. Inspectors found that social media campaigns were used to try to attract foster care placements for unaccompanied children.

There was no evidence of public awareness campaigns in relation to the specific risks children seeking international protection could be exposed to including; child trafficking, children missing from care, forced labour and child exploitation.

While the staff within the service provided an emergency response to children upon arrival into Ireland, they were not supported to adequately discharge their statutory duties, and to adhere to national standards, Children First and best practice. Despite this they showed kindness and commitment to these very vulnerable children, and resilience in managing the crisis that they found themselves dealing with over the previous year.

Significant action is required by Tusla to ensure that this service is properly resourced, adequately managed, and well governed, in order to ensure the quality and safety of the service provided to all of these children.

Standard 1.1	Judgment Not Compliant
Children’s rights and diversity are respected and promoted	
<p>Tusla was unable to uphold all children’s rights. The premises did not afford adequate privacy or dignity for unaccompanied children. The designated room for interviews and assessments did not provide a child-friendly safe environment. Children were subjected to delays in being able to access suitable long-term foster care and residential accommodation. There were limited safeguards in place to ensure that placements provided to unaccompanied children were adequate or that placement and care plans identified all their needs.</p> <p>Children’s personal belongings, including legal documents, were removed from them without a clear policy or process in place to ensure their rights were protected.</p> <p>However, staff in the service endeavoured to practice a child rights based approach to prioritise the rights of vulnerable unaccompanied children.</p>	

Standard 1.3	Judgment Not Compliant
Children are communicated with effectively and are provided with information in an accessible format.	
<p>Unaccompanied children were provided with different types of information in the form of booklets by social workers. The service promoted children’s right to be heard by using interpreters to tackle the language difficulties met. The services awareness of cultural differences in communication with unaccompanied children and promoting this into practice was poor. Inspectors found that the effect of gender in the interview and assessment process was not recorded as being taken into consideration. There was limited evidence of campaigns, with a wide range of accessible information materials, being used to promote the work of the service and raise public awareness. There was no evidence of public awareness campaigns in relation to the specific risks children seeking international protection could be exposed to.</p> <p>Due to staffing capacity the service did not always communicate with unaccompanied children and families at regular intervals during their involvement with the service.</p>	

Standard 2.2	Judgment Not Compliant
All concerns in relation to children are screened and directed to the appropriate service.	
<p>Social workers and managers provided a timely emergency response to unaccompanied children on their initial point of entry into the country. The social workers worked in collaboration with the immigration officers when children were identified as being unaccompanied and secured appropriate accommodation for these children.</p> <p>The intake records completed by staff and managers were of poor quality with limited information recorded. The practice of prioritisation of cases was absent on records. Although the service had introduced a new case prioritisation form in January 2023, the tool was not being consistently used and was at the initial stages of being embedded across the teams. There were 123 children unallocated at the time of inspection.</p>	

Standard 2.3	Judgment Not Compliant
Timely and effective action is taken to protect children.	
<p>Social workers and managers provided a timely emergency response to unaccompanied children on their initial point of entry into the country, and they were provided with an emergency placement when required.</p> <p>However, the practice of using section 4 of the Child Care Act 1991, for voluntary care, was unsafe. Where consent could not be obtained from parents, the duty and intake teams signed the voluntary agreement in the parent's absence. This practice meant that Tusla staff members who had no legal authority in relation to the child were consenting to the placement of the child within their own organisation, as well as for any medical treatment if required.</p> <p>Managers did not have effective oversight of the unallocated cases, following their emergency placement, and there was no standard operating procedure in place for the management of these cases.</p>	

Standard 2.5	Judgment Not Compliant
All reports of child protection concerns are assessed in line with <i>Children First</i> and best available evidence.	
<p>Not all reports of child protection concerns were assessed in line with <i>Children First (2017)</i>. The intake and assessment records completed by the SCSIP team were of poor quality with limited information recorded. The service was not aligned to Tusla’s standard business processes and the paperwork did not reflect the national approach to safeguarding. The service focused their work on undertaking the intake eligibility assessment and there was an absence of a child protection and welfare assessment being undertaken. Areas for further improvement were also required as part of the reunification process as the system in place was at times not safe or effective. Further analysis was required relating to the weight given to the information received from international organisations in the determination of need and risk.</p> <p>Inspectors found that the child protection assessment, including a trafficking assessment, was not comprehensive, not consistently used across the teams, and lacked analysis of risk. In addition no safety plans were devised that addressed the specific vulnerabilities. The service did not promote the development of shared safety plans or safety networks.</p> <p>There was an inconsistent approach to the reporting and management of allegations to An Garda Síochána. Some disclosures of child sexual abuse were acted upon in a timely manner and reported to An Garda Síochána. However there was a need to urgently address the joint working arrangements with An Garda Síochána. Inspectors found that the social workers and managers did not adhere to the national protocol, <i>Children Missing From Care, A Joint Protocol between An Garda Síochána</i> and other Joint protocols in relation to liaison with An Garda Síochána and the Health Service Executive. Inspectors found that the service required further improvements to embed effective practice in the management of complaints, concerns, and allegations made by children.</p>	

Standard 2.9	Judgment Not Compliant
Interagency and inter-professional cooperation supports and promotes the protection and welfare of children.	
<p>There was significant weaknesses in the services approach to inter-professional and multi-agency working to bring together professionals, agencies, children, and service providers. There was an absence of working agreements and protocols, and guidance to support a comprehensive multi-agency approach to inform responses to harm that unaccompanied children experienced and may continue to experience.</p> <p>It was found that unaccompanied children did not have timely access to appropriate health care screening upon arrival to the country due to the Health Service Executive (HSE) terminating the service provision. No alternative plan or temporary measures had been put in place by Tusla to address access to appropriate health assessment of unaccompanied children.</p>	
Standard 2.12	Judgment Not Compliant
The specific circumstances and needs of children subjected to organisational and/or institutional abuse and child who are deemed to be especially vulnerable are identified and responded to.	
<p>Tusla's processes for managing Child Protection and Welfare referrals for children deemed to be especially vulnerable were not known to the duty and intake teams and was not commenced at the time of the inspection. It was found there was no multi-agency collaboration in place to ensure that risk assessments and decision making in complex cases was shared. Despite having a dedicated team to provide a service to unaccompanied minors, Tusla had not developed the service in order to adequately provide a safe and quality child protection and welfare response to this group of children.</p> <p>The trafficking matrix was not comprehensive, not consistently used across the teams, and lacked analysis of risk. Further improvement was needed to develop managers and social workers awareness on how to identify trafficking of unaccompanied children during their migration journey to Ireland.</p> <p>Furthermore, the consistent use of safety plans needed to be strengthened as part of the assessment of the child's levels of needs and risk of harm.</p> <p>Deficits were found in the management of cases which required referral to CASP.</p>	

Compliance Plan

For Separated Children Seeking International Protection

OSV – 0004425

Inspection ID: MON_0039116

Date of inspection: 28th February 2023 – 2nd March 2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

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

Compliance plan provider's response:

Standard Heading	Judgment
Standard 1.1	Not Compliant
<p>Outline how you are going to come into compliance with Standard 1.1</p> <p>Children's rights and diversity are respected and promoted.</p> <p>1. The unsuitability of accommodation has been escalated to the CEO, Head of Tusla Estates and Head of Health & Safety and has been included as a risk for ongoing review on the services risk register.</p> <p>Person responsible: Director of Service and Integration Timeframe: December 2023</p> <p>1.1 A new location has been identified in the required location. Actions have been set out by the Head of Estates in order to deliver on this accommodation and the Head of Estates will liaise directly with Director of Service and Integration to action these steps.</p> <p>Person Responsible: Head of Estates Timeframe: December 2023</p>	

- 1.2** Progress on this action will continue to be monitored through the SCSIP oversight committee chaired by the Service Director. This committee meets fortnightly and is supported by the Tusla Project Management Office.

Person responsible: Area Manager

Timeframe: Complete - Fortnightly meetings.

Risk Escalation on this matter will be regularly reviewed. This risk is now accepted on the Corporate Risk register.

Person Responsible: Director of Services and Integration

Time frame: December 2023

- 1.3** Evidence of progress on actions will be collated in a shared folder maintained by the office of the Area Manager.

Person responsible: Business Manager Office of the Area Manager

Timeframe: Complete

- 1.4** A working group is to be established by the SCSIP team, chaired by PSW Alternative Care, to improve the environment of the current accommodation to ensure a more trauma informed experience for young people accessing the service.

Person responsible: PSW Alternative Care

Timeframe: Working group established May 2023. First meeting scheduled June 2023 and monthly meetings thereafter.

- 2.** The SCSIP oversight committee will oversee implementation of all compliance actions arising from HIQA inspection. Key risks and issues will be noted in the assurance report submitted for review by the National Operational Risk Management and Service Improvement Committee (NORMSIC)

Person responsible: Service Director

Timeframe: Complete

- 3.** A procurement process for new residential providers has been completed to include service level agreement requirements. This will increase residential placement capacity.

Person responsible: General Manager

Timeframe: Complete

4. The SCSIP intake form has been revised and implemented to better identify and assess needs of children and young people.

Person responsible: PSW Intake and Assessment

Timeframe: July 2023

4.1 All SCSIP staff have now completed training on the SCSIP Intake Eligibility Assessment. This is the standardised intake assessment for all SCSIP referrals and can progress to include an element on age. This training was delivered on 24th March for Intake Team, in advance of the process being introduced in April. Further training events were held on 9th May and 8th June for the wider team. A further training event for all new joiners is set for 25th September 2023.

Person Responsible: Area Manager

Timeframe: Completed for all current staff by cob 8th June

4.2 A workshop on the intake recording process, revised form (some minor changes introduced since April), assessment of need and quality of recording to be provided to SCSIP staff.

Person responsible: PSW Service Improvement

Timeframe: July 2023

4.3 An audit of adherence to the intake process to be carried out in quarter 4 2023 as per audit schedule.

Person responsible: PSW Service Improvement

Timeframe: Q4 2023

5. A risk management and practice guidance for the management and oversight of special emergency arrangements to be developed in order to promote safeguarding of young people.

Person responsible: Area Manager.

Timeframe: June 2023

6. Placement prioritisation oversight committee (established April 2023) to provide a forum for SCSIP team to review care placements of all young people within the service and to plan and allocate future placements with a focus on matching children and young people with care placement, as much as is practicable, and in line with best practice. Committee membership

includes professional support manager, team leaders and PSW Intake and Assessment and PSW Alternative Care.

Person responsible: General Manager

Timeframe: Completed – Fortnightly meetings occurring.

6.1 Targeted SCSIP fostering/supported lodgings recruitment campaigns to continue annually.

Person Responsible: PSW Alternative Care

Timeframe: Q1 2024

7. The practice of, and rationale for, holding children/young people’s belongings to be reviewed by SCSIP management team.

Person responsible: Area Manager

Timeframe: June 2023

7.1 The outcome of this review to be communicated to the staff team.

Person responsible: Area Manager

Timeframe: June 2023

7.2 If, following the review, that this practice is required, a written guidance document to be developed and communicated to the staff team.

Person responsible: Area Manager

Timeframe: July 2023

Standard 1.3

Not Compliant

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

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

8. Cultural competence training to be identified and provided for all SCSIP staff (existing and currently onboarding) with a focus on communicating effectively and appropriately with children and young people from diverse backgrounds.

Person responsible: PSW Service Improvement

Timeframe: September 2023

- 8.1** Written guidance to be developed for SCSIP based on existing HSE guidelines, in relation to use of, and sourcing of, appropriate interpreters.

Person responsible: PSW Service Improvement

Timeframe: September 2023

- 8.2** Training to be provided in relation to use of, and sourcing of, appropriate interpreters.

Person responsible: PSW Service Improvement

Timeframe: August 2023

- 8.3** Lundy Model information from Euro Child focused on communication with unaccompanied minors to be circulated to the SCSIP team.

Person responsible: PSW Service Improvement

Timeframe: May 2023

- 8.4** Children and young people to be afforded the opportunity to express a preference in relation to the gender of the interpreter provided to them. If their preference cannot be accommodated, rationale to be clearly recorded.

Person responsible: PSW Intake and Assessment

Timeframe: June 2023

- 9.** An active on duty system to be developed to ensure timely receipt of an appropriate service for children and young people, that will include statutory visits, care planning, and contact with family. This will facilitate more regular communication with children and families.

This will commence its' initial implementation once new joiners are in post. Immediate interim arrangements are that this is covered by Intake and Assessment team as required i.e.,

- Two new SW will be assigned this work reporting in to PSW Intake and Assessment, until such time as new TL and two additional SW are on-boarded.
- PSW I&A and TL in collaboration with the SW will action tasks re care planning, placement planning, tasks associated with education, health and welfare, statutory visits, registration with IPO and IP applications which will be set out in the AOD Tracker.
- Tasks will be assigned on a priority basis against set prioritisation criteria.

Person responsible: Area Manager

Timeframe: July 2023

9.1 A standard operating procedure to be developed regarding the provision of an active on duty (unallocated children) system, including prioritisation criteria and frequency of review.

Person responsible: Area Manager

Timeframe: June 2023

9.2 A briefing to be provided to the Intake and assessment team with a view to full implementation August 2023.

Person responsible: PSW Intake and Assessment

Timeframe: August 2023 for full implementation

9.3 A briefing to be provided to the Intake and assessment and Alternative care steam with a view to full implementation August 2023.

Person responsible: PSW Alterative Care

Timeframe: August 2023 for full implementation

10. A Consultation Project to be undertaken in collaboration with Youth Advocacy Programme (YAP) with young people to ascertain their views on the SCSIP service and potential future model of service for those aged 17+. This will include young people's feedback on how the service responds to cultural differences.

Person responsible: Team Leader, Aftercare

Timeframe: Q4 2023

11. Information booklets regarding children's and young people's rights and entitlements to be revised and developed to ensure that these are available in multiple languages, are reader friendly, and accessible.

Person responsible: Business Support Manager (Office of the Area Manager)

Timeframe: July 2023

Standard 2.2

Not Compliant

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

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

12. All new CP&W referrals, including those related to open cases, are screened as per Children First guidelines by Intake and Assessment team in the first instance, signed off

by team leader, and directed to the appropriate service, including CASP where appropriate.

Person responsible: PSW Intake and Assessment

Timeframe: June 2023

- 12.1** A workshop on the intake process, including screening tool, revised intake form, assessment of need and quality of recording to be provided to SCSIP staff with a view to improving the quality of intake & eligibility assessments.

Person responsible: PSW Service Improvement

Timeframe: July 2023

- 12.2** An audit of adherence to the intake process to be carried out in quarter 4 2023 as per audit schedule.

Person responsible: PSW Service Improvement

Timeframe: Q4 2023

- 12.3** A standard operating procedure to be developed regarding the provision of an active on duty system, including prioritisation criteria and frequency of review, tracker detailing all cases on AOD will be reviewed weekly and priority actions agreed against prioritisation framework (see 10 above)

Person responsible: Area Manager

Timeframe: June 2023

- 12.4** An audit of the management of active on duty cases to be carried out in quarter 3 2023 as per audit schedule, with assistance from designated members of the oversight committee.

Person responsible: PSW Service Improvement

Timeframe: Q3 2023

Standard 2.3

Not Compliant

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

Timely and effective action is taken to protect children.

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

Person responsible: PSW Intake and Assessment

Timeframe: Complete

- 13.1** Any new CP&W concerns on open cases will be screened by Intake assessment and directed to the appropriate team for immediate action.

Person responsible: PSW Intake and Assessment

Timeframe: Complete

- 13.2** All referrals will continue to be tracked by the SCSIP service. This tracking system is being revised and updated.

Person responsible: PSW Intake and Assessment

Timeframe: June 2023 (revised tracking system)

- 14.** QRSI manager and Professional Support Manager posts have been approved. This will support increased oversight of control measures and the prioritisation of operational risk requiring timely action. In the interim risks will be reviewed by the Area Manger at set meetings with Business Support,

Person responsible: Area Manager

Timeframe: Q4 2023

- 15.** The SCSIP team are reviewing the cases of all unaccompanied minors subject to S. 4 arrangements and have submitted a number of cases for district court care proceedings for ICOs to be put in place leading to a formal care status.

Person responsible: Area Manager

Timeframe: October 2023

This compliance plan response from Tusla did not adequately assure the Health Information and Quality Authority that the actions will result in compliance with the standards and regulation.

- 15.1** Tusla CORU registered PQSW staff have submitted cases to Court. 7 ICOs have been obtained thus far. In order to expedite ICO applications cases have now been assigned to the wider SCSIP team in order to clear the backlog. Due to the complexities of these cases, the staff available and in order to ensure the Court is provided with submission based on available information, the original timeline of July has had to be extended. This is an immediate and active priority in the service, the October date is the date by which it is expected that the backlog will be cleared.

Person responsible: Area Manager

Timeframe: October 2023 and ongoing

This compliance plan response from Tusla did not adequately assure the Health Information and Quality Authority that the actions will result in compliance with the standards and regulation.

- 15.2** Review of retrospective S. 4 cases and current cases will continue to take place. Office of Legal Services are liaising with legal firms to progress these cases at local District Court level, where the unaccompanied minors are residing.

Person responsible: Area Manager

Timeframe: October 2023

This compliance plan response from Tusla did not adequately assure the Health Information and Quality Authority that the actions will result in compliance with the standards and regulation.

- 15.3** Non-compliance with section 4 voluntary consent and associated risks has been escalated through Tusla National Risk Framework and is on the service risk register. This will continue to be reviewed to ensure compliance with this requirement is maintained.

Person responsible: QRSI Manager when in post, Area Manager in interim.

Timeframe: Complete

- 15.4** An audit of voluntary consent to occur six monthly in line with audit schedule. (Review took place April 2023)

Person responsible: PSW for Service Improvement

Timeframe: Q1 2024

- 16.** A discussion paper detailing potential future service provision, to respond to exponential growth in referral numbers, has been developed and submitted to Tusla Senior Management for further discussion with Tusla Board and relevant stakeholders. Outcomes from such deliberations will influence future actions in relation to S4 and other legal provision as may be required.

Person responsible: Service Director

Timeframe: Q3 2023

Standard 2.5**Not Compliant**

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

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

- 17.** SCSIP processes will be mapped end to end in consultation with all SCSIP staff and with support from Tusla Project Management Office.

Person responsible: PMO Project Manager

Timeframe: complete

- 17.1** This project to include a gap analysis to identify where SCSIP service aligns to existing National Approach to Practice.

Person responsible: PMO Project Manager

Timeframe: September 2023

- 17.2** Engagement to occur with Assistant National Director Practice Reform and Change for alignment and integration with National Approach to Practice where identified.

Extensive process mapping for SCSIP service has been completed by SCSIP and Tusla Project Management Office. This has serviced to highlight areas for alignment with the National Approach to Practice and gaps associated with same.

Area Manager is to meet the National Director Practice Reform and Change 14th June 2023 to commence the process of scoping requirements for SCSIP alignment to National Approach to Practice.

Person responsible: Area Manager

Timeframe: June 2023

- 17.3** Where the service requires bespoke standard operating procedures, these will be developed and supported by training and structures for implementation.

Person responsible: Area Manager

Timeframe: End Q1 2024

- 17.4** SCSIP will be migrated to Tusla Case Management system.

Person responsible: Tusla ICT

Timeframe: Q2 2024

18. All CP&W reports to be assessed in line with Children First.

Person responsible: Team Leaders

Timeframe: Complete

18.1 Oversight to ensure these assessments are embedded in practice on Intake and Assessment teams

Person responsible: PSW Intake and Assessment

Timeframe: ongoing

18.2 Oversight to ensure these assessments are embedded in practice on Alternative Care teams

Person responsible: PSW Alternative Care

Timeframe: ongoing

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

Person responsible: Business Support Manager

Timeframe: End of June 2023

18.4 A briefing to be provided to all SCSIP staff by Children First Information and Advice Service.

Person responsible: PSW for Service Improvement

Timeframe: End of July 2023

18.5 Tusla National Interagency Trafficking working group (established May 2023) to develop an agency response including Policies and Guidelines to the Human Anti-trafficking Action Plan which is due to be issued by the Dept. of Justice by end of 2023

Person Responsible: Service Director

Timeframe: Q1 2024

19. A family reunification policy to be developed and presented to Tusla National Policy and Oversight Committee with briefing to all staff to take place at team development quarterly meeting 30th September. An interim SOP for Reunification will be developed by the Area Manager drawing from the current Policy, in development, this SOP will be cascaded to

team and implemented immediately, drawing on learning from recently completed audit on SCSIP reunification cases.

Person Responsible: PSW Service Improvement

Timeframe: July 2023

19.1 An audit of closed reunification cases to be carried out to identify areas of good practice and areas for improvement.

Person Responsible: PSW Service Improvement

Timeframe: complete

19.2 Actions arising from audit will be entered by on area audit tracker.

Person Responsible: PSW Service Improvement

Timeframe: July 2023

20. The SCSIP service to hold discussions with Tusla national garda liaison office (TNGLO) and national AGS to clarify local and/or reporting and oversight procedures with regards to Missing CIC, concerns re trafficking, Interpol issue

Person Responsible: Service Director

Timeframe: June 2023

20.1 An audit of compliance with Joint Working Protocol with AGS to occur.

Person Responsible: PSW Service Improvement

Timeframe: Q3 2023

20.2 Briefing to be held for staff on 30th June re requirements to complete Garda Notifications, this will be monitored on ongoing basis by TLs in supervision. Oversight to ensure the convening of strategy meetings will occur during TL and PSW supervision to embed practice.

Systems for tracking the process following notifications to AGS has been reviewed and tracker is being updated to include oversight of strategy meeting dates.

Person responsible: Area Manager

Timeframe: July 2023 (revised tracking system)

20.3 See action 13.2: the intake process audit will review the consistency of screening for trafficking indicators in the screening form.

Person Responsible: PSW Service Improvement

Timeframe: Q4 2023

21. A workshop to be delivered to SCSIP staff on the Tusla Child Abuse Substantiation Procedure.

Person Responsible: Regional Support Manager Policy and Practice

Timeframe: June 2023

22. A complaints local resolution workshop to be delivered to SCSIP staff.

Person Responsible: Quality and Regulation Officer

Timeframe: September 2023

23. A schedule of all briefings and workshops required will be developed for 2023 -2024 in line with staff development days and the SCSIP audit schedule. This will include dissemination of audit findings.

Person Responsible: Business Support Manager

Timeframe: Q3 2023

Standard 2.9

Not Compliant

Outline how you are going to come into compliance with Standard 2.9

Interagency and inter-professional cooperation supports and promotes the protection and welfare of children.

24. Inter-agency fora for agencies and staff working in the area of SCSIP and children in migration will be established by the PSW Intake and Assessment and joint annual events will be arranged. These will focus on working arrangements, guidance and protocols to support improved interagency working.

Person Responsible: PSW Intake and Assessment

Timeframe: September 2023 (first event)

25. All services continue to be invited to attend Webinars on the new Tusla Intake eligibility Procedure (next scheduled for June 2023)

Person Responsible: PSW Service Improvement

Timeframe: June 2023

26. Additional training opportunities will be shared with our partners in the area of SCSIP where relevant.

Person Responsible: PSW Service Improvement

Timeframe: Q1 2024

27. A stakeholder strategy will be developed as part of the SCSIP process mapping project which will promote and improve interagency working.

Person Responsible: PSW Service Improvement

Timeframe: Q4 2023

28. In the absence of HSE provision of medical screening, the SCSIP service to explore alternative options.

Person Responsible: PSW Intake and Assessment

Timeframe: Complete

28.1 This has been secured for children and young people 0-16 years (Temple Street).

Person Responsible: PSW Intake and Assessment

Timeframe: Complete

28.2 For young people 16 and over engagement to secure service is in progress and ongoing.

Person Responsible: PSW Intake and Assessment

Timeframe: Q3 2023

Standard 2.12

Not Compliant

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

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

29. National Tusla Interagency Trafficking Working Group (established May 2023) to develop policies and guidelines on trafficking. This will include developing an effective screening tool. This is a National development.

In the interim the SCSIP screening tool is to be reviewed to develop more consideration and analysis of indicators so that a decision can be arrived at in relation to potential risk and escalation, Garda Notification as appropriate. To be completed by Area Manager by end June.

Person Responsible: Area Manager

Timeframe: June 2023

30. The planned intake process audit will review the consistency of screening for indicators of trafficking and/or sexual exploitation.

Person Responsible: PSW Service Improvement

Timeframe: Q4 2023

31. Systems for tracking the process following notifications to AGS has been reviewed and tracker is being updated to include oversight of strategy meeting dates.

Person responsible: Business Support Manager

Timeframe: July 2023 (revised tracking system)

32. A workshop to be delivered to SCSIP staff on the Tusla Child Abuse Substantiation Procedure.

Person Responsible: Regional Support Manager Policy and Practice

Timeframe: September 2023

33. A workshop to be delivered to SCSIP staff on safeguarding processes. Due to the number of procedures/ processes and practice improvements being rolled out to staff the formal delivery of this workshop is best delivered in September (also allowing for AL and new joiners). In the interim TLs and PSWs will prioritise discussion on this with individual team and with SCSIP management team to ensure that safeguarding is a consideration in each case and is appropriately risk assessed.

Person Responsible: PSW

Timeframe: September 2023

Standard 3.1	Not Compliant
<p>Outline how you are going to come into compliance with Standard 3.1</p>	
<p>The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.</p>	
<p>34. A full process mapping of the service has now been completed. Gaps in relation to compliance with legislation, regulation, national policies, and procedures have been identified. Work associated with compliance has been allocated to members of the team and members of the high-level governance oversight group.</p>	
<p>Person Responsible: PMO Project Manager</p>	
<p>Timeframe: In progress - December 2023</p>	
<p>35. Existing service scope statement in place. This is under review and will be further informed by the service mapping and processes developed.</p>	
<p>Person Responsible: Area Manager</p>	
<p>Timeframe: In progress - December 2023</p>	
<p>36. Professional Development Plans will be completed for all service staff based on roles, structured learning opportunities and career progression. This will also be informed by the wider inter-agency cooperation, identify emerging trends and new areas of training required.</p>	
<p>Person Responsible: PSW Service Improvement</p>	
<p>Timeframe: Q3 2023</p>	
<p>37. An analysis of existing skills and roles will be undertaken resulting in a Training Needs Analysis. (Focus on immediate term training actions)</p>	
<p>Person Responsible: PSW Service Improvement</p>	
<p>Timeframe: End 2023</p>	
<p>38. Engagement with Tusla Workforce and Development to develop comprehensive Departmental Training Plan</p>	
<p>Person Responsible: PSW Service Improvement</p>	
<p>Timeframe: End 2023</p>	

39. Service governance will be informed by the SCSIP project output delineating clear roles, responsibilities, skills, and training needs requirements.

Person Responsible: Area Manager

Timeframe: Q3 2023

40. Discussion paper in relation to the model of care for SCSIP has been submitted to the Tusla CEO for follow up with Tusla Board and onward progression to Stakeholders as appropriate to develop a fit for purpose sustainable model of care in the current migration context.

Person Responsible: Service Director

Timeframe: In progress - December 2023

Standard 3.2	Not Compliant
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Outline how you are going to come into compliance with Standard 3.2

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

41. An updated organogram to be developed and circulated, with clear lines of reporting and accountability.

Person Responsible: Area Manager

Timeframe: June 2023 (complete)

40.1 Governance at senior management level will be enhanced by Service Director oversight of the area's compliance plan. The oversight committee for service improvement meets fortnightly to review and monitor progress in respect of compliance.

Person Responsible: Service Director

Timeframe: March 2023 & Ongoing

40.2 Senior management team to complete a full review of the service risk register by Q3 2023 to ensure that risks to the service are appropriately escalated to national level. Service's risk register is reviewed at monthly senior management meetings.

Person Responsible: Area Manager

Timeframe: Q3 2023 & ongoing

40.3 Service Director is a member of NORMSIC and will highlight any ongoing issues in relation to service from the oversight committee for service improvement.

Person Responsible: Service Director

Timeframe: Ongoing

40.4 Senior management will review the service demand and allocation of resources quarterly to determine whether additional business cases are required.

An updated Org Chart is available which sets out all additional posts approved and progressing to on-boarding, to date, since the commencement of the migration crisis,

Person Responsible: Area Manager

Timeframe: Q2 2023 & Ongoing

40.5 QRSI manager and Professional Support Manager posts have been approved. This will support delivery of management functions within the service.

Person responsible: Area Manager

Timeframe: Q4 2023

42. Terms of Reference and schedules to be developed for team meetings at each level in the service.

Person Responsible: Area Manager

Timeframe: Q2 2023 (complete)

42.1 Service Director will attend quarterly meetings with Area Manager and PSWs to further enhance the visibility of the line of accountability.

Person Responsible: Service Director

Timeframe: April 2023

43. A schedule of audits has been completed and auditing has commenced.

Person Responsible: PSW for Service Improvement

Timeframe: Q2 2023 & onwards

43.1 Audit feedback workshops will be convened to ensure that learning from the audits is disseminated.

Person Responsible: PSW for Service Improvement

Timeframe: Q3 2023

43.2 An audit actions tracker to be developed to ensure oversight of implementation of audit recommendations.

Person Responsible: PSW for Service Improvement

Timeframe: Q3 2023

43.3 Service Planning Days will be held each quarter to address key challenges, risks, audit reviews, governance, learning and improvement agenda items. Team members will be formally invited to propose agenda items.

Person responsible: Area Manager

Timeframe: Q3 2023

44. All managers within SCSIP team are to receive management training.

Person Responsible: Area Manager

Timeframe: Q2 2023 (In progress)

45. New process for data collection and definition of roles and responsibilities to be developed.

Person Responsible: Area Manager

Timeframe: Q2 2023

46. Review of Children in Care tracker to be conducted to confirm all relevant fields are included to meet governance.

Person Responsible: PSW Service Improvement

Timeframe: Q2 2023 (In progress)

47. All services processes to be translated into technical specifications for inclusion in the Agency TCM migration schedule.

Person Responsible: PMO Project Manager

Timeframe: Q3 2023-Q1 2024

Standard 5.3

Not Compliant

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

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

48. SCSIP to be a pilot site for the revised Tusla national supervision Policy. This is pending national rollout of policy and online training. Confirmed to commence from 12th September 2023 on.

Person Responsible: Area Manager

Timeframe: Q3 2023

48.1 Supervision schedules for all staff will be developed and recorded on staff files.

Person Responsible: PSW Service Improvement

Timeframe: Q2 2023

48.2 Area Manager and PSWs to ensure that adherence to supervision policy remains a standing agenda item at supervision.

Person Responsible: Area Manager

Timeframe: Q3 2023

48.3 Audit of supervision files from Area Manager level down will be completed, and learning from this will be shared with the SCSIP team.

Person responsible: PSW Service Improvement

Timeframe: Q3 2023

49. Induction will be supported by USTART programme available online from May 2023. This will be supplemented with a service specific module sharing specific information for team members including team, HR, training, development etc.

Person Responsible: PSW Service Improvement

Timeframe: Q3 2023

50. External Psychology and organisational support to be made available to the SCSIP team for group and individual support sessions.

Person Responsible: Area Manager

Timeframe: Complete

51. A schedule of all briefings and workshops required will be developed for 2023 -2024 in line with staff development days and the SCSIP audit schedule. This will include dissemination of audit findings.

Person Responsible: PSW Service Improvement

Timeframe: Q3 2023

Section 2:

Standards to be complied with

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

The provider has failed to comply with the following standards(s).

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Standard 1.1	Children's rights and diversity are respected and promoted.	Not Compliant	Red	30/06/2023
Standard 1.3	Children are communicated with effectively and are provided with information in an accessible format.	Not Compliant	Orange	
Standard 2.2	All concerns in relation to children are screened and directed to the appropriate service.	Not Compliant	Red	30/06/2023
Standard 2.3	Timely and effective action is taken to protect children.	Not Compliant	Red	13/03/2023
Standard 2.5	All reports of child protection concerns are assessed in line with <i>Children First</i> and best available evidence.	Not Compliant	Red	30/06/2023
Standard 2.9	Interagency and inter-professional cooperation supports	Not Compliant	Orange	

	and promotes the protection and welfare of children			
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	Red	30/06/2023
Standard 3.1	The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.	Not Compliant	Red	30/06/2023
Standard 3.2	Children receive a child protection and welfare service, which has effective leadership, governance and management arrangements with clear lines of accountability.	Not Compliant	Red	13/03/2023
Standard 5.3	All staff are supported and receive supervision in their work to protect children and promote their welfare.	Not Compliant	Red	30/06/2023