



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 028

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Traveller Families Care
Registered Capacity:	4 young people
Type of Inspection:	Unannounced Inspection
Date of inspection:	7th and 8th July 2025
Registration Status:	Registered from 5th of December 2022 to 5th of December 2025
Inspection Team:	Linda Mc Guinness Anne McEvoy
Date Report Issued:	12th August 2025

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 10th October 2000. The centre changed its statement of purpose in 2016 and was granted their first registration under the new purpose and function in the same year. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered without attached conditions from 05th December 2022 to 05th December 2025.

The centre provided care and accommodation for separated children seeking international protection in Ireland. The centre was registered as a multioccupancy service to accommodate four young people from age thirteen to seventeen years on admission on a short-term basis. At the time of inspection, it was agreed with Tusla that the occupancy would be reduced to four young people due to staffing pressures. The model of care was described as a needs-based model that was implemented through the application of Maslow’s Hierarchy of Needs that included psychological, safety and security, belonging and love, self-esteem, and self-actualisation. At the time of inspection, the centre was reviewing their model of care to better suit medium to long term placements and inspectors were informed that the team would receive training at the earliest opportunity. There were four young people living in the centre at the time of the inspection with one having moved in the week before inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Child-centred Care and Support	1.1
3: Safe Care and Support	3.1
6: Responsive Workforce	6.4

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social

workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 28th July 2025.

The findings of this report deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID 028 without attached conditions from 5th December 2022 to 5th December 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 7: Staffing

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

Inspectors found that the centre was meeting its stated purpose and function through a focus on cultural diversity, respect and promoting and protecting the rights of young people. There was written information available to the young people in several languages in relation to the centre, to the asylum/refugee process in Ireland and the UN Convention on the Rights of the Child. There was evidence that work had taken place regarding rights during the admissions process and subsequently through individual work and young people's meetings. As English was usually not the first language, the team made efforts to ensure that information was understood, and they revisited key points over a number of weeks depending on the age, language skills or presentation of individual young people.

The organisation had policies in place aligned to the National Standards for Children's Residential Centres, 2018, HIQA. These included rights and responsibilities, equality and diversity, contact with families, consultation, complaints and access to information. Team meetings evidenced discussions about how best to meet the various young people's cultural, religious, legal, health and educational needs. Staff in interview were knowledgeable about policies and procedures, and legislation around rights was included in the induction they received. They also received cultural awareness and diversity training.

The manager and team worked in collaboration with the separated children seeking international protection (SCSIP) social work department. Inspectors found that generally when young people moved into the centre an interpreter was provided to facilitate communication and help them to understand and assimilate to the new

environment. This did not happen for one young person admitted to the centre in September 2024 who visited with a care worker from a previous placement. This was not an effective introduction to the centre for a child with very little English.

A recent change in Tusla policy meant that Tusla interpreter services were no longer directly available or funded and had to be sourced by the service separately. The centre was adjusting to this transition at the time of inspection and trying to source services to ensure that translation to native languages would be available when required. The centre should continue to work with Tusla to ensure that translation services are available for young people where necessary, for admissions and planning meetings, legal and medical appointments and other situations until such time it is jointly assessed they no longer require it.

From review of care records and feedback from young people it was evident that they were supported with applications for refugee status and the progress of these. Additional support to learn English language was provided where required and visual aids and technology applications were used where there was concern around communication and comprehension. Books and resources were made available to support a better understanding of all key information.

Through interviews with care staff, review of records, attending handover and reviewing feedback provided by young people it was evident that promotion of young people's rights was an integral part of day-to-day practice. Their views were reflected in centre records such as the daily logs, young people's meetings and keywork records. The care team provided a step-by-step supported orientation to the local area and to the city where they attended medical and legal appointments. They were supported to attend their educational placements, part time employment, work experience and preferred recreational activities in the community.

Inspectors found that there was a culture of respect where young people were encouraged to learn about cultures of others that they shared the house with. Work also took place to explain societal rules, norms and laws in Ireland that may differ from their own. Examples of this included the role of an Garda Síochána, the age of consent, laws regarding carrying weapons, gender and marriage equality amongst others.

There were appropriate resources and arrangements in place to facilitate young people to practice their religion and religious festivals/observations. Additionally,

there was evidence that various Irish, and international cultural festivals and religious celebrations were marked by the young people and care team.

There was a housekeeper who built positive relationships with young people and consulted them in relation to specific dietary requirements. They also had opportunities to shop for and cook their own meals if they wished and wholesome and nutritious culturally appropriate food was available at all times. Inspectors observed that food and mealtimes were an important part of the day-to-day therapeutic atmosphere in the centre.

The young people's right to privacy was upheld by the staff team. They were facilitated to maintain contact they had with family members or significant people in their country of origin.

The young people were involved in planning meetings with their key workers, and it was evident that they were encouraged to develop their independent living skills appropriate to their age and stage of development. They attended their child in care review meetings and their plans and progress was maintained on an individual care record with policies and procedures in place to ensure confidentiality was protected.

The manager explained that the young people were often wary of external adults or professionals. They were offered various opportunities to speak with the inspectors but declined. However, three of the four young people completed a written questionnaire for the inspectors. From review of these questionnaires, inspectors could determine that the house was comfortable, they felt safe and were treated with respect, they understood their rights, could talk to adults and felt that their culture/religion was accepted and supported. They knew who they could talk to if they were unhappy with something. One stated the care staff were the best thing about living there and others commented positively about the food and activities offered to them. While they indicated that they would have preferred the centre to be in a different location nearer a town/city, generally they relayed they were very happy with the care they received. Additionally, inspectors spoke with one social worker and with a social work team leader for two other young people and they confirmed that they felt this service was providing excellent care and that the rights of young people were promoted and protected and they expressed that they liked living there. The Tusla co-ordinator for the SCSIP services also provided very positive commentary about how young people were supported to transition into the service and how the team advocated strongly on behalf of each young person placed there.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 11 Regulation 12 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 1.1
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

There were policies and procedures in place designed and implemented to protect and safeguard all young people living in the centre. These included safeguarding and child protection, safe practice and working alone, staff code of practice, anti-bullying and protected disclosures policies. The team were aware of the child sexual exploitation procedure in relation to recognising and responding to any concerns in this regard. There were also policies to ensure that safe recruitment practices were adhered to, and review of personnel files evidenced that Garda vetting of the care team was updated every three years in line with the centre policy.

Inspectors found that the centre was providing safe care and support to all young people and the team were aware of their responsibilities under *Children First: National Guidance for the Protection and Welfare of Children (2017)* to protect young people from all forms of abuse. The team were excited to move to providing

medium to long term care where they could work alongside the young people to minimise the effect of any past trauma.

The child safeguarding statement was displayed in the centre as required by Children First Act, 2015. Inspectors found that the manager and the care team promoted the safety and welfare of the children through assessing risk in consultation with young people and the social work department. While this was evident upon review of team and management meetings and various individual risk assessments, inspectors found that care staff during interview were not knowledgeable about the risks set out in the centre's child safeguarding statement. Inspectors found that some of the risks and mitigating measures set out in the statement related to general risk and did not come under any of the categories of abuse as set out under Children First. This may have contributed to confusion about the risk assessment. With the exception of the protected disclosures policy, care staff interviewed described a variety of policies, procedures and practices to keep young people safe. Inspectors recommend that the protected disclosures policy and the child safeguarding statement is reviewed at the next team meeting and periodically.

The centre's child protection and safeguarding policy outlined the key roles to safeguard young people, and it provided guidance to respond to and report child protection or welfare concerns. Care staff were aware of their own responsibilities to report as mandated persons, and they identified the designated liaison person and deputy liaison person and their roles to inspectors during interview. The procedure for dealing with any allegation of abuse against a staff member was also set out in the policy. A list of all staff who were mandated persons was maintained at the centre as required under legislation.

Care staff and the centre's housekeeper (who assisted with some duties such as driving young people) all received online training in Children First and in relation to their roles as mandated persons. The team also completed training in the organisation's child protection policies and procedures and training in recognising, reporting and managing any concerns relating to child sexual exploitation (CSE).

The inspectors reviewed the small number of child protection and welfare report forms (CPWRF) submitted. They found they were completed appropriately in line with Children First however the acknowledgement of the submission and any subsequent follow up was not evident on the individual care record. Inspectors recommend a tracking system to fully evidence the timeline of actions, and any

response related to the concern. There was evidence of regular review of child protection concerns at team and management meetings.

Inspectors found that the centre supported one young person to submit a complaint in late 2024 to the Tusla social work department about an issue they experienced prior to admission to this centre. While there was evidence that the centre manager had communicated with the relevant department to assess the status of the complaint there was no evidence that it was investigated and brought to conclusion. The young person was not interviewed about their experience and had not been informed about any follow up by the social work department. Inspectors found that this complaint should have been submitted under 'Tell Us' Tusla's complaints and feedback procedure. Additionally, the centre manager must ensure that where a complaint relates to a potential child welfare or child protection concern it should be considered under Children First. A record should be kept of why it was not reported, under a system to track concerns that did not meet the threshold for mandated reporting under Children First.

Subsequent to this inspection there was evidence that the centre manager advocated strongly with the social work department for this complaint to be resolved. Additionally, inspectors were satisfied that measures were immediately implemented in the centre to ensure that any future complaints would be reported correctly and tracked to conclusion. Inspectors also escalated their findings to appropriate persons within Tusla to support improved outcomes for young people.

The inspectors found that individual risks and vulnerabilities of young people were identified, and protective measures implemented in line with the centres risk management framework. Good quality key work and individual work was completed with them to support them to develop knowledge, self-awareness and skills needed for self-care and protection. Individual work covered topics such as online safety, the potential for and managing racial abuse, and bullying awareness for example. The social worker, social work team leader and SCSIP co-ordinator all confirmed to inspectors that they were satisfied that this service prioritised child protection and welfare and that the centre was providing safe and effective care. They stated that the manager and team communicated effectively and worked collaboratively to meet the needs of young people and keep them safe. They felt that the skills and experience of the team was suited to the move to provision of medium to long term care rather than short term placements and that young people would benefit.

As mentioned previously there was a protected disclosures policy among the suite of safeguarding and child protection policies. Care staff in interview said there was a positive team dynamic and that they would be confident to talk to a colleague directly or to the manager if they were concerned about practice. They did not however signpost the protected disclosures policy under which they could report any wrongdoing within the service. The centre manager must ensure that all staff are aware that under the policy they can report concerns internally or externally without fear of adverse consequences to themselves.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 3.1
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

Inspectors found that there was a good focus on training and development within the organisation to ensure there was a skilled and competent team to provide care to the young people. Upon employment the care staff received an induction programme over a period of time that included child protection and safeguarding, the model of behaviour management in use in the centre, policies and procedures and relevant

legislation particularly relating to children seeking international protection. Most of the care team were experienced working in the centre for many years. There was evidence of an expanded and more formalised induction programme on personnel files over time. Despite no specific training budget in the service level agreement, time and resources were provided to facilitate extra training. The centre manager was often involved directly in staff training, sometimes impeding or delaying management duties. Care staff interviewed stated that the organisation placed great value on supporting them to continuously update and maintain their skills and knowledge.

As discussed above, the team completed online modules of training relating to Children First, National Guidance for the Protection and Welfare of Children, 2017 that included a module on their role as mandated persons. Designated persons received training specific to that role. There were plans in place to provide training in the newly adopted model of care to facilitate the change in purpose and function. Mandatory training for the care team also included first aid, fire safety and manual handling.

There was evidence that staff training was discussed in team and management meetings. There was a training needs analysis in place and a training schedule for the remainder of 2025. Inspectors found a good link between the training needs analysis and the supervision and appraisal processes within the organisation. Care staff confirmed in interview that training needs were discussed during every supervision session and they were encouraged to take accountability for continued professional development. This was evident upon review of supervision and appraisal records held in the centre. Some staff had undertaken extra training that they felt would benefit them in their work with young people such as ‘teaching English as a foreign language’. They researched and sourced information about different religions, cultures and practices (including harmful practices), diversity and inclusion. All mandatory training was recorded, and there was an effective system in place to monitor and track compliance, and there were alerts to ensure refresher training was undertaken in a timely manner as required.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 6.4
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified