



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 168

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Pathways Ireland
Registered Capacity:	Three Young People
Type of Inspection:	Announced
Date of inspection:	17th and 18th June 2025
Registration Status:	Registered from 24th January 2023 to 24th January 2026
Inspection Team:	Anne McEvoy Joanne Cogley
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 24th January 2020. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from 24th January 2023 to the 24th January 2026.

The centre was registered as a multi-occupancy service. The centre's purpose and function was to accommodate three young people from age thirteen to seventeen on admission on a medium to long term basis. Their model of care was identified as competency and relationship based which was described in centre documentation as promoting effective and accountable professional practice and a client-centred approach. There were three young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2, 2.6
4: Health, Wellbeing and Development	4.3

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 25th July 2025. There were no corrective or preventative actions (CAPA) to be addressed. The factual accuracy document was returned on the 1st August 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 Number: 168 without attached conditions from the 24th January 2023 to the 24th January 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

Inspectors met two of the three young people living in the centre and these young people stated that they were happy living there and were actively involved in care planning. The third young person interacted briefly with inspectors, and it was observed that they were comfortable in their living environment, and they acknowledged that the staff members were supporting them in planning for their future.

The centre had a suite of policies outlining the importance and relevance of care and placement planning in the lives of young people in care. In interview staff members were familiar with these policies and aware of relevant timeframes and the circular relationship between care plans, placement planning, keywork and overall placement success.

Inspectors found that the centre was provided with up-to-date care plans for two of the young people and were awaiting the updated care plan for the third young person. The centre manager had utilised the centre's escalation policy to highlight the absence of the care plan to the social work team and senior management in Tusla Child and Family Agency. This third young person was not allocated a social worker at the time of inspection though post inspection, inspectors were advised that an allocated social worker had subsequently been appointed. This was confirmed by the social work team leader. In interview, the social work team leader stated that priority was to be given to ensuring the updated care plan was provided to the centre. In the interim, the centre manager ensured that staff attending the child in care review recorded the actions to be completed and used these minutes as the basis for devising the placement plan. In interview social workers for two young people were satisfied with the provision of care in the centre and confident that the goals of the care plan were being achieved through diligent key work by staff members.

Placement plans were prepared by appointed key workers. These were aligned to the goals as outlined in the care plans and child in care reviews for each young person. Inspectors reviewed the placement plans and found that they were clear and easily understood. In interview, staff members were aware of the goals to be achieved with each young person, and it was evident that all staff members were involved in supporting the young people to maximise their wellbeing and personal development.

It was evident in care records and through discussion with two young people that they were involved in contributing to the goals of the placement plan. Specific consultancy key work was undertaken with each young person and their views were referenced throughout the care and centre records. Inspectors found that the centre manager advocated on behalf of the young people where required and it was evident that the voice of the young person was considered in decisions made relating to care planning. Where agreed with the relevant social work department, there was evidence of the staff members maintaining contact with family members. This contact was recorded in the young person's care record. Where possible and appropriate, parents of young people were invited and facilitated to attend and participate in care planning at child in care reviews.

Inspectors found that the young people in the centre were engaged in specialist services where these were identified. They were facilitated to attend all appointments by staff members, and a record of this contact was kept. One young person was awaiting an assessment, and this was in process at the time of the inspection. They were also awaiting approval of funding for dental treatment and inspectors were assured that these matters were to be prioritised with the allocation of the social worker post inspection.

Inspectors found that there was evidence of communication threads maintained with the relevant social work departments and guardian's ad litem, where appointed. Guardians' ad litem, in interview, stated that they were satisfied with the care provided to their respective young people living in the centre and stated that the centre manager advocated on behalf of the young people. In interview two social work teams stated that they were satisfied that the staff team maintained effective communication and worked in tandem with the social work department to ensure good care and adherence to the overall goals of the care plan.

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

There were two young people in the centre approaching adulthood. One young person had an appointed aftercare worker and an application for an aftercare worker was being processed for the second young person. One young person spoke with inspectors and noted the work being completed with them to prepare them for independent living. They were engaged in independent living skills key work and were actively supported to consider and make choices for their future. They stated to inspectors that they were happy with the options they had available to them and felt ready to move to the next stage of their life. The young person was supported to open a financial account in their name, had applied for and obtained their public services card and was encouraged and supported to plan their menu, budget and shop for meals. This was further verified by the guardian ad litem and social worker for the young person.

An aftercare assessment was started with the second young person, and it was evident from records that the team was focused on providing good aftercare planning, involving the young person in so far as was possible given their levels of engagement.

Inspectors found that the transition to aftercare was discussed, planned for and agreed in line with the respective young person's care plan. Each young person had a memory box which held mementos, photos and written memories of occasions the young person had experienced while living in the centre. This memory box along with important documents such as the young person's birth certificate, and a list of contact details for financial, social and medical supports in the area the young person was moving to were provided to the young person on leaving the centre.

Inspectors found that staff members were unsure of what financial supports were available to young people post leaving care and recommend that the centre manager and regional manager research financial support available to young people on leaving care and discuss with the staff team to further equip staff members with relevant knowledge on this issue.

The centre had policies in place noting that young people were given access to their educational and medical files when leaving care. The centre had a policy to advise young people on how to apply to access their file.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2 Standard 2.6
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

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

The young people were all enrolled and attending an educational or training placement suited to their needs, stages of development and assessed academic ability.

Two young people were engaging well with their educational placement and the third young person was struggling to maintain their attendance. This young person was initially attending a mainstream school. A meeting was held and attended by the young person, home school liaison officer (HSLO), social worker and year head. It was identified that the young person struggled to attend, and alternative options were explored for them. A place in a training course was secured for them in line with their care plan. Inspectors observed staff members supportively engage and encourage this young person to go to their training course over the two days of the inspection. Through a review of the young person's care record and centre records, there was evidence documenting the level of communication between the team and the training facility around engagement and attendance. Inspectors found key work was completed with the young person advising of the importance of attendance and its role in their future care planning, both academically and regarding support in aftercare. On days where the young person refused to attend their placement, the centre had a procedure in place which noted that the young person was not to be

facilitated to go on outings or engage in extra-curricular activities until such time as the training course would normally have concluded for the day.

A second young person was engaging well in their training course and had an identified further educational course that they were being supported and encouraged to achieve following their transition into aftercare. They spoke to inspectors and expressed satisfaction with their course and the support offered to them from staff members to maximise their strengths and abilities.

Following admission into the centre, the centre manager and staff members worked with the allocated social work team to maintain the third young person's educational placement until such time as they completed their first level education. At the time of this inspection, they were in the process of transitioning to a second level educational placement and were provided with opportunities to attend the new school with a staff member of their choice to support them. In interview, they spoke to inspectors about visiting the new school, meeting with the new principal and looking forward to starting in September 2025. They advised inspectors that no homework is issued to pupils for the month of June, however they were aware of the routine in place to support them with homework throughout the rest of the year. Inspectors reviewed educational support plans on the young person's care record which clearly identified how the young person was to be supported following school to complete their homework. This was reviewed and updated throughout the academic year.

Inspectors found that records of educational achievements and assessment reports were maintained on the young people's care records. Inspectors recommend that the organisation consider a more streamlined approach to the storage of educational records as it was found that these records were stored and archived across a number of files.

Compliance with standards	
Practices met the required standard	Standard 4.3
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