

TÚSLA

An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

ALTERNATIVE CARE INSPECTION & MONITORING

INSPECTION GUIDANCE SUPPORT FRAMEWORK

Theme 4: Health, Wellbeing and Development

Children's Residential Centres

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1.0 Introduction

The Alternative Care Inspection and Monitoring Service is part of Children's Service Regulation and is a component of the Quality Assurance Directorate of the Child and Family Agency. The inspectorate which was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions:

1. To establish and maintain a register of children's residential centres in its functional area (see Part VIII, Article 61 (1)). A children's centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995, the Child Care (Standards in Children's Residential Centres) Regulations, 1996 and the Health Information and Quality Authority (HIQA) National Standards for Children's Residential Centres, 2018, which replace the 2001, Department of Health and Children, National Standards for Children's Residential Services.

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

The Alternative Care Inspection and Monitoring Service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and children living in them.

2.0 Purpose

The Alternative Care and Monitoring Service, Inspection Guidance Support Framework has been developed as a guidance document to assist inspectors in understanding the process of inspection, complying with the Child Care (Placement of Children in Residential Care) Regulations 1995, the Child Care (Standards in Children's Residential Centres) Regulations, 1996 and the National Standards for Children's Residential Centres, 2018 (HIQA).

Whilst the importance of professional judgment remains paramount during the inspection process it is the purpose of this Inspection Guidance Support Framework to promote:

- A standardised approach amongst inspectors in relation to the process of inspection, complying with regulations and standards.
- A structured framework to identify to registered providers and persons who participate in the management of designated centres what is required in ensuring they are delivering a safe and effective service that complies with the regulations and standards and any other legislation.

3.0 Structure of the Inspection Guidance Support Framework

The Inspection Guidance Support Framework provides detailed guidance to assist TUSLA inspectors and approved centres to improve the quality of services provided to each child/young person.

For each Theme of the National Standards for Children's Residential Centres, 2018 (HIQA), the Inspection Guidance Support Framework shall outline the specific standard and examples of information/evidence in relation to observation and documentation reviewed as part of the inspection. Interviews with senior management, centre management, staff, child/young person and observations are also used as part of the process where appropriate.

The Inspection Guidance Support Framework aims to promote the continuous improvement of the quality of services provided to children/young people residing in non-statutory children residential centres.

4.0 Glossary of Terms

Accountability – being answerable to another person or organisation for decisions, behaviour or any consequences.

Care plan – A document generated from an assessment of the child, setting out their goals, needs, aims and objectives of the placement and how the centre proposes to address them. (The child's care plan, supervision and child in care reviews are requirements for the social work department under the Child Care (Placement of Children in Residential Care) Regulations 1995.

Child – a person under the age of 18 years (Child Care Act, 2001)

Child safeguarding – ensuring safe practice and appropriate responses by staff and to concerns about the safety or welfare of children/young people, should these arise. Child safeguarding is about protecting the child/young person from harm, promoting their welfare and in doing so creating an environment which enables children and young people to grow, develop and achieve their full potential. (TUSLA, 2019).

Child Safeguarding Statement – a written statement that specifies the service being provided and the principles and procedures to be observed in order to ensure, as far as practicable, that a child/young person availing of the service is safe from harm. (TUSLA, 2019)

Competency – the behavioural definition of the knowledge, skills, values and personal qualities that underlie the adequate performance of professional activities.

Incident – an event or circumstance which could have (near miss) or did lead to harm. Incidents can be practice related or non-practice related and includes incidents associated with harm to or impact on:

- Children/young people
- Staff or visitors
- Non-compliance with standards or regulations. (TUSLA, 2017)

Person in charge – in relation to a registered children's residential centre, means the person whose name is entered in the register as the person in charge of the centre - Child Care (Placement of Children in Residential Care) Regulations 1995. The person in charge's duties include overseeing the day-to-day running of the centre, managing the training and development of staff and ensuring the management of records, incidents and investigations in the centre. From time to time, some or all of these duties may be delegated to one or more suitably qualified staff members in the centre as appropriate. (HIQA, 2018)

Placement plan – outlines the needs and goals of the placement for the child for the duration of their placement. In the context of children's residential centres, the placement plan is informed by the care plan. (HIQA, 2018)

Registered provider – means the person whose name is entered in the register as the person carrying on the centre - Child Care (Placement of Children in Residential Care) Regulations 1995. The registered provider's responsibilities includes overseeing the management of the centre's care practices, operational policies and procedures; ensuring the centre has sufficient resources, facilities and access to services in line with the centre's statement of purpose and ensuring each child/young person in the centre is suitably placed, receives effective care and support and is assisted in preparations for leaving care, in line with their individual needs. (HIQA, 2018)

Risk – The probability/likelihood of an adverse event, outcome, danger, loss or injury within the healthcare system. (HIQA, 2014)

Safe care and support – how children's residential centres protect children and promote their welfare. Safe services also avoid, prevent and minimise harm, and learn when things go wrong. (HIQA, 2018)

Serious Event Review Group – multidisciplinary fora concerned with serious incidents involving children/young people placed in Children's Residential Services. The aims of the SERG is to:

- review a serious incident/a number of interrelated serious incidents.
- identify opportunities for learning about the causes of that incident/those incidents and about care practice at centre level.
- to ensure that learning is operationalised in respect of that incident/those incidents i.e. that risk is managed, underlying issues are addressed and future occurrences of same are prevented wherever possible. (TUSLA, 2017)

Workforce – all people working in a service.

5.0 THEME 4: HEALTH, WELLBEING AND DEVELOPMENT

Standards 4.1 The health, wellbeing and development of each child is promoted, protected and improved

Prioritising the health, wellbeing and development of children is essential for growth, positive social relationships and community integration. Health, educational development, reaching physical and cognitive milestones, social and emotional development, and relationships with family and community are all important factors in a child's development.

Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III Article 10:

The registered proprietor and person in charge of a centre shall satisfy the relevant health board that adequate arrangements are in place for access by children being maintained in the centre to general practitioner services and for their referral to medical, psychological dental, ophthalmic or other specialist services as required.

Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III Article 12:

The registered proprietor and person in charge of a centre shall satisfy the relevant health board that children residing in the centre are provided with food in quantities adequate for their needs which is properly prepared, wholesome and nutritious, involves an element of choice and takes account of any special dietary requirements.

Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 23:

(1) Subject to sub-article (2) of this article, a health board shall, before placing a child in a residential centre, prepare a plan for the care of the child and the said plan shall, among other matters, deal with—

(a) the aims and objectives of the placement,

(b) the support to be provided to the child, the residential centre concerned and, where appropriate, the parents of the child by the health board,

(c) the arrangements for access to the child by a parent, relative or other named person, subject to any order as to access by a court, and

(d) the arrangements for the review of the plan.

(2) Where it is not practicable for a health board to prepare a plan before a child is placed in a residential centre, such plan shall be prepared as soon as practicable.

(3) In preparing a plan under this article, a health board shall consult the manager and, in so far as is practicable, the child and every person who in law is a guardian of the child.

(4) Particulars of a plan prepared by a health board under this article shall be made known by the board to the manager and, in so far as is practicable, to the child and every person who in law is a guardian of the child.

Examples of information/evidence that will be reviewed and how this will be done

Standard 4.1: The health, wellbeing and development of each child is promoted, protected and improved.

Documentation Review

Inspectors will review documents including (but not limited to):

- Centre policies including but not limited to:
 - Smoking cessation
 - Drug/alcohol policy
- Care plans
- Placement plans
- Menu plans
- Young people's meetings
- Aftercare plans
- Preparation for leaving care plans
- Aftercare needs assessments
- Young people's information booklet
- Child safeguarding policy
- Key work records
- Daily records
- Care plans
- Social history
- Code of conduct for staff
- Minutes of team meetings
- Daily handover records
- Children's care files
- Manager's meeting minutes
- Governance audits

Observation

Inspectors will observe:

- The interactions between staff and children
- The food that is available in the centre
- The routines around mealtimes in the centre

Interview

Inspectors will communicate with children/young people:

- To determine what work has been undertaken with them to support a healthy lifestyle.
- To determine what work has been undertaken with them to support independent living skills.
- To determine what supports or specialist services they feel they need (if any) and whether they are receiving these.

Inspectors will communicate with staff:

- To determine their awareness and knowledge of the policies in place to support a healthy living environment for children.
- To determine what work has been undertaken with children to support a healthy lifestyle.
- To determine what work has been undertaken with children to support independent living skills.
- To determine the intervention models in place to support children with a healthy lifestyle and independent living.
- To determine if they have received specific training on mental health issues.
- To determine how the centre cooperates with other external specialist services to promote the health and development of children.

Inspectors will communicate with the registered provider and person in charge or designated other:

- To determine their awareness and knowledge of the policies in place to support a healthy living environment for children.
- To determine the effectiveness of the mechanisms in to support a healthy lifestyle for children.
- To determine what work has been undertaken with children to support independent living skills.
- To determine the intervention models in place to support children with a healthy lifestyle and independent living.
- To determine if they provided staff with specific training on mental health issues.
- To determine how they ensure that staff in the centre cooperate with other external specialist services to promote the health and development of children.
- To determine how they assess that there is adequate resources allocated to the centre to promote health and wellbeing.

Inspectors will communicate with social workers/relevant professionals:

- To determine if they are satisfied that the child is being supported in line with the goals of their care plan.

Standards 4.2 – Each child is supported to meet any identified health and development needs

The provision of appropriate health care and advice is a necessary element in the arrangements for the care of children in residential centres. Children's residential centres should continually look for ways and opportunities to enhance the health, wellbeing and development of children. For example, by identifying health promotional opportunities, such as supporting healthy eating habits, encouraging children to prepare healthy meals and providing the option to share mealtimes, where appropriate.

Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III Article 10:

The registered proprietor and person in charge of a centre shall satisfy the relevant health board that adequate arrangements are in place for access by children being maintained in the centre to general practitioner services and for their referral to medical, psychological, dental, ophthalmic or other specialist services as required.

Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 23:

(1) Subject to sub-article (2) of this article, a health board shall, before placing a child in a residential centre, prepare a plan for the care of the child and the said plan shall, among other matters, deal with -

- (a) the aims and objectives of the placement,*
- (b) the support to be provided to the child, the residential centre concerned and, where appropriate, the parents of the child by the health board,*
- (c) the arrangements for access to the child by a parent, relative or other named person, subject to any order as to access by a court, and*
- (d) the arrangements for the review of the plan.*

(2) Where it is not practicable for a health board to prepare a plan before a child is placed in a residential centre, such plan shall be prepared as soon as practicable.

(3) In preparing a plan under this article, a health board shall consult the manager and, in so far as is practicable, the child and every person who in law is a guardian of the child.

(4) Particulars of a plan prepared by a health board under this article shall be made known by the board to the manager and, in so far as is practicable, to the child and every person who in law is a guardian of the child.

Examples of information/evidence that will be reviewed and how this will be done

Standard 4.2: *Each child is supported to meet any identified health and development needs.*

Documentation review
<p>Inspectors will review documents including (but not limited to):</p> <ul style="list-style-type: none">• Centre policies including but not limited to:<ul style="list-style-type: none">➢ Medication➢ Health• Care plans• Assessments of health and development• Placement plans• Young people's information booklet• Key work records• Daily records• Care plans• Social history• Minutes of team meetings• Daily handover records

- Training records
- Children's care files
- Manager's meeting minutes

Observation

Not applicable

Interview

Inspectors will communicate with children/young people:

- To determine if they are consulted on decisions about your health and wellbeing.
- To determine if they have access to appropriate medical and other specialist support services.

Inspectors will communicate with staff:

- To determine that they have a full understanding of each child's medical history.
- To determine the work to be undertaken with children to support their medical and specialist support needs.
- To determine how recommendations from specialist supports are incorporated into the health plans for children.
- To determine how they have cooperated with social workers to ensure the care record contains a clear and complete record of all medical and health information from birth.
- To determine if they have received appropriate training to support and meet the health needs of children.

Inspectors will communicate with the registered provider and person in charge or designated person:

- To determine if there is a medications management policy in place in the centre.
- To determine how resources are allocated to the centre to support children to access specialist services.
- To determine their oversight of the implementation of recommendations from specialist services to meet the individual needs of the child.

Inspectors will communicate with social workers/relevant professionals:

- To determine if a full and complete medical history is available to the centre.
- To determine if they are satisfied that the child has appropriate access to medical and specialist supports.

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

Each child has a right to education. The residential setting should be one in which education is valued, children's educational needs are actively addressed and each child is encouraged to attain his/her full potential. This will involve liaison with social workers, schools and other appropriate training and educational bodies. A co-ordinated approach is necessary to remedy the educational disadvantage of children being admitted to care. Care and education authorities should regularly review such arrangements.

Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 23:

(1) Subject to sub-article (2) of this article, a health board shall, before placing a child in a residential centre, prepare a plan for the care of the child and the said plan shall, among other matters, deal with -

(a) the aims and objectives of the placement,

(b) the support to be provided to the child, the residential centre concerned and, where appropriate, the parents of the child by the health board,

(c) the arrangements for access to the child by a parent, relative or other named person, subject to any order as to access by a court, and

(d) the arrangements for the review of the plan.

(2) Where it is not practicable for a health board to prepare a plan before a child is placed in a residential centre, such plan shall be prepared as soon as practicable.

(3) In preparing a plan under this article, a health board shall consult the manager and, in so far as is practicable, the child and every person who in law is a guardian of the child.

(4) Particulars of a plan prepared by a health board under this article shall be made known by the board to the manager and, in so far as is practicable, to the child and every person who in law is a guardian of the child.

Examples of information/evidence that will be reviewed and how this will be done

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

Documentation Review

Inspectors will review documents including (but not limited to):

- Centre policies including but not limited to:
 - Education
- Care plans
- Educational assessments
- Placement plans
- Young people's information booklet
- Key work records

- Daily records
- Social history
- Minutes of team meetings
- Daily handover records
- Children's care files
- Educational resources
- Manager's meeting minutes

Through observation

Inspectors will observe:

- If children are engaged in education
- Are their educational resources available in the centre
- The layout of the centre to support education
- Daily routines in the centre

Through communication (interview)

Inspectors will communicate with children/young people:

- To determine if they are engaged in education.
- To determine if they are supported by staff with their education.
- To determine if they require any further specialist educational support and if they are receiving these.
- To determine if staff attend their schools' meetings.
- To determine if they are aware of their educational support entitlements on leaving care.

Inspectors will communicate with staff:

- To determine how they support children with their educational needs.
- To determine how they engage with educational placements.
- To determine how they engage with social workers and other relevant professionals on education.
- To determine what other learning opportunities are provided to children who are not attending education.
- To determine their awareness of educational resources available to them.
- To determine how they are aware of the educational assessments that have been or need to be completed for children.
- To determine how parents and significant others are consulted on the educational needs of children.

Inspectors will communicate with the registered provider and person in charge or designated person:

- To determine the mechanisms in place to ensure that children are supported with their

educational needs.

- To determine the mechanisms in place to ensure the views and preferences of children on education are heard.
- To determine how they ensure that staff engage with social workers and other relevant professionals on education.
- To determine what resources are allocated to the centre to support children with their education.
- To determine their awareness of educational resources available to the staff.
- To determine how they ensure that parents and significant others are consulted on the educational needs of children.
- To determine how they ensure recommendations from specialist educational assessments inform educational plans for children.

Inspectors will communicate with social workers/relevant professionals:

- To determine if they are satisfied that the goals of the care plan in relation to education are being met.
- To determine what supports they are providing to the centre when children are temporarily not attending education.

6.0 References

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