



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID Number: 034

Year: 2018

Lead Inspector: Michael McGuigan

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Yeria Ltd
Registered Capacity:	Two young people
Dates of Inspection:	22nd and 23rd of January 2018
Registration Status:	Registered from 31st of March 2018 to 31st of March 2021
Inspection Team:	Michael McGuigan Linda McGuinness
Date Report Issued:	19th of April 2018

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate 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 and The Child Care (Standards in Children’s Residential Centres) 1996.

The 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 young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by on-going demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2004. At the time of this inspection the centre were in their fifth registration and were in year three of the cycle. The centre was registered with conditions from the 31st of March 2015.

The centres purpose and function was to accommodate two young people of both genders from age thirteen to seventeen years on admission. Their model of care was described as providing young people with a place of safety, where work is undertaken in consultation with social workers and families to prepare young people to return home or to move on to alternative care options. Care was delivered by the staff team through a relationship based approach.

The inspectors examined standard 2 'management and staffing', standard 4 'children's rights', and standard 6 'care of young people' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 22nd and 23rd of January 2018.

1.2 Methodology

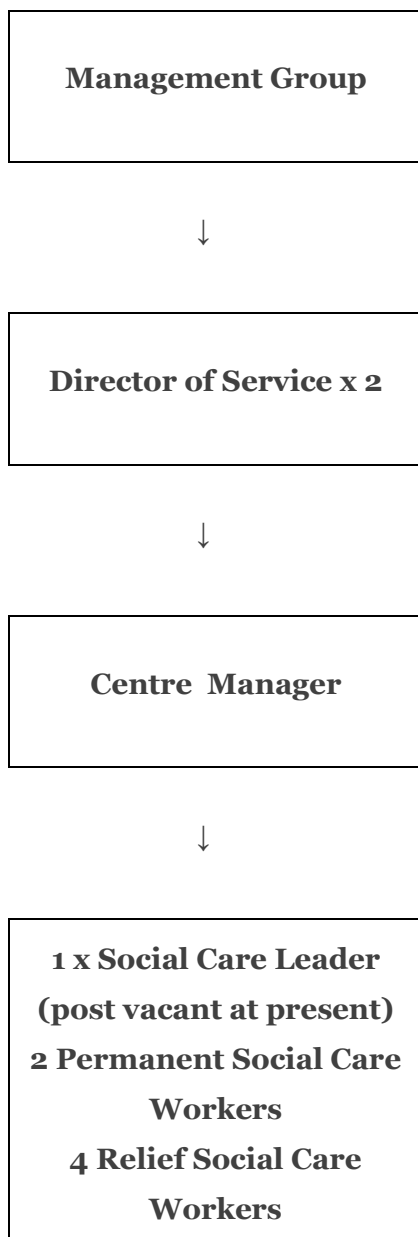
This report is based on a range of inspection techniques and data including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the centre manager
- ◆ An examination of the questionnaires completed by:
 - a) Four of the care staff
 - b) The young person residing in the centre
- ◆ An examination of the centre's files and recording process
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The director of service with responsibility for operational matters
 - c) Two staff
 - d) The young person residing in the centre
 - e) The social worker for one young person
- ◆ Observations of care practice routines and the staff/young person's interactions.

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.

1.3 Organisational Structure



2. Findings with regard to registration matters

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children’s Residential Centres and in line with its registration. Following an assessment of the information provided by the organisation in the corrective and preventative actions section, the outstanding regulatory matters that are identified in this report are deemed to be met. As such the registration of this centre remains 31st of March 2018 to 31st of March 2021.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Register

During this inspection, the centre register was reviewed and found to be complete and in line with regulatory requirements and the National Standards for Children's Residential Centres, 2001. The register contained details of young people, their admission dates and information on their parents and social workers. A copy of the register for admissions and discharges for this centre was also held by the Child and Family Agency. Inspectors observed evidence of centre manager and line manager review of this document.

Administrative files

Inspectors reviewed a number of the administrative files in the centre and found these to be in order. It was observed that files in the centre were maintained and stored securely in line with the Freedom of Information Act, 1997. As noted, there was evidence that centre registers and administrative files had been periodically reviewed by the centre manager and director of service and that there were adequate financial arrangements in place.

3.2.2 Practices that met the required standard in some respect only

Management

The centre had a full time manager who has been in post for eighteen months and had a recognised qualification in social care. This person also had experience managing children's residential centres prior to taking up the post. The centre manager reported to two directors of service, one with responsibility for clinical matters and the other with responsibility for operational matters. As part of this inspection, a review of the minutes for the meetings of the organisation's management group was conducted. Inspectors observed that these meetings occur monthly and each manager provides a report for their centre that details the on-going

operations and issues relating to young people. Further, inspectors found that there was an opportunity to discuss policy development at the manager's group.

Minutes of the board of management meetings were also reviewed by inspectors and these evidenced general discussions on each of the centres, issues arising for young people in their placements, training, admissions and referrals, discharges and staffing issues. The director of service with responsibility for clinical matters visited the centre on a monthly basis and carried out an audit while there. Inspectors reviewed a sample of written reports from these audits and noted that they addressed issues such as the quality of care provided to young people including consultation, complaints and promoting positive behaviours. Operational matters such as reviews of the finances in the centre, staffing and training were also addressed. The director of services also audited the supervisions conducted by the centre manager and the young people's care files. Each of these audits had accompanying recommendations; however, while there was evidence of follow up on some recommendations, inspectors did not find a clear system for tracking work to address issues that were identified.

Inspectors observed that the centre manager had read and signed documents to evidence their governance including key work reports, care files and young people's daily journals. The centre manager also chaired team meetings and handovers, carried out staff supervisions and attended child in care reviews. Records in the centre reflected that they spent time with the young person and a weekly update report was sent to the allocated social worker to keep them informed of events and issues.

Inspectors found that there were mechanisms in place for assessing the quality of care and outcomes for young people in the centre and also that adequate governance was being provided at both centre manager and director of service level.

Notification of Significant Events

The centre has an appropriate policy on reporting that details what may constitute a significant event and also provides direction to staff around recording practices and follow up. Inspectors noted that the register of significant events had been reviewed and signed by the centre manager and also the director of services to evidence their oversight.

Significant event review group (SERG) meetings were occurring regularly, were well attended and the minutes of these meetings were available for review. Inspectors

also reviewed a sample of significant events and found these to be written to the required standard and promptly notified to the appropriate persons.

However, inspectors observed that a process did not exist for providing feedback and practice learning from significant event reviews to staff teams. Further, it was unclear how the behaviour and crisis management plans in the centre were revised following recommendations from this group. Inspectors also noted that a number of the recommendations made by the review group did not clearly relate to the behaviours of the young people or staff interventions. These recommendations should relate to care practice and inform the behaviour management tools in the centre.

Inspectors found evidence that the social worker for the young person responded to significant events where necessary and observed that there had been a relatively low number of significant events in months prior to the inspection.

Supervision and support

The centre manager was conducting supervisions for each of the staff and these were occurring within the time frames set out in supervision contracts. From a review of a sample of supervisions inspectors found that in some instances there was no set agenda and frequently there was no review or tracking of decisions made in previous supervisions. Further, decisions were not being clearly recorded in each supervision. It was also observed that the recording template for staff supervisions changed from month to month and a number of the templates used were not fit for purpose.

Inspectors found that key work supervision was occurring for those who were allocated key workers, however, this was separate to the formal supervision process. Records for these supervisions reflected appropriate planning for young people. Inspectors observed that there were supervision contracts for staff, however, some of these contracts needed to be updated.

The supervisions of the centre manager evidenced discussions on the planning of care for young people, operational issues and staffing issues including recruitment and training.

There centre holds fortnightly team meetings and the minutes for these evidence discussion on young people under the headings of education; emotional support; family; social; medical and aftercare. However, inspectors found that the minutes for these meetings did not always reflect discussions on the planning of care for young

people and staff care practice and at times there were only three staff members and the centre manager in attendance.

Inspectors reviewed the handover meeting and records and found this was structured to facilitate the exchange of information. While inspectors observed planning for the care of the young person through observations of care practice and also through the young person's daily logs, this was not evident through the handover records. These documents reflected a focus on administrative tasks including housekeeping requirements and appointments for the day but did not include placement planning or key working tasks. The centre manager must put systems in place to ensure a focus on placement planning and care practice during handover.

3.2.3 Practices that did not meet the required standard

Staffing

Inspectors reviewed a sample of personnel files and observed that there were up-to-date Garda vettings for staff members including police checks from other countries where necessary. Personnel files also held three references that had been verbally verified, up-to-date CVs and copies of qualifications. There was evidence of inductions being carried out by the centre manager with new staff and external supports were available to staff should they require it.

However, inspectors found that a number of the experienced staff had moved on from the service. Further, there were only two staff working in the centre who had permanent full time contracts and the roster was being supplemented by full time relief workers. The centre manager outlined a clear recruitment plan during interview and there was an on-going process to address staffing in the centre; however, inspectors found at the time of inspection that the centre did not have sufficient levels of staff and the team did not have a balance of experienced and inexperienced staff and at times inexperienced staff were required to work together.

Training and development

During this inspection a review of the centre training records was completed and inspectors observed that not all staff members had received core training in both first aid and fire safety. During interview the centre manager stated that due to the available budget, training was scheduled when groups could be facilitated to ensure this was cost effective and at times this caused delays to training. As such inspectors found that the training budget was not sufficient and this must be reviewed.

3.2.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.***

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 16, Notification of Significant Events.***

The centre did not meet the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***

Required Action

- The director of services for clinical matters must ensure there is a clear system in place for tracking work to address issues raised in centre audits.
- The director of services for clinical matters must ensure there is a clear system in place to provide feedback from the organisation's SERG to staff member regarding care practice interventions and behaviour management strategies.
- The centre manager must review the process for supervision to ensure there is a focus on placement planning and care practice and that a suitable recording template is in place. Supervision contracts must also be updated where necessary.
- The centre manager must ensure that team meeting and handover records reflect discussions on key working and the planning of care for young people.
- The director of services for operational matters must provide inspectors with a written report on the plan for recruitment and staff retention in the centre by 12/03/18.
- The director of services for operational matters must ensure that the deficits in core training in the centre are addressed in a timely manner.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

Inspectors found that there was on-going consultation with the young person on a daily basis and this was recorded in key work reports. It was observed that the young person had refused to complete a review form prior to their child in care review but did attend the meeting to have their voice heard. Previous copies of the young person's care plan were on file to evidence regular review. Young people's meetings had been held frequently in the months prior to the inspection; however, in a number of these the young person would not engage or stated that they had nothing for the agenda. A new format and structure is required for these as the young person is living on their own in the centre and consultation is occurring daily.

Access to information

The centre has a policy on access to information that details how young people will be provided with opportunities to view information held on them in the centre. The policy also states that access to information is a key component of supporting young people to understand the reasons for their placement and help them in making informed decisions about their care. From interview with the young person and through review of the completed questionnaire, inspectors found that there were no issues in relation to access to information. Details on the centre's policy on access to information are provided to young people on admission through the young person's handbook.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre has a policy on complaints that details what constitutes a complaint, procedures for addressing complaints and time frames for responses. However, both the policies and procedures have been adopted from previous statutory children and families services documents. As such they contain references to titles such as alternative care managers who are then part of the appeals and management of complaints. This is not consistent with the centre's operation or the line management structures for the organisation and should be reviewed. addressed.

Inspectors reviewed the register of complaints and found twelve entries, with each of the complaints deemed to be concluded. It was found that this register was being signed by both the centre manager and director of services to evidence their oversight. While the young person residing in the centre had made three complaints, they were satisfied that these were resolved on their behalf.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People*.

Required Action

- The director of services for clinical matters must review the centre's policy on complaints to ensure that it is consistent with operations in the centre.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

From a review of care files and interviews with staff and the young person, inspectors observed that the planning of care and day-to-day living in the centre reflected the young person's wishes and individual preferences. The young person spent time outside the centre with friends and knew that they could bring friends to the centre by agreement. Staff had sourced athletics and boxing clubs for the young person and they also frequently visited the gym. The young person had a room of their own and the centre had pictures of the young person in communal areas.

During interview the young person expressed that they were unsure of the nature of their placement and what would happen in the coming months. Inspectors discussed this issue with the allocated social worker who stated that there was on-going work and discussions around the placement with the young person and a child in care review was scheduled where further clarity would be provided.

Provision of food and cooking facilities

Inspectors observed that healthy food was available to the young person and that the centre had adequate cooking facilities. The weekly plan for the young person reflected that meals were viewed as a social event and staff used these opportunities to spend time with the young person and to chat. The young person was involved in menu planning and there was evidence that they were supported to cook meals if they wished.

Race, culture, religion, gender and disability

The centre had a policy on recognising diversity which stated that the staff would support the young person in expressions of self-identity. There was evidence that the young person was afforded the opportunity to practice a religion and that discussions had taken place to explore cultural heritage and issues of ethnicity.

Managing behaviour

From a review of the young person's care file inspectors noted that there were impact risk assessments that reflected the behaviours displayed by the young person on referral. These documents included the strategies in place to support the young person with their behaviour when they moved into the centre. There was evidence of a planned and structured transition to the centre and a collective preadmission matrix dealing with behaviours had also been created. Inspectors observed that there were core group meetings with the consultant psychotherapist who was advising on strategies to help the young person with their behaviours. Further there were reports from external professionals that were being used to underpin the behaviour management strategies in place. Each of these reports had recommendations that the centre and social work department were implementing.

Inspectors observed reflection on the reasons for challenging behaviour in daily journals and significant event notification reports and also that staff had recorded positive experiences and achievements for the young person. The most recent individual crisis management plan (ICMP) was dated 15/01/18 and there was evidence that this plan was being regularly reviewed. However, inspectors found that the document contained too much non-essential information and needed to be

revised. The ICMP should focus on the stress model of crisis and provide interventions to the staff teams to support the young person with his behaviour. Other additional information should be collated in the young person's behaviour management plan.

The centre had a policy on sanctions that detailed which sanctions cannot be used with the young person and the procedures around the application of sanctions and consultation around these. There is also a comprehensive policy on bullying. Inspectors reviewed a copy of the sanctions log for this centre and noted there was evidence of both centre manager and director of service oversight and review. A record of individual sanctions for the young person was also held in their care file and these contained evidence that they had been asked for their response to sanctions that were applied. However, the register also included sanctions applied by the young person's school and inspectors recommend that these are not included in the log. Inspectors observed that the sanctions in use were age appropriate and linked to the behaviours.

3.6.2 Practices that met the required standard in some respect only

Restraint

There had not been any restraints since the last inspection in January 2017. The centre manager stated during interview that restraints were recorded on the significant event notification register and these could be reviewed through the organisations SERG if necessary. As noted above, inspectors found that the recognised mandatory behaviour management training for the centre manager was out-of-date and this needed to be addressed.

Absence without authority

This centre has a policy on unauthorised absences that outlines two categories – absent at risk and absent without permission. However, centre policy is being used alongside *Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services, 2012* and should be revised as it contains different information to the joint protocols. Further, while there was a centre specific absence management plan that was being updated regularly, this was also not in keeping with *Children Missing from Care, 2012* and there was no evidence that it had been agreed or reviewed by the young person's social worker. Given that the young person has frequent absences it is important that the policy and management plans being used as in line with national policy.

Inspectors observed that minutes of Garda strategy prevention meetings addressing episodes of missing from care were on file and the staff team were actively working with the young person to support him to remain in the centre.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Action

- The centre manager must review the ICMP for the young person to ensure it contains appropriate information.
- The director of services for operational matters must ensure that the recognised mandatory behaviour management training for the centre manager is updated in a timely manner.
- The centre manager must ensure that the absence management plan in use in the centre is the mandated plan as set out in Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services, 2012.
- The centre manager must ensure that behaviour, crisis and absence management plans are regularly reviewed and agreed with the young person's social worker.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The director of services for clinical matters must ensure there is a clear system in place for tracking work to address issues raised in centre audits.</p> <p>The director of services for clinical matters must ensure there is a clear system in place to provide feedback from the organisation's SERG to staff members regarding care practice interventions and behaviour management strategies.</p>	<p>The current audit tool being used has been updated to reflect the recommendations of this inspection. This document will be implemented as of March 2018.</p> <p>A new standing item will be included on the revised staff meeting agenda for staff contribution and feedback to and from the SERG meeting.</p>	<p>New audit tool will include measurements of the outcomes of previous audits and also create an opportunity for discussion with the manager. This will be monitored by the senior management group and an evaluation of operations and practice will be made. The outcomes from this will be used to agree strategic changes in the operations of the home where necessary. This will remain the responsibility of the directors of operations and the director for clinical matters.</p> <p>The staff meeting agenda and minutes will be monitored monthly through the auditing process of the home to ensure compliance and all information is tied into one measuring tool.</p>

	<p>The centre manager must review the process for supervision to ensure there is a focus on placement planning and care practice and that a suitable recording template is in place. Supervision contracts must also be updated where necessary.</p> <p>The centre manager must ensure that team meeting and handover records reflect discussions on key working and the planning of care for young people.</p> <p>The director of services for operational matters must provide inspectors with a written report on the plan for recruitment and staff retention in the centre by 12/03/18.</p>	<p>There is now a new process of supervision in place which ensures that planning and care practice issues are addressed and actions detailed. The process will also ensure that actions and goals from last supervision are addressed in the next supervision. A new template has been formatted to address these issues. All supervision contracts will be renewed in line with the new staff contacts being issued in April.</p> <p>A piece of work has been completed with the staff team around the appropriate use of documentation and more effective recording from the handovers. Part of this process is inclusive of centre manager attending daily handovers and exploring with staff ways of recording evidence.</p> <p>Provided to the inspection team on the 12/3/18.</p>	<p>The new supervision process will be monitored in the centre manager's supervision to ensure focus on placement planning and care practice is undertaken in supervision and to ensure good practice and improved outcomes for young people.</p> <p>The new staff meeting template will be effective from April. A review of the effectiveness will be addressed in the centre manager's supervision on a regular basis to ensure compliance. This will also be related to centre manager's performance. It will also be reviewed during the auditing process.</p> <p>The centre is in the process of engaging a Team Leader and offering relief staff permanent contracts. It is intended that the offer of permanency will be made to coincide with the issuing of new contracts to all the staff at the centre on 1st April 2018. Timeline</p>
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			<p>of scheduled tasks regarding recruitment:</p> <p>5th - 19th March - Complete verification and offer of post for Team Leader to successful applicant.</p> <p>15th March - Interviews for additional staffing to cover casual relief hours</p> <p>26th March - The letters of offer will be issued to current relief staff.</p> <p>1st April 2018 - Issue of new contracts to all staff</p> <p>9th April 2018 - Adverts for 2nd Team Leader post</p> <p>30th April - Shortlisting and interviews arranged for 8 & 9 June 2018.</p> <p>Retention of Staff: There are plans in place for review of staff CPD and put in place in-house scheduled to enable staff development. Training opportunities for staff to facilitate workshops & presentations will be created to take place initially in team meetings. The current manager will be attending a Supervision refresher course identified through Social Care Ireland.</p>
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	The director of services for operational matters must ensure that the deficits in core training in the centre are addressed in a timely manner.	All mandatory training will be up to date within the next month.	The current internal training audit tool used by the centre manager will be discussed with the director for operation to ensure forward planning and booking of training for current staff. Ad hoc add on training will be carried out on a needs basis.
3.4	The director of services for clinical matters must review the centre's policy on complaints to ensure that it is consistent with operations in the centre.	As a result of this recommendation the process for review of this policy has started and target date for completion is May 2018 in consultation with Tusla.	Once the new complaints procedure is implemented it will be audited for compliance by director for clinical matters and the centre manager.
3.6	<p>The centre manager must review the ICMP for the young person to ensure it contains appropriate information.</p> <p>The centre manager must ensure that the absence management plan in use in the centre is the mandated plan as set out in Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services, 2012.</p>	<p>ICMP has been reviewed and amended accordingly to reflect current issues with particular focus on the stress model of care.</p> <p>The centre manager has acquired the correct template for the agreed Garda Protocol IAMP and this has been implemented with immediate effect. The old documents have been removed from the system.</p>	<p>This issue has been discussed in keyworking supervision and will be reflected back to the entire staff team. This will be reviewed on a monthly basis by the centre manager as the documents are generated. This analysis will also include the tracking and measuring of outcomes for young people.</p> <p>The centre manager will review the IAMP when it is adjusted according to need to ensure it contains the correct information.</p>

	<p>The centre manager must ensure that behaviour, crisis and absence management plans are regularly reviewed and agreed with the young person's social worker.</p>	<p>A new system of emailing young person's social worker on a monthly basis with relevant documents has now been put in place and said social worker has agreed to email back if she would like amendments to be made or if she in agreement with the content.</p>	<p>Centre manager will ensure that any non-response by social worker to information sent will be passed up to their line manager in a timely manner.</p>
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