



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	104
<b>Year:</b>	2016
<b>Lead inspector:</b>	Jackie Roche

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2016</b>
<b>Name of Organisation:</b>	<b>Pathways</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Dates of Inspection:</b>	<b>February 29<sup>th</sup> &amp; March 1<sup>st</sup> 2016</b>
<b>Registration Decision:</b>	<b>Registered without conditions from the 3<sup>rd</sup> of Sep 2015 to the 3<sup>rd</sup> September 2018</b>
<b>Inspection Team:</b>	<b>Jackie Roche &amp; Gary O' Connell</b>
<b>Date Report Issued:</b>	<b>7<sup>th</sup> of July 2016</b>

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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.

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 management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

## 1.2 Methodology

An application was duly made by the proprietors of this centre for registration on 19<sup>th</sup> November 2015 . This initial inspection took place on February 29<sup>th</sup> and March 1<sup>st</sup> 2016 over a two day period. The inspection was themed and based on the framework of standards one, two, five and six of the National Standards for Children's Residential Centres 2001'.

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

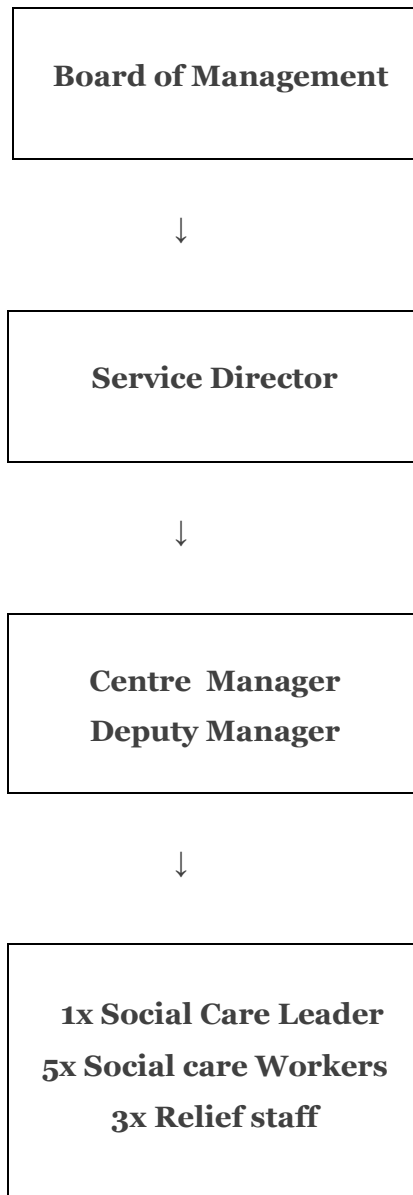
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaire completed by the deputy manager
- ◆ An examination of the questionnaire completed by the social care leader
- ◆ An examination of the questionnaires completed by 5 social care staff
- ◆ An examination of the questionnaire completed by three relief social care staff
- ◆ An examination of the questionnaire completed by the service director
- ◆ An examination of the questionnaire completed by the service director on behalf of the management committee
- ◆ An examination of the questionnaire returned by 1 social worker
- ◆ An examination of the questionnaire completed by a specialist community worker
- ◆ An examination of the questionnaire completed by a parent of one of the young people
- ◆ An examination of the questionnaire completed by the deputy principal from one young person's school.
- ◆ An examination of the most recent report from the Monitoring Officer
- ◆ 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 service director
  - c) One young person
  - d) The monitoring officer
  - e) Three social workers for the young people
  - f) The deputy manager
  - g) Three social care staff
  
- ◆ 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.

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health and Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on this date 5<sup>TH</sup> July 2016 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 3<sup>rd</sup> of September 2015 to the 3<sup>rd</sup> September 2018.**



# 1. Analysis of Findings

## 3.1 Purpose and Function

### *Standard*

The centre has a written statement of purpose and function that accurately describes provided. The statement is available, accessible and understood.

#### 3.1.1 Practices that met the required standard in full

The centre was first established in February 2014 and operated as a rapid access, 24 week respite service for boys and girls between the ages of 12 and 17 years. In September 2015 the organisation approached the Registration and Inspection service of Tusla, Child and Family Agency to alter the purpose and function. The application was reviewed along with relevant documentation and the centre was registered to offer medium to long term care to up to three boys or girls aged between 13 and 17 years on admission.

There were three young people residing in the centre at the time of the change and assessment determined that they were suitably placed in the context of the purpose and function. At the time of the inspection one young person was residing for 8 months and two young people were residing for 7 months. All three were in need of medium to long term care and this was in line with the centre purpose and function.

The statement of purpose and function lists the policies that are in place to inform practices in the centre. There was a user friendly handbook for families and young people that contained key information relevant to day to day life in the centre. The model of care is based on a client centred approach and the centre offers a safe and stable environment to young people where their educational, emotional, social and medical needs would be met in a homely environment. The inspectors found from review of documentation, interviews with care staff and observation of practices that the day to day operation of the centre reflected the statement of purpose and function.

The service director and the centre manager were responsible for the review of the statement of purpose and function on an annual basis.

#### 3.1.2 Practices that met the required standard in some respect only

None identified.

### **3.1.3 Practices that did not meet the required standard**

None identified.

## **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**

#### **Management**

The organizational structure of the centre consists of two registered proprietors, a service director, one centre manager, one deputy manager, one social care leader, five social care workers and three relief staff. At the time of the inspection the centre manager was in the post for just over seven months. They were suitably qualified and had many years experience working with young people in residential care. The manager's office was located in the centre and oversight of care practices was provided by regular contact with young people and staff, attendance at team meetings and other meetings pertaining to the young people. The deputy manager was responsible for the governance of centre documentation and there was evidence that they offered support to the manager in assuring standards were maintained in the record keeping and administrative tasks operating in the centre. Shortly after the inspection the service manager reported to the registration and inspection service that the manager commenced extended leave and the post was filled by the deputy manager in their absence from the centre.

The service director had significant involvement in the oversight of care and operational practices in the centre. The inspectors found from interviews and review of documentation that the service director visited the centre on a regular basis, had regular contact with the young people and the staff, maintained daily contact with the manager and attended meetings relating to the young people. They had access to all documentation prepared in the centre via a remote access computerized application. There was evidence that the service director regularly formally audited centre records thus assuring that standards of quality were maintained and that policies were implemented and adhered to. The service director had named responsibility to support the operation of the centre by providing adequate resources including staff levels and material resources. Interviews, review of documentation and the

inspectors presence in the centre evidenced that the service manager was effective in the carrying out of responsibilities associated with the role. The service director ensured that young people were making progress in the centre and that this was in line with goals set out in care plans.

The managers of all the centres operated by the organization attend monthly meetings with the service director operational matters are discussed on a formal basis. The inspectors reviewed minutes of these meetings and they record the process, decisions made and actions taken evidencing effective communication between the management structures of the organization.

## **Register**

The centre maintained a register of all admissions and discharges to and from the centre. The date of the change of purpose and function from an emergency respite service to a centre offering medium to long term care to young people was reflected in the register. There were no new admissions into the centre since the change in purpose and function as all three young people living in the centre at the time of the inspection were admitted prior to the change.

The register contained all of the information required by regulations. A duplicate of the register was maintained centrally by Tulsa Child and Family Agency.

## **Notification of Significant Events**

Significant events that take place in the centre are well recorded and social workers, the monitor and the guardian ad litem reported that they are reported in an efficient manner. There was evidence that management and the care team review significant events and use information gathered to inform care practices. The inspectors saw in centre documentation that young people are offered the opportunity to speak about these events care staff helped them make sense of the circumstances that lead to the events. Young people's individual crisis and behaviour management plans were updated when this was appropriate post significant events. The centre operates a secure computerized system to report significant events to the young people's social workers, the Child and Family Agency monitor and guardian ad litem.

## **Staffing**

At the time of the inspection there were adequate numbers of staff employed and there was a balance of experienced to inexperienced staff on the team. The manager, the social care leader and the deputy manager had seven years or more experience.

Three of the permanent social care staff had two years or more experience in residential care and two had one year or less. One of the relief staff had more than two years experience and two had less than six months. There was evidence of a positive relationship between the members of the staff team and the experienced staff offered consistent support and advice to the less experienced staff and this together with the enthusiasm of those more recently qualified ensured capacity to effectively cater for the care needs of the young people.

All staff were appropriately vetted before commencing employment in the centre, past employers references, evidence of qualifications and vetting by an Garda Siochanna or other police authorities as appropriate were all on staff personnel files.

Newly appointed staff were offered a one day induction into the centre and occasionally this has been delivered by care staff with limited experience. Review of paperwork and interviews indicated that newly appointed staff took a position on the roster without having the opportunity to shadow on a number of shifts. The centre policy on induction does not identify the role of management in the induction process. The inspectors recommend that management reviews the induction process in order to ensure that all new staff receive effective formal induction prior to taking up a place on the centre roster.

### **Administrative files**

The centre uses a standardized recording system recommended by the monitoring department of the child and family agency. These administrative records included young people's files, staff personnel files and various records relevant to the operation of the centre including meeting minutes, health and safety and maintenance.

The recording system was organized and maintained to facilitate effective management and accountability. There was evidence that the manager, the deputy manager and the service director monitors the quality of records. The service director has access to records prepared in the centre via a computerized system and there was evidence that external audits had taken place and that information from these audits was used to guide service improvement.

The centre management had responsibility for financial systems and the service director ensured that adequate resources were in place to facilitate the effective operation of the centre.

## **Supervision and support**

The centre policy states that supervision will be offered to staff team members at intervals no greater than 6-8 weeks. It also states that newer staff members would be offered supervision more frequently. The inspectors reviewed supervision records and found that supervision was taking place in accordance with this policy.

The service director, the manager, the deputy manager and the social care leader were trained in an approved supervision model. At the time of the inspection the centre manager provided supervision for the core staff team including the deputy manager and the social care leader. The deputy manager and the social care leader supervised the relief staff. Professional development, young people and operational matters in the centre are all discussed in supervision. The centre maintains a supervision roster which facilitates planning and incorporation of supervision into the operation of the centre.

The service director received supervision from an external supervisor who had many years experience in residential care. During interview the service director told the inspectors that supervision and staff support will be developed further alongside to appointment of a quality assurance officer who will ensure that keywork support is incorporated into the supervision process.

One inspector attended a team meeting and found that team meetings were a forum that supported a cohesive approach to the care of young people. Key workers updated the team in relation to young people and all of the care staff contributed to discussions and planning that supported focus on the needs of the young people. Staff were given clear direction in relation to work to be done with young people and there was an emphasis on individual work. Handover meetings took place daily and the inspectors saw that operational matters such as domestic duties and individual daily programmes for young people were addressed and well planned.

A number of human resource concerns had presented in the centre. The inspectors found that these were addressed by the service director. As these matters were unresolved at the time of the inspection the inspectors were unable to assess outcomes. The organization had recently appointed a human resource officer whose responsibility will be to support the service director around matters pertaining to employment law, recruitment and staff support. The inspectors request notification of the outcomes of human resource matters when investigations have been finalized.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Training and development**

All of the staff employed in the centre had a personal learning plan and information gathered from individual contributions guided a training schedule. There were some lapses in mandatory training in the area of first aid and fire safety however the majority of the staff team had completed training and relevant refresher training in an approved model of behaviour management, child protection, fire safety, first aid and managing self harm. Based on the care needs of young people residing the staff team had attended training facilitated by the local drug treatment unit however there was evidence from interviews and review of documentation that the staff team would benefit from applied suicide intervention skills training (ASIST), aftercare preparation and training relating to diversity. The service director assured the inspectors that training recommended would be delivered by the organization in order to support individual staff members learning plans. The management must provide evidence to the inspectors that all staff employed in the centre have completed mandatory training.

### **3.2.3 Practices that did not meet the required standard**

None identified.

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency has 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 7, Staffing (Numbers, Experience and Qualifications)***  
***-Part III, Article 16, Notification of Significant Events.***

## **Required Action**

- Management must review the induction process in order to ensure that all new staff receive effective formal induction prior to taking up a place on the centre roster.
- The management must provide evidence to the inspectors that all staff employed in the centre have completed mandatory training.

### 3.5 Planning for Children and Young People

#### **Standard**

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

#### **3.5.4 Practices that met the required standard in full**

##### **Suitable placements and admissions**

Referrals into the centre come through the Child and Family Agency Central Referrals Committee. The service director and the manager review all referral information and if a young person is considered suitable the details are brought to the attention of the team for further consideration.

Referrals are accepted from any of the seventeen service areas operated by the Child and Family Agency and consequently young people can be placed a long geographical distance from their home and family. This can present difficulties for the young people however there was evidence that the centre staff were aware of these and regular contact with young people's home county was facilitated.

There were three young people residing in the centre at the time of the inspection. They were admitted on an emergency basis under the criteria set out in the previous purpose and function of the centre. The young people were settled in their placement and assessment indicated that they required medium to long term care. Review of documentation, interviews with staff, young people and their social workers all evidenced that the young people had made progress in the centre and that the social care staff and management demonstrated a commitment to supporting best outcomes for them.

The centre policy states that planned admissions are preferred and the pre-admission process will offer young people and their families the opportunity to visit the centre and meet with the allocated keyworker. There are booklets for young people and their families that describe all aspects of life in the centre including social activity, contact with family, house rules, food and an outline of the roles and contact details of key people who are involved in the young person's life.



Social work departments had given adequate information about the young people and there was evidence that this is used by centre staff to develop an understanding of the young person and to help them understand the purpose of their placement in the centre.

There were many examples of the centre's commitment to protect young people in the placement and efforts were made to resolve any disagreements. Young people were helped to understand the impact of their behaviour on others and were encouraged to respect their peers. Preadmission risk assessments, impact risk assessments and safety plans were in place and these were reviewed and updated as necessary.

### **Statutory care planning and review**

All of the young people residing in the centre at the time of the inspection had comprehensive statutory care plans. They documented the reasons for the placement and information relating to family contact, education, medical, social and emotional needs. They identified how the placement would support and promote the interests of the young people.

The inspectors saw that care plans were not always in place within seven working days of the placement and in line with centre policy and the management and social work departments must ensure that this is adhered to for future admissions.

Young people had placement plans that are prepared by their key workers. These that clearly identified realistic and relevant goals which were based on criteria set out in care plans. The placement plan was reflected in weekly and daily plans for young people and keywork undertaken was based on key goals contained in the placement plan. Placement plans were updated and reviewed on a regular basis. There are placement plans prepared for young people and inspectors found that goals identified in these are well described, relevant and achievable. The language used is well articulated and easily understood.

There was evidence that young people's best interests are considered when care plans and placement plans are prepared and their views are reflected in the documents. Care plans were reviewed and updated in line with statutory regulations. Care staff helped young people prepare for reviews and supported them during the process. All of the young people had attended their most recent review. Families were invited to attend and contributed to statutory reviews and were supported by the social workers

during this process. The centre provided progress reports on the young person to the statutory review. Social work departments convened, chaired and recorded the process.

### **Contact with families**

Family contact was encouraged and young people were offered transport to and from visits home. Families and friends visited the centre and staff made efforts to ensure that they could spend time privately subject to the approval of the social work department. Keyworkers supported young people to understand family difficulties if they arose and young people were offered advice in relation to relationships. When there were difficulties care workers supported young people to maintain or re-establish positive contact.

The care staff supervised family contact when this was recommended by social work departments. Parents were formally contacted on a weekly basis in order to ensure that they are kept informed in relation to all aspects of their child's lives.

### **Emotional and specialist support**

The inspectors found from interview with the care staff that the emotional and psychological needs of young people were taken into consideration in the care planning for young people. Care staff were warm and supportive to young people however they had not received formal support or training around the key work role or in relation to individual work done with young people. The inspectors found from interview and review of documentation that newly qualified staff would benefit from formal support pertaining to the keywork role and individual work carried out. Centre management must ensure that care staff receive formal support and training in order to develop their capacity to carry out individual work with young people.

When there was a need identified young people were seen by the local child and adolescent mental health service and staff ensured that relevant information was shared with the service in order to ensure effective care. The centre had access to an external specialist psychologist who had assessed and made recommendations in relation to the young people. This service involved extra cost and was subject to the approval of funding by social work departments. The inspectors saw that these assessments were worthwhile and that they were used to guide the care planning process. There were many examples of a multidisciplinary care approach to the young people and this process was effectively convened by the centre management and supervising social work departments.

## **Children's case and care records**

Inspectors reviewed the records of the young people living in the centre at the time of the inspection and found that they were well organized and contained all of the required information. The filing system facilitated ease of access for planning, review and inspection. Reports were categorized into clearly labelled folders and were filed in accurate chronological order. Inspectors found that reports were written in a manner that was factual and informative and demonstrated a positive approach to care delivery and evidenced the high regard in which young people were held by the management and staff of the centre.

There were systems in place to ensure that the management maintained oversight over records this included regular review and auditing. Young people's care files were safely and securely stored. When a young person is discharged from the centre their files are archived and stored securely by the organization.

### ***Standard***

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

## **Supervision and visiting of young people**

Supervising social workers maintained regular and effective contact with the young people residing in the centre. Social workers had provided sufficient background information to the centre in order to facilitate effective care. The inspectors interviewed the social workers for all three young people residing in the centre at the time of the inspection and there was evidence that they were satisfied that young people were safe and well cared for and that they had developed positive relationships with care staff employed in the centre. Social workers received formal written progress reports from the centre on a monthly basis and were regularly updated and consulted with in relation to all aspects of the young person's care. Social workers had involvement in care and safety planning programme offered by centre staff to the young person including risk assessments, behaviour management plans, placement plans and absence management plans. There was written evidence of visits made by the social worker to the centre, phone contact and of their review of centre files. During interviews and in questionnaires the young people identified their social workers as a people who supported them and who they could contact if they

have concerns in relation to aspects of their care. The inspectors found from interview and review of documentation that one young person did not have an aftercare plan or effective support around this from the social work department and this is referred to under aftercare in this report.

### **3.5.5 Practices that met the required standard in some respect only**

#### **Social Work Role**

There was evidence that two social work departments were adhering to their professional and statutory responsibilities for young people. These young people had regular and effective contact with their social workers. One young person did not have effective and consistent support from their social work department. There was evidence that the young person could not depend on the consistent support of the social work department. Referring social work departments must ensure that young people have access on a regular basis to an advocate external to the centre.

Social workers had provided adequate information on the young people to the centre and this was appropriately used to advise placement plans. The centre maintained a record of social workers visits to the centre and there was evidence that they occasionally reviewed centre files. Social workers reported that they were regularly updated in relation to significant events and that they were confident that the centre provided a good level of care to the young people and committed to achieving positive outcomes for them.

#### **Preparation for leaving care**

Through interviews with the management and staff and review of care files inspectors found that focused work was being carried out with young people by centre staff to assist them to develop their social skills and to participate in life skills programmes. This work was appropriate to the young person's age, understanding and maturity.

One young person was over seventeen years and there was no aftercare plan in place. The young person and centre staff did not know what supports or living arrangement would be offered post statutory care. There was no aftercare worker appointed by the social work department and consequently the approach to aftercare lacked cohesiveness and effective planning. There were many examples of attempts made by the centre staff to bring this matter to the attention of the referring social work department. The centre had maintained contact with the young person's family and friends and this contact was relevant to the assessment of aftercare requirements.

The inspectors made contact with the social work department and an aftercare worker was appointment however this took place six weeks before the young person's eighteenth birthday and thus restricted the opportunity to develop an effective aftercare plan due to the short length of stay remaining.

The inspectors recommended that the social work department give due consideration to extending the young person's placement post their eighteenth birthday in order to develop an effective leaving care plan. Referring social work departments must ensure that two years prior to the legal age of leaving care the care plan outlines the preparation and support in place for the young person to include a named person who will maintain contact after they leave the centre.

### **Aftercare**

The inspectors requested a copy of an aftercare plan from one social work department as the support and entitlements for a young person leaving the care system was not clear during the inspection. Referring social work departments must prepare a clear statement on its aftercare provision which identifies how young people will be supported by the aftercare service.

### **3.5.6 Practices that did not meet the required standard**

None identified.

### **3.5.7 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care)***

#### ***Regulations 1995***

***-Part IV, Article 23, Paragraphs 1and2, Care Plans***

***-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan***

***-Part V, Article 25and26, Care Plan Reviews***

***-Part IV, Article 22, Case Files.***

The Child and Family Agency has not met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care)***

#### ***Regulations 1995***

***-Part IV, Article 24, Visitation by Authorised Persons***

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

***-Part III, Article 17, Records***

***-Part III, Article 9, Access Arrangements***

***-Part III, Article 10, Health Care (Specialist service provision).***

**Required Action**

- Referring social work departments must ensure that young people have access on a regular basis to an advocate external to the centre.
- Centre management must ensure that care staff receive formal support and training in order to develop their capacity to carry out individual work with young people.
- Referring social work departments must ensure that two years prior to the legal age of leaving care the care plan outlines the preparation and support in place for the young person to include a named person who will maintain contact after they leave the centre.
- Referring social work departments must prepare a clear statement on its aftercare provision which identifies how young people will be supported by the aftercare service.

## 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**

There were many examples of the care staff working with all three young people in an open positive and respectful manner. There were individualized plans in place for each young person that addressed their educational, emotional and health requirements. Review of documentation, observation of care practices in the centre and interviews evidenced that each young person was assisted to reach their potential by centre staff and there was evidence that the centre actively promoted the best interests of young people.

All three young people had a keyworker and there was evidence that they were available to meet with young people formally on a regular basis. Key workers prepared documentation pertaining to the young people and ensured that there was a cohesive approach to their care amongst the staff team. There was a lack of evidence that some of the less experienced staff were assisted by management to develop skills associated with allocated key work with young people. The inspectors recommend that the centre management puts an effective support system in place in order to assist key workers to develop skills and knowledge relevant to the role.

Young people were given the opportunity to develop interests and talents there was a strong emphasis on music and dancing in the centre at the time of the inspection. Families were invited to participate in celebrations relevant to special occasions and achievement which were facilitated in the centre. Young people were encouraged by care staff to develop positive relationships with families residing in the neighbourhood and this contributed to their capacity to develop skills necessary for adulthood and citizenship.

## **Provision of food and cooking facilities**

All of the young people residing in the centre were offered a range of nutritious foods based on their individual preferences and requirements. All of the young people and particularly the young person preparing to leave care were encouraged to participate in shopping and food preparation. Staff and young people regularly enjoyed food together and the kitchen table was a central point of social activity which enhanced the development of relationships in an informal setting.

## **Race, culture, religion, gender and disability**

There was evidence from interviews and from review of documentation that young people were respected by care staff and they were encouraged to show respect and empathy towards each other. The young people residing in the centre had different cultural backgrounds and the care staff fostered the development of personal confidence and self esteem alongside a positive view of family culture and identity. Young people were supported to practice their religion and were facilitated to attend religious services if they wished to do so.

Interviews with staff and review of questionnaires evidenced that they are aware of the policy on diversity and anti-discrimination and operate this in the day to day work of the centre.

## **Managing behaviour**

All of the care staff employed in the centre had received training in an approved behaviour management model. In accordance with the centre policy on behaviour management care staff assisted young people to understand the reasons behind behaviours and a move from negative to positive interactions was encouraged. All three young people's behaviour management plans evidenced that past history and specialist's recommendations were taken into account. Sanctions were used in an appropriate way and were based on restorative actions, reduction of pocket money, confiscation of property and occasionally reduction in fun activities. Interviews and review of documentation evidenced that sanctions were fair and were used to promote best outcomes for the young people and to encourage a positive and safe environment in the centre. The inspectors found a lack of emphasis on positive behaviour and recommend that a system is put in place by centre management to acknowledge and reward efforts made by young people.

Young people had individual crisis management plans and these outlined potential triggers, possible behaviour during a crisis and they contained strategies to de-



escalate these while supporting best outcomes for all the young people. There was evidence that the young people were treated with dignity and respect and care staff intervened in potential bullying behaviour and those involved were assisted to understand the and protected.

### **Restraint**

There is a policy on the use of restraint and there was evidence that it is only used to protect young people from immediate risk. The model of physical restraint used in the centre is based on a reputable model of behaviour management and all of the care staff were appropriately trained.

Restraint was used on one occasion during the 12 months prior to the inspection and review of documentation relating to this evidenced that this episode complied with the principals of the method. Details of the incident and those involved were recorded and management, social work departments and the child and family monitor were all notified in relation to the event.

### **Absence without authority**

The centre follows the Joint Protocol between An Garda Siochanna and the Child and Family Agency for the management of young people who leave the centre without permission.

Each young person had an individual absence management plan agreed between centre management and social work departments and these take the age and development stage of young people into account. Clear differentiation was made between missing from care, and absent at risk episodes

There were ten episodes of absence without authority in the twelve months prior to the inspection. The centre responded appropriately to these episodes and ensured that any relevant information was shared with the social work department. Care staff were available to collect young person and return them to the centre and this often involved travelling long distances. The care staff gave young people the opportunity to talk about the reasons for absences and offered them support alongside ensuring that appropriate safety plans were in place.

#### **3.6.2 Practices that met the required standard in some respect only**

None identified.

### **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.*

## 2. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
<p><b>3.2</b></p>	<p>Management must review the induction process in order to ensure that all new staff receive effective formal induction prior to taking up a place on the centre roster.</p> <p>The management must provide evidence to the inspectors that all staff employed in the centre have completed mandatory training.</p>	<p>Pathways Ireland as an organization have re-evaluated their induction process and have now implemented that all new staff members will complete a one-day induction and a shadow shift prior to being offered a position on the rota.</p> <p>Certificates for mandatory training have been provided to the inspectors. Training refreshers have been organized by Pathways Ireland for the coming weeks to ensure that all team members training is up to date.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>

<p><b>3.5</b></p>	<p>Referring social work departments must ensure that young people have access on a regular basis to an advocate external to the centre.</p> <p>Centre management must ensure that care staff receive formal support and training in order to develop their capacity to carry out individual work with young people.</p> <p>Referring social work departments must ensure that two years prior to the legal age of leaving care the care plan outlines the preparation and support in place for the young person to include a named person who will maintain contact after they leave the centre. Referring social work departments must prepare a clear statement on its aftercare provision which identifies how young people will be supported by the aftercare service.</p>	<p>Principal social worker responded and stated that the young person had an allocated social worker.</p> <p>Centre management will ensure that the staff team receive formal support through monthly supervision to allow them the opportunity to increase their skill level in carrying out individual work. The Centre manager will carry out key-working supervision to assist in identifying areas requiring individual work to ensure that they are meeting the needs of the young people.</p> <p>The Principal Social worker responded to this recommendation and stated that the young person was referred to aftercare however due to limited resources an aftercare worker was not allocated until one month prior to the young person's discharge from the centre.</p>	<p>The inspectors require social workers to visit young people in the centre at regular intervals and to meet with them in private.</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors acknowledge that limited resources are a challenge however the statutory requirement is that young people must be given ample opportunity to prepare for leaving care.</p>
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