



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

Centre ID number: 057

Year: 2015

Lead inspector: Lorna Wogan

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2015</b>
<b>Name of Organization:</b>	<b>Gateway Organization Ltd</b>
<b>Registered Capacity:</b>	<b>Two Young People</b>
<b>Dates of Inspection:</b>	<b>12<sup>th</sup> &amp; 13<sup>th</sup> May 2015</b>
<b>Registration Decision:</b>	<b>Registered without attached conditions from 7<sup>th</sup> November 2014 to 7<sup>th</sup> November 2017.</b>
<b>Inspection Team:</b>	<b>Child and Family Agency West</b>
<b>Date Report Issued:</b>	<b>20<sup>th</sup> August 2015</b>

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## 1. Foreword

The National Registration & 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 & 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 of a dual occupancy residential centre on 1<sup>st</sup> October 2014. A pre-inspection visit to the centre was undertaken on 28<sup>th</sup> April 2015. The announced inspection took place on 12<sup>th</sup> & 13<sup>th</sup> May over a two day period and this report is based on a range of inspection techniques including:

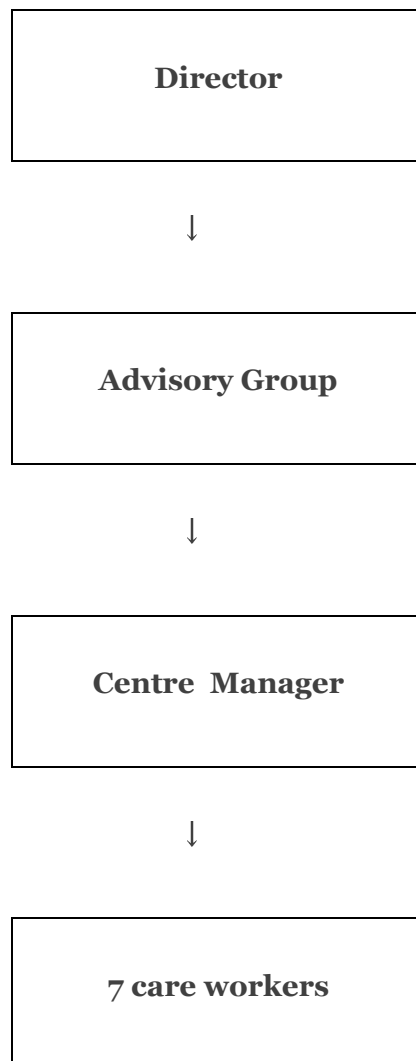
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the centre manager.
- ◆ An examination of the questionnaires completed by:
  - a) Seven of the care staff
  - b) The social worker with responsibility for the young person residing in the centre
  - c) The key-worker
  - d) Programme/assessment coordinator
  - e) Service director
  - f) Chairperson of advisory group
  - g) Two social care workers who previously worked in the centre
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of the HSE.
- ◆ 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 fida interest in the operation of the centre including but not exclusively
  - (a) Centre manager
  - (b) Young person in placement
  - (c) Four staff
  - (d) Service director
  - (e) Social worker

- (f) Social worker allocated to former resident
  - (g) Relative of former resident
  - (h) Former foster carer
  - (i) The monitoring officer
- ◆ Observations of care practices, 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 Organizational 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 & Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on 4<sup>th</sup> August 2015 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 ID Number 057 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 7<sup>th</sup> November 2014 to 7<sup>th</sup> November 2017.**



## 3. Analysis of Findings

### 3.1 Purpose and Function

#### **Standard**

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

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

**None identified**

#### **3.1.2 Practices that met the required standard in some respects only**

The centre had a written statement of purpose and function that accurately described the service provided. This statement was revised and updated in October 2014 when the organization applied to the registration service to operate a dual occupancy centre. A date for a review of the statement and the name of the persons responsible for the document review should be identified on the front cover of the statement of purpose and function.

The statement of purpose and function specified the population it catered for, outlined the ethos and aims of the centre, the approach to working with the young people and key policies and procedures. The centre is registered to provide medium-term care for boys and girls aged from 13 to 17 years. A derogation of registration, with conditions, was granted by the registrar to admit the current resident who was aged 12 years on admission. The inspectors were satisfied that the conditions attached to this derogation of registration had been adhered to by the organization and the Child and Family Agency.

The centre had a comprehensive written policy and procedure document. This document had recently been reviewed and updated and was in the second draft stage at the time of the inspection. There was evidence that the centre manager ensured staff were familiar with newly developed policies and procedures through the supervision process and team meetings.

The centre had a child-friendly handbook that provided age appropriate information about the centre, children rights, complaints and participation within the centre. Inspectors were informed that this handbook was currently being revised and updated by the organization.

The aims and ethos of the service was to provide unconditional care and a commitment to respond appropriately and consistently to young people's changing needs and behaviours that challenge. At the time of the inspection the inspectors found evidence of the teams' commitment to meet the defined aims and objectives of the centre and the ethos of the organization was reflected in the staff practice.

Inspectors found that the core principles of practice were based on empathy, positive regard, understanding trauma and attachment. The day-to-day operation of the centre reflected the statement of purpose and function.

Inspectors found through interviews and a review of the centre recording systems that the purpose and function was realized in practice and the management, staff, young person's social worker and the social worker allocated to the previous resident had a clear understanding of the organizations approach to working with young people admitted to the centre and their core principles, ethos and values.

The director provided evidence that the organization continued to develop and define the model of care operating within the organization.

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

**None identified.**

#### **Required Action**

- The centre manager must identify a date for review of the statement of purpose and function and the name of the persons responsible for the document review.
- The revised organizational policy and procedure document must be finalized and reviewed by the advisory group and approved by the director.

## 3.2 Management and Staffing

### **Standard**

The centre is effectively managed, and staff are organized 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 director demonstrated an awareness of his role and responsibilities in relation to the governance and management of the organization as a whole and of the centre. Senior management team meetings were conducted on a monthly basis within the organization. The inspectors examined minutes of these meetings. The meetings provided an opportunity for centre managers to meet formally with the director where they reviewed and examined operational issues relevant to each centre.

The director stated he visited the centre occasionally and met with the staff on duty and the young people. In the course of these visits he periodically examined the daily logs and other records to ensure they were maintained to a good standard. Inspectors advised the director to sign records examined and provide documentary evidence of his visits to the centre and any actions to be taken as a result of this visit.

The organization's advisory group consisted of a chairperson and six ordinary members who have specific expertise including corporate governance, child welfare, human resources, assessment, effective administration and the provision of quality care. The advisory group had written terms of reference in relation to their role within the organization and met every two months. Service development, policy development, complaints and child protection concerns are a standing item on the agenda of these meetings. The director confirmed to the inspectors that all advisory group members had been subject to Garda vetting. The inspector reviewed minutes of these meetings. The centre manager is now required to present an annual report on the operation of the centre to the advisory group meeting. The advisory group also had responsibility to manage complaints and appeals that cannot be resolved through normal channels. The director stated that there were plans for the chairperson of the advisory group to conduct a visit to the centre once every six months to provide external oversight of practices. The inspectors advise that written evidence of these visits should be available at the centre.

The director was familiar with the young people placed in the centre. The director received copies of all significant event notifications and weekly written reports relating to the young people residing within the centre.

The therapeutic programmes at the centre are supported and reviewed by the organizations programme coordinator. The organizations external educational forensic psychologist supervised the programme coordinators work on the strengths/risks assessment. There were a number of internal systems in place to evidence and review the progress of the young people in placement for example through monthly key-work meetings.

An appropriately qualified experienced manager managed the centre on a full-time basis. The centre manager was well established as a manager within the organization. There was evidence that the centre manager monitored and guided practice at the centre through formal supervision of staff, reading and signing daily records, reviewing significant event reports and observation of staff practices. The centre manager had regular meetings with the organizations human resource (HR) consultant and had received advice and support with HR matters. The director stated that the organization plan to invest in specific training for managers in the coming year.

Overall the inspectors found there were good systems in place in relation to the governance and management of the centre and considered that the planned external oversight of the centre by the chairperson of the advisory group would further strengthen governance within the organization.

### **Register**

The centre manager maintained a register at the centre. The inspectors were satisfied that the register complied with the Child Care (Placement of Children in Residential Care) Regulations, 1995. The inspectors recommended that the manager record the name of the supervising social worker and the Child and Family placing area on the register. The name and address of all relevant people who remain significantly involved in the overall care plan should also be recorded on the register. There was a protocol in place whereby the centre manager provided written notification to the local Child and Family area manager and the monitoring officer of all admissions and discharges.

## **Notification of significant events**

The centre had a written policy relating to the notification of significant events. There were written guidelines as to what constitutes a significant event. Significant event reports were promptly notified to the social work team leader, social worker, director, programme coordinator and the monitoring officer. Significant event reports were stored on the young people's individual care files. The centre manager reviewed and provided written comments on all significant event reports. There were good systems in place for cross-referencing significant events. The centre maintained a register of significant events and significant event reports were also referenced in the daily logs. The social workers and the monitoring officer were satisfied that all significant events had been reported in a prompt manner. Inspectors found a high standard of record keeping and report writing in relation to all significant events. It is practice in the centre that significant events are reviewed at team meetings and in staff supervision and the inspectors found evidence of this. At the time of the inspection the director was developing an electronic database to store information on all significant events reports within the organization.

There were 18 significant event notifications on file in respect to a former resident. Eleven of these reports related to events when the young person was reported to the Gardaí as missing from care. Most of the events occurred during planned contact with family. Six other events required Garda intervention due to property damage and concerns for the safety and welfare of the staff and resident. At the time of the inspection there were 3 significant events notified in relation to the young person currently in placement. These events related to behaviours that challenge and property damage.

## **Training and development**

The inspectors found that the organization placed a strong emphasis on training and the on-going development of skills within the team. Training required the staff to develop a deep understanding of the young people's behaviour along with developing the skills they need to support the young person to have positive, respectful and trusting relationships with the staff.

The organization had an effective on-going staff development and training programme for the education of staff particularly in the area of attachment and managing behaviours that challenge. The team undertook attachment training every two months and new staff received foundation training in attachment over three days. All staff interviewed stated that this training was beneficial to them in their work.

Relevant certified training to further develop and enhance the model of care at the centre was provided for staff in 2014 and in the first quarter of 2015. Members of the team completed three modules of this certified training programme.

T.C.I. foundation training and refresher training is led out by two employees who are certified T.C.I. trainers. One member of the team was a certified T.C.I. trainer and relevant certification was evident on file. Refresher T.C.I. training was undertaken in April 2015. All staff members had completed the foundation training and the refresher training. Fire safety training was undertaken in February 2015. Occupational first aid training was provided for staff that required it in October 2014 and a number of staff had undertaken cardiac first response training in February 2014. Children First briefing was provided for staff in October 2014 by the Child and Family Agency.

Two of the three newly appointed staff members required fire safety training and two of these staff required Children First training and first aid training. The manager stated these staff would be facilitated to complete these outstanding training requirements when the organization schedules the training later in the year. The organization maintained a record of training attended by each member of staff. The director is currently developing an electronic system to capture all data relating to staff training. There was evidence that individual training needs were discussed and identified in the context of staff supervision.

### **Administrative files**

The organization had written guidelines for staff to support effective recording practices. The work within the centre was supported by a comprehensive recording system. Files and records were well organized and maintained in a manner that facilitated good communication and accountability. The defined therapeutic tasks and the outcomes of the identified interventions are reflected in the individual therapeutic overview reports. There was evidence that the centre manager monitored centre records. Records regarding the use of petty cash are maintained and signed by staff at the end of each shift. Staff told inspectors that the centre had sufficient financial resources to provide good quality care. All petty cash records are forwarded to the service accountant. All records relating to the young people are kept in perpetuity. It was the policy of the organization that should the company cease to operate in the future the individual care records would be returned to the placing area.

Inspectors found that the director was aware of his role and responsibilities in relation to the governance and management of the service. Formal monthly meetings were

held with centre managers within the service. These meetings provided an opportunity for centre managers to meet formally with the director and review and examine operational issues relevant to each centre. A record of these meetings was held on file.

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

#### **Staffing**

Inspectors found there was a sufficient number of staff with a varied skills mix to deliver the service as set out in the statement of purpose and function. The team comprised of a core group of six staff, four male and two female social care staff. The team had one regular relief staff member. Five of the team had the appropriate social care qualification, one staff member had a relevant equivalent qualification and one staff member had a FETAC Level 5 qualification in youth work. Inspectors found there was sufficient numbers of experienced social care staff on the team. The manager stated that the staff rota was always structured to meet the needs of the young person in placement and to ensure their safety and welfare. There were always two staff members on duty that worked from 12pm to 12pm the following day and provided sleepover cover at the centre.

An audit of the personnel files was carried out. Personnel files were well organized. Three references were secured for staff members. Inspectors found that verbal checks were not evidenced on references on two personnel files. Garda vetting was on file for all new employees and Garda vetting was updated for other staff members in 2014. Where required, police checks were secured and placed on file. Garda vetting was secured and updated in 2014 for the director, the programme coordinator and the organizations external consultant. Verification of the external consultants' qualifications was submitted for inspection. Garda vetting had been processed for the chairperson of the advisory group. The centre manager should ensure that applicants provide references from relevant social care work placements in addition to their most recent employer if the most recent employment was not within a social care environment.

There was evidence on file that newly recruited staff members undertook a structured induction process that included 'shadowing' staff on duty prior to the commencement of employment.

All staff had contracts of employment. The director had recently issued new employment contracts for all staff offering full-time permanent contracts or part-time permanent contracts following the organization's required probationary period.

A new staff contract and staff handbook had been developed by the organization and was circulated to all staff groups for consultation.

## **Supervision and Support**

The centre had a written supervision policy. The external consultant had recently commenced developmental supervision with the centre manager. The inspectors reviewed these supervisions records. Inspectors were of the view that the supervision records were not sufficiently detailed. The centre managers supervision records should provide a more detailed account of the issues discussed and decisions taken within the supervision process. Inspectors noted that a supervision contract between the centre manager and their supervisor had not been established. The centre manager informed inspectors that supervision will be provided every eight weeks and a date had been identified on file for the next supervision session.

Staff supervision files were subject to inspection. There was evidence the centre manager provided regular formal supervision every 4-6 weeks in accordance with the centre policy. Each staff member had a supervision contract on file. Supervision records were stored in a secure cabinet. The staff supervision schedule was displayed in the office. When planned supervision had to be re-scheduled this was evidenced on the record. There was a comprehensive template for recording staff supervision. Inspectors advised that the specific date of the supervision session as well as the month is recorded on the records. A review of supervision records demonstrated that supervision was not solely confined to individual work/key-work but included aspects of reflective practice and identification of training needs. There was evidence that staff were provided with the opportunity to raise concerns in supervision and practice issues were addressed within this forum. Staff members interviewed by the inspectors confirmed this. The centre manager and the HR consultant undertook the annual performance and development reviews with the relevant staff members in July 2014 and a record of the review was held on file.

The centre manager had not been subject to a performance and development review since her employment. The director should ensure that the centre manager is subject to a similar performance review process as all other employees. The director informed the inspectors that he was currently working on an appraisal process for centre managers within the organization.

Inspectors were of the view that the supervision process could be further enhanced with the provision of additional training for the centre manager in this area of practice.



The organizations external educational psychologist supervised the programme coordinator and met her on a monthly basis to review current status of the strengths/risk assessment process. The organization's attachment specialist also provided guidance and support to the centre manager and staff if required in the interim periods between team training. At the time of the inspection the programme coordinator had commenced the assessment process with the young person in placement.

Team meetings were undertaken every three weeks and a structured handover meeting was undertaken every day at when staff came on duty. The records showed that there was good staff attendance at staff meetings. The inspectors attended a staff meeting. The inspectors found that these meetings contributed to the placement planning process and consistency amongst the staff team so as to ensure the implementation of agreed programmes of care for the young people as outlined in the placement plans. There was good attention paid to ensure that the young peoples' day was carefully planned with potential triggers identified, considered and safeguards put in place.

The programme coordinator generally attended all staff meetings. Their role at staff meetings was to review the specific placement plans, assessments and outcome of interventions with the team. They provided support and guidance to the staff in relation to key-work, individual work and opportunity led work. This was confirmed in staff interviews.

There was evidence that team members were confident to challenge a colleague's practice and give feedback to each other. A whistle blowing policy was developed by the organization and was outlined in the in the staff handbook.

The centre manager and other managers within the organization provided an out-of-hours on-call service for the social care team.

The organization had developed a stress management policy for staff to provide guidance for staff in relation managing stress and the supports available to staff in circumstances where they may be experiencing stress within the work environment. There was evidence that the manager provided specific debriefing support following critical incidents and there was a structured pro forma for this process.

### **3.2.3 Practices that did not meet the required standard** **None identified.**

### **3.2.4 Regulation Based Requirements**

The Child and Family 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 6, Paragraph 2, Change of Person in Charge -Part III, Article 16, Notification of Significant Events.*

The centre has not 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 7, Staffing (Numbers, Experience & Qualifications)*

#### **Required Action**

- The centre manager must ensure that verbal checks are evidenced on all references.
- The centre manager must ensure that applicants provide references from relevant social care work placements in addition to their most recent employer where this employment is not within a social care environment.
- The director must ensure that a supervision contract is established between the centre manager and her supervisor.

### **3.3 Monitoring**

#### **Standard**

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorized person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

#### **Monitoring**

##### **3.3.1 Practices that met the required standard in full.**

The support inspector assessed this standard as the lead inspector also undertook the monitoring function under the Child Care (Placement of Children in Residential Care) Regulations, 1995. The centre manager was aware of the dual role undertaken

by the local Child and Family Agency inspector/monitoring officer and was able to distinguish the difference between the two roles. The monitoring officer had undertaken two monitoring visits to the centre since it was registered in November 2014. There were no young people in placement at the centre for seven weeks between March and May 2015. Dates for visits to the centre were set out in the monitoring officer's work plan and monitoring visits are undertaken every six to eight weeks approximately. Unannounced visits to the centre are built into the monitoring officers visiting schedule. The inspector saw evidence that the monitoring officer met with the staff and the young person on each visit and read and signed the records held at the centre. There was evidence that the monitoring officer received a copy of all significant event reports and responded to all significant events either by email or telephone contact. The centre manager stated that the monitoring officer provided advice and support to the centre in relation to best practice. There was no written monitoring report completed prior to the first full inspection.

**3.3.2 Practices that met the required standard in some respect only**  
**None identified.**

**3.3.3 Practices that did not meet the required standard**  
**None identified.**

**3.3.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

**3.4 Children's Rights**

***Standard***

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorized person, on behalf of the Child and Family Agency to monitor statutory and non-statutory children's residential centres.

**3.4.1 Practices that met the required standard in full**

**Consultation**

The young people received information on their rights in the young people's handbook. Inspectors found evidence that young people's rights were valued and respected by the staff team.

Inspectors found that young people in placement were actively encouraged to exercise choice and participate in decision-making about their lives. Young people's views were sought about various aspects of daily living through house meetings and key-work sessions. This allowed for discussions around activities, daily living, care and school programmes where the young people were encouraged to participate and make positive choices and express views on the issues that affected them. House meetings are scheduled every three weeks before the team meeting. A record was held of the meetings and issues raised are discussed at the team meeting.

Day-to-day living arrangements respected the young people's dignity and privacy. The young person could make and receive telephone calls with an appropriate degree of privacy.

There was evidence that the key-workers and social workers represented young people's views at child-in-care reviews. There was evidence that the centre manager and key-workers were aware of their role as advocates for the young people at statutory reviews. The centre manager had made contact with the child in care advocacy group Empowering People in Care (EPIC) and one of their advocates visited the centre. Information on EPIC was available to the young people at the centre.

### **Access to Information**

The young people were provided with information on their right to access information. Inspectors advised that staff be more proactive in encouraging and supporting young people to access information held on their file and in their daily logs as appropriate to their age and level of understanding.

### **3.4.2 Practices that met the required standard in some respects only**

#### **Complaints**

Inspectors found that there was a written complaints procedure in place. The centre's complaints procedure was incorporated into the centres suite of updated draft policies and procedures. Inspectors found that the written complaints policy/procedure did not outline what constitutes a complaint, the purpose of a complaint's procedure, the stages that will be followed in addressing any complaint. The complaints procedure should also outline how the person making the complaint can appeal a decision if they are unhappy with the outcome of an investigation by the organization.

The inspectors were informed that the advisory group managed complaints that cannot be resolved through the normal channels. This information should be included in the organizations' complaints policy.

Information on the complaint's process was outlined in the young person's handbook. The procedure for making a complaint in this handbook should be consistent with the organizational policy.

There was evidence that the key-workers had informed young people of their right to make a complaint about any aspect of their care and the people to whom they could make a complaint. The centre had established a complaints register. There were no complaints on the register in relation to care practices, standards of care or the management of behaviours that challenge. The centre manager stated that to date no complaints had been made.

The Child and Family information complaints document for young people in care 'Speak Up, Speak Out' was available in the centre.

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

**None identified.**

### **3.4.4 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 II, Article 4, Consultation with Young People*.

#### **Required Action**

- The centre manager must ensure that the written complaints procedure in the updated draft policy document is more detailed to ensure it reflects the organizations agreed practice for managing complaints and best practice guidelines for managing complaints in children's residential care centres.
- The centre manager must ensure the procedure for making a complaint in the young person's handbook is consistent with the organizations complaint policy and procedure.

## 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.

### 3.5.1 Practices that met the required standard

#### **Suitable placement and admissions**

Inspectors found that the placements in the centre were suitable and appropriate and there was good attention to planning and preparation, in conjunction with other relevant professionals, prior to admission. The Inspectors advised that any new admission must be subject to careful placement mix assessment by the organizations placement team in conjunction with the social worker supervising the young person currently in placement and any future referring social work team.

The referral documentation and the pre-admission risk assessment were completed by placing social workers prior to admission. Referrals are considered by the organizations director, psychologist, programme coordinator and the centre manager.

Comprehensive documentation was provided to the centre prior to the admissions. All relevant parties were involved in the development of a transition plan for the young people. The team had the opportunity to draft their plan for caring for the young people prior to admission and develop their approach to support behaviours that challenge. Inspectors noted that there was very little early childhood history on file for a young person in placement at the time of the inspection. The social worker must provide this information for staff.

#### **Statutory care plan reviews**

The date identified for the statutory care plan review meeting was in compliance with the timeframes set out in the regulations. The social worker confirmed that statutory reviews for the young person in placement would be undertaken on a monthly basis in compliance with the *National Policy for the Placement of Children aged 12 years and under in Residential Care*.

Care planning reviews for a young person previously placed in the centre were conducted in accordance with the statutory regulations. There was evidence of consultation with young people prior to care plan review meetings and young people were invited to attend their meeting or have their views represented in writing. There was evidence that the staff were strong advocates for the young people in their communications with social workers and other professionals.

### **Contact with families**

The centre had appropriate residential facilities to accommodate families/significant others for overnight visits at centre. Inspectors found that the centre staff facilitated and supported family contact to ensure that the young people in placement to date had regular contact with family members and/or significant others. Inspectors advised that the contact arrangements for the young person currently in placement were reflected in the updated care plan. The significance of contact for a young person with a previous foster carer was supported by the centre staff and the social worker. Despite the distances involved the carer had regular scheduled contact with the young person in placement. There was evidence that communication was good between the foster carer and the centre staff. The foster carer had been informed that she could raise any concerns about the young persons' placement with the care staff or the centre manager.

### **Supervision & visiting of young people**

Visits to the young people in placement were in compliance with the statutory regulations. There was evidence of good communication between the social workers and the centre staff. A record of every visit to the young person by the supervising social worker is evidenced in the centre's care file together with details of any action taken as a result of the visit.

### **3.5.2 Practices that met the required standard in some respects only**

#### **Statutory Care Plans**

The statutory care plan on file for the young person in placement was not relevant to the current placement. This care plan had been developed 12 months prior to placement in the centre. The regulations require the Child and Family Agency to prepare a care plan before placing a child in a residential care centre. The social worker informed the inspectors that the care plan would be updated following the

statutory child in care review. A date for the statutory review had been identified and was due to be conducted the week after the inspection. The inspectors found that not all persons with a relevant interest in the care and welfare of the young people had been invited to attend statutory care plan reviews. The social worker should ensure that that all people with a relevant interest should be included in the care planning and review process, especially if they remain significantly involved in the young persons' care plan.

Placement plans were examined by the inspectors and were found to be comprehensive and detailed all relevant aspects of the young people's welfare and development. The plans detailed specific tasks to be undertaken to address the needs identified under specific areas. These plans were congruent with known information, the care plan and the behaviour and defined therapeutic responses. Key-working was consistent with the areas identified in the placement plan. There was evidence that the placement plans were reviewed with key-workers in the context of formal supervision, at monthly key-work meetings and at team meetings. The programme coordinator attended the staff meetings to support, guide and review the individual work and key-work undertaken with the young people.

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

**None identified.**

#### **Required Action**

- The social worker must prepare a relevant up-to date care plan and forward a copy of the care plan to the centre manager.
- The social worker must ensure that that all people with a relevant interest in the care and welfare of the young people should be included in the care planning and review process, especially if they remain significantly involved in the young persons' care plan.

#### **Social Work Role**

##### ***Standard***

Supervising social workers have clear professional & statutory obligations & 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.

### **3.5.1 Practices that met the required standard**



## **Social Work Role**

To date all young people placed in the centre had an allocated social worker on admission. The social workers visited the centre prior to making a recommendation to place the young people in the centre. The organizations programme coordinator and the identified key-worker met with the social workers prior to the admissions to outline the planned therapeutic programme of work. The social workers had a good understanding of the programme of work at the centre and were consulted in its development. The social workers confirmed they received weekly written progress reports from the centre and stated that there was regular communication with the centre manager through emails and telephone contact. The social workers had received copies of the young people's placement plans and absence management plans (AMPs).

The social workers allocated to the young people in placement were aware that they could raise any issue or concern about the young person's care with the centre manager if required. One social worker described the staff as professional in their approach, supportive of the young person at all times and always courteous and co-operative with external professionals. A review of the records showed that the social workers periodically signed off on the daily logs.

There was evidence on the centre records that the social workers for the young people in placement visited the centre regularly approximately every three to four weeks. The social workers had the opportunity to meet with the young person in private. The social workers told inspectors that they gave the young people an opportunity to discuss how they were getting on in their placement and enquired if they had any specific issues or concerns about their care. The social workers maintained a record of every visit to the centre and the outcome of these visits. A record of social work visits was held by the centre staff on the care file at the centre.

The social worker for the young person in placement stated that the team established good routines with the young person from the onset of the placement and the young person had responded well to this structure and had benefitted from this approach. The social workers interviewed stated that they were satisfied that the young people they supervised in placement at the centre were safe and well cared for.

## **Preparation for leaving care**

There was evidence on the key-work records that care staff undertook specific educative programmes with the young people to assist them to develop life skills.

### **3.5.2 Practices that met the required standard in some respects only**

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

The young people's records were found to be legible, organized and accessible. A secure individual care file was maintained for the young person at the centre. The centre recording systems were well structured and well maintained so as to ensure effective organization, placement planning and decision-making. Individual key-work was recorded on the files. There was a high standard of report writing across all the individual care records.

The centre manager had requested the social worker to provide a copy of the statutory care order and a record of the young person's immunization history however this information had not been forwarded to the centre at the time of the inspection. The social worker must provide these documents for the centre.

#### **Emotional & specialist support**

There was evidence that the staff team were attuned to the emotional needs of the young people and that the staff provided emotional support. The practice was nurturing and responsive to the young person's identified needs. Inspectors found that more robust specialist supports and clinical expertise was required to assist the team in the support and management of complex behaviour. The centre manager confirmed that a referral to specialist services had been made and they were awaiting an appointment. The staff team in conjunction with the organizations external consultants and the social worker must identify and secure the required specialist supports to address the young person's complex and specialized needs.

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

**None identified.**

### **3.5.4 Regulation Based Requirements**

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 23, Paragraphs 1&2, Care Plans*

*-Part IV, Article 23, paragraphs 3&4, Consultation Re: Care Plan*

The Child and Family Agency has met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) -Part IV, Article 24, Visitation by Authorised Persons***  
***-Part V, Article 25&26, Care Plan Reviews***  
***-Part IV, Article 22, Case Files.***

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***

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) 1996***  
***-Part III, Article 10, Health Care (Specialist service provision).***

### **Required Action**

- The social worker must provide the centre with a copy of the statutory care order and a record of immunization history.
- The social worker and the centre manager must ensure the young person has priority access to the required specialist supports and services.

### **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**

Inspectors found the standard of primary care was good. Inspectors found that the young people were cared for in a manner that took account of their wishes, preferences and individuality. Staff photographs were displayed in the hallway to help familiarize young people with the individual staff members. There was evidence that young people were encouraged to participate in a wide range of recreational

activities. Local amenities were used to engage young people in activities with staff and key-workers.

There was evidence that the young people received weekly pocket money and mobile phone credit was earned on completion of some household chores.

Inspectors found that individual work carried out by key-workers was carefully planned, well documented on the care file and specific to the individual needs of the young people. Key-work was regularly reviewed and evaluated. Inspectors found evidence of well-structured daily routines which included education, TV/Wi-Fi time and outdoor/indoor activities with staff..

Key-workers met on a monthly basis with the programme coordinator and the centre manager to review and evaluate the key-work undertaken to date and to plan further key-work. Minutes of key-worker meetings and action plans are on file in the staff office.

All activities and outings from the centre were subject to risk assessment.

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

The young people benefitted from a varied, home cooked and healthy menu that provided a balanced diet and took into account dietary needs as well as his preferences. The young people were involved with staff in weekly menu planning and the young person had assisted the staff in cooking one of his favourite meals on the day of the inspection. The inspectors joined the staff and young person for lunch and dinner and found that there was good social interaction around mealtimes. There was an expectation that the young people and staff sit and eat meals together on a daily basis.

### **Managing behavior**

A written policy in relation to the management of behaviour was in place. Boundaries in the home were clear and consistently applied by staff from the onset of the placement. Staff helped the young people understand the rationale behind the boundaries and expectations established. Staff were confident in using their own professional judgment and their relationship with the young person to support behaviours that challenge. Positive behaviour was praised and acknowledged. Staff occasionally employed consequences for inappropriate behaviour. Consequences sometimes involved young people participating in a specific piece of individual work

where there was a clear learning outcome. . Consequences were recorded in a separate book and monitored by the centre manager. The inspectors found that consequences employed by staff were reasonable and fair and were reviewed for effectiveness.

The staff team were trained in Therapeutic Crisis Intervention (TCI) and used this intervention model to de-escalate and support young people in crisis. The principles and practices of this crisis intervention model are reflected in the Individual Crisis Management Plans (ICMP's). The ICMP's on file were comprehensive and well-detailed and identified triggers, indicators of distress and associated management strategies. The ICMP is subject to regular review and new and emerging behaviour patterns are accounted for in updated plans. There was evidence that social workers were consulted in the development of the ICMPs.

### **Restraint**

Staff had up-to-date training in restraint interventions. The centre maintained a logbook where restraint and physical interventions are recorded. The centre manager monitors this logbook. There were no incidents to date where physical restraint holds were employed to manage behaviour.

### **Absence without authority**

There was evidence that the centre staff reported and managed absences from the centre in accordance with the HSE/Garda Síochána Protocol for Children Missing from Care. Staff were familiar with this protocol. An absence management plan was developed and in place and was signed by the social worker, the centre manager and the key-worker. At the time of the inspection there were no incidents of unauthorized absences from the centre occurring for the young person in placement.

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

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

The centre had a written policy on anti-discrimination practice. Inspectors advised that staff support, encourage and facilitate the young person to participate in activities with peers to help increase self confidence and social skills. It is important that the young person has the opportunity to socialize with peers given the single occupancy nature of the placement at this time.

There was evidence that the staff encouraged and supported the young people to attend religious services.

### **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 key-worker and staff team must support, encourage and facilitate the young person to participate in activities in the community in order to increase confidence and social skills.

## **3.7 Safeguarding and Child Protection**

### **Standard**

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

### **3.7.1 Practices that met the required standard**

#### **Safeguarding**

There was evidence of safety planning and information sharing in support of safeguarding of young people. The manager and staff demonstrated a good knowledge of risk associated with the provision of care. The care records demonstrated that individual risk assessments regarding individual care approaches and presenting 'at risk' behaviours were undertaken which provided an adequate assessment of risk and supported consistent implementation of individual plans.

The ICMP informed staff of appropriate responses to crises. Staff displayed an awareness of events or circumstances that might trigger 'high risk' behaviour. The centre staff placed a lot of emphasis on keeping the young people safe.

The inspectors found that the staff team had an awareness of safeguarding practices. Staff identified safe care practices when the young person was undertaking bedtime routines, personal care routines, one-to-one work and external activities. Safe care practices were reviewed at team meetings.

All outings were planned and risk assessed prior to the event. The centre had written guidelines on the nature of appropriate professional relationships between staff members and young people, including one-to-one contact and lone working.

The organization had developed a policy and procedures in place to risk assess staff vetting disclosures. This policy also requires staff to provide a written declaration at annual appraisals to confirm that no criminal convictions were recorded against them in the previous year.

There was evidence that staff reflected on their practice with their colleagues and had the ability to challenge poor practices and bring it to the attention of the centre manager. Child protection concerns and complaints were standing items on the agenda at each staff team meeting and at each advisory group meeting.

### **3.7.2 Practices that met the required standard in some respect only** **None identified.**

### **3.7.3 Practices that did not meet the required standard** **None identified.**

## **Child Protection**

### ***Standard***

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

### **3.7.1 Practices that met the required standard**

There were adequate measures in place to safeguard and protect the young people from abuse. The centre had a comprehensive written policy on safeguarding and child protection that was consistent with the National Guidelines for the Protection and Welfare of Children (2011). The inspectors advise that the policy should be signed by all staff members to indicate they have read and understood the policy. The centre manager was the identified designated liaison person and staff were familiar with the role of the designated liaison person for reporting abuse or neglect. The manager on

call was the deputy designated liaison person. Training in Children First: National Guidance for the Protection and Welfare of Children (2011) was provided by the organization in October 2014. There were two members of the team that required this training.

The Inspectors found that the manager and staff interviewed were clear about practice and procedures for reporting child protection concerns. Two child protection concerns had been reported to the Child and Family Agency and a record of the management and outcome of the investigation of these concerns was evident on file.

**3.7.2 Practices that met the required standard in some respect only**  
**None identified.**

**3.7.3 Practices that did not meet the required standard**  
**None identified.**

**3.8 Education**

***Standard***

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

**3.8.1 Practices that met the required standard in full.**

Attendance within the mainstream education system had been inconsistent for the young people placed in the centre. At the time of the inspection private tuition was provided for the young person. A private tutor provided educational support four days a week for two hours per day. Consistent support and encouragement from staff had assisted with attendance at tutoring however at the time of the inspection engagement in educational work continued to be a challenge. Psychological assessments relating to young peoples' ability and level of functions had been completed which assisted the staff and the tutor. At the time of the inspection the manager in consultation with the social worker was exploring school placements that would be appropriate to meet the specific educational needs of young people.

**3.8.2 Practices that met the required standard in some respect only**  
**None identified.**

**3.8.3 Practices that did not meet the required standard**  
**None identified**



### 3.9 Health

#### **Standard**

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

#### **3.9.1 Practices that met the required standard in full.**

The Inspectors were satisfied that this standard was met. Inspectors found evidence of medical assessments undertaken on admission and young people being registered with the organizations general practitioner. Arrangements were in place for the transfer of medical records and young people had their own individual medical card. There was evidence that appropriate information was shared between the centre staff and the general practitioner. Immunization history had been requested from the social worker.

The individual care records contained information on medical appointments, medical interventions and the outcome of the appointment. Written consent regarding medical treatment was evident on file.

A referral to specialist services had been made in respect to a young person in. The social worker and centre manager should ensure this referral is prioritized by the specialist service.

There was evidence within the placement plan that the key-worker will be undertaken health and sexual education programme in time. The young people do not smoke cigarettes.

#### **3.9.2 Practices that met the required standard in some respect only None identified.**

#### **3.9.3 Practices that did not meet the required standard None identified.**

#### **3.9.4 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 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services)*.

### **3.10 Premises and Safety**

#### **Standard**

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 & 13 of the Child Care Regulations, 1995.

#### **3.10.1 Practices that met the required standard**

##### **Accommodation**

Inspectors were satisfied that the accommodation was fit for purpose. The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The centre was clean and well maintained. The centre had adequate private and communal space. The young people had their own bedroom that had storage space for personal belongings. The director provided evidence that the centre is adequately insured against accidents and injuries to staff and young people.

The Inspectors recommend that the grounds around the house be further developed to facilitate the young people engaging in gardening projects.

##### **Maintenance and repairs**

Routine maintenance and repair work was carried out promptly and the centre manager maintained a log of all maintenance and repair requirements. The director monitored the premises periodically to ensure the maintenance of safety and standards. Inspectors recommend that the director evidence on the records when these visits are undertaken.

##### **Safety**

The centre had a named health and safety representative. The inspectors found that the centre had an up-to-date health and safety statement and there were effective ways of reporting health and safety hazards in place. Inspectors recommend that all

members of the staff team sign this statement. Emergency contact numbers were recorded on the safety statement.

The site-specific risk/hazard identification record evidenced that the house and its environs were risk assessed on a regular basis. Concerns identified during the audit are noted on the logbook. Inspectors found that issues identified were addressed promptly. The centre manager monitored this record. The team's health and safety representative completed quarterly health and safety reports and there was evidence that the team were informed about the findings of these reports. Daily checks on the centre's sharps box were evidenced on a logbook. All medicinal products were stored safely and securely in the staff office.

The vehicle used to transport the young people was roadworthy, legally insured and driven by persons who were properly licensed. Vehicle service records, insurance, car tax and NCT details were held on file. The central heating system was serviced prior to registration in November 2014.

First aid kits were placed in the car, utility room and staff room and were well stocked when examined by the Inspector. There was evidence that there were regular stock checks on the first aid kits. All accidents are recorded separately in a record book.

An audit of the food storage and food preparation areas was undertaken on 10<sup>th</sup> November 2014 and a written report on the findings of this audit was forwarded to the inspector. The recommendations outlined in this report were met at the time of the inspection. Staff monitored fridge and freezer temperatures.

## **Fire Safety**

A report from a suitably qualified engineer confirmed that the statutory requirements relating to fire safety and building control were complied with. A Fire Planning Certificate was issued from the local County Council in October 2014 and was granted with no conditions. The building had an appropriate fire detection and central alarm system and adequate exit availability in the event of a fire. Emergency lighting and self-closing fire doors were installed in the centre. Site-specific fire evacuation plans were displayed throughout the centre. Fire-fighting equipment was subject to annual maintenance checks and the maintenance certificates were held on the centre fire register. Regular fire drills had been undertaken and any concerns identified following the drill were recorded in the logbook. The young person admitted most recently to the centre had not yet participated in a fire drill however

staff had explained the fire evacuation process to them. There was evidence that fire risk assessments were undertaken on a monthly basis and identified guidance and concerns were noted on the fire assessment report. The team's fire safety representative completed regular fire safety reports and the team were notified about the findings of these reports. Staff completed the fire safety logbook on a nightly basis. Specific roles for staff members were outlined in the event of an emergency evacuation. The fire assembly point was identified outside the house and fire extinguishers and a fire blanket were located at identified fire points in the centre. The staff team undertook training in fire prevention and evacuation in February 2015. The Centre had an up-to-date statement on fire safety.

**3.10.2 Practices that met the required standard in some respect only**  
**None identified.**

**3.10.3 Practices that did not meet the required standard**  
**None identified.**

**3.10.4 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 8, Accommodation*  
*-Part III, Article 9, Access Arrangements (Privacy)*  
*-Part III, Article 15, Insurance*  
*-Part III, Article 14, Safety Precautions (Compliance with Health & Safety)*  
*-Part III, Article 13, Fire Precautions*

## 4. Action Plan

Standard	Issues Requiring Action	Response
3.1	<p>The centre manager must identify a date for review of the statement of purpose and function and the name of the persons responsible for the document review.</p> <p>The revised organizational policy and procedure document must be finalized and reviewed by the advisory group and approved by the director.</p>	<p>A review date and person responsible for the document review is now printed on the front cover of the statement of purpose and function.</p> <p>The director and advisory group are finalizing revised organizational policy and procedure document. This will be completed October 2015.</p>
3.2	<p>The centre manager must ensure that verbal checks are evidenced on all references.</p> <p>The centre manager must ensure that applicants provide references from relevant social care work placements in addition to their most recent employer where this employment is not within a social care environment.</p> <p>The director must ensure that a supervision contract is established between the centre manager and her supervisor.</p>	<p>Centre manager will ensure that verbal checks are evidenced on personnel files.</p> <p>Centre manager will request references from applicants from relevant social care work placements in addition to their most recent employer where this employment is not within a social care environment.</p> <p>A supervision contract is now in place between centre manager and supervisor.</p>
3.4	<p>The centre manager must ensure that the written complaints procedure in the updated draft policy document is more detailed to</p>	<p>Complaints policy and procedure is currently been reviewed and updated and will be completed by October 2015.</p>

	<p>ensure it reflects the organizations agreed practice for managing complaints and best practice guidelines for managing complaints in children's residential care centres.</p> <p>The centre manager must ensure the procedure for making a complaint in the young person's handbook is consistent with the organizations complaint policy and procedure.</p>	As above
<b>3.5</b>	<p>The social worker must prepare a relevant up-to date care plan and forward a copy of the care plan to the centre manager.</p> <p>The social worker must ensure that that all people with a relevant interest in the care and welfare of the young people should be included in the care planning and review process, especially if they remain significantly involved in the young persons' care plan.</p>	<p>An up to date care plan was completed in June 2015 and has been forwarded to the centre manager.</p> <p>Foster carers are given regular updates in relation to the young person's progress and work in partnership with the social work department in relation to the young persons' care.</p>
	<p>The social worker must provide the centre with a copy of the statutory care order and a record of immunization history.</p> <p>The social worker and the centre manager must ensure the young person has priority access to the required specialist supports and services.</p>	<p>The social worker has liaised with solicitors to secure a copy care order and is awaiting same. A copy of immunization history will be given to the centre on the 19<sup>th</sup> of August 2015 when the social worker will visit the centre.</p> <p>The young person has been linked with specialist psychological and occupational therapy services. The social worker will also be prioritizing young person for a NEPS Assessment to ensure that he gets all the required supports in school. The social worker will liaise with the Senior Educational Officer in the area in this regard.</p>
<b>3.6</b>	The key-worker and staff team must	Centre Manager and care workers are continuously

	<p>support, encourage and facilitate the young person to participate in activities in the community in order to increase confidence and social skills.</p> <p>The centre manager in consultation with the social worker must make arrangements for the young person to make his Confirmation.</p>	<p>promoting and sourcing new and community based activities for the young person.</p> <p>The centre manager has consulted with the social worker who is arranging for young person to make their confirmation.</p>
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