



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 057

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Gateway Children's Services
Registered Capacity:	Two young people
Type of Inspection:	Announced themed inspection
Date of inspection:	27th and 28th June 2022
Registration Status:	Registered from 19th August 2022 to 19th August 2025
Inspection Team:	Janice Ryan Ruth Coakley
Date Report Issued:	3rd August 2022

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

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

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration November 2014. At the time of this inspection the centre was in its third registration and was in year three of the cycle. The centre was registered from 19th August 2019 to the 19th August 2022 without attached conditions.

The centre was registered as a multi-occupancy centre and could accommodate two young people of both genders from age thirteen to seventeen on admission. The purpose of the placement was to provide medium-term care within a therapeutic environment for the children. The centre aimed to provide high quality care for children / young people in a safe, comfortable environment. The centre ethos is that all children and young people should have the opportunity to grow up in a loving safe environment where the values of respect, honesty, consultation, and individuality are promoted and where each individual strength is acknowledged and fostered. The approach to working with the children was informed by attachment and resilience theories with the over-arching approach based on positive behaviour support. The attachment-based approach was supported and guided by an external specialist in the area of attachment disorders. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment and belonging. There was one young person living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care	3.2 and 3.3
6: Responsive Workforce	6.1 and 6.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. Where required they conducted interviews with the relevant persons including senior management and staff, the allocated social workers, and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to

determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff, and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

At the time of this inspection the centre was registered from the 19th August 2019 to the 19th August 2022. A draft report was issued to the centre manager, senior management and the relevant social work departments on the 11th of July 2022.

The registered provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The centre manager returned the report with a completed action plan (CAPA) on the 14th July 2022. The CAPA was deemed by Inspectors to be satisfactory. The suitability and approval of the CAPA based action plan was used to inform the continued registration decision for this service. While this inspection found that the centre did not meet the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: *Staffing*, evidence was subsequently submitted by the service to show that they were now in compliance.

The findings of this report and assessment by the inspection service deem the centre to be continuing to operate in adherence to the regulatory frameworks and standards in line with its registration. As such it is the decision of Tusla, Child and Family Agency to continue to register this centre, ID 057 without attached conditions from the 19th August 2022 to the 19th August 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16: Notification of Significant Events

Theme 3: Safe Care

Standard 3.2: Each child experiences care and support that promotes positive behaviour.

Inspectors found that a positive approach to the management of behaviour that challenged was promoted in the centre. The inspectors found the policy on behaviour management was discussed as part of a recent team meeting and was incorporated into the centre's statement of purpose and function. However, on review of the statement of purpose and function the inspectors found that this document was not up-to-date and was written in relation to the provision of care for previous residents of the centre. This document must be reviewed by senior managers.

As part of the centre's behaviour management practices, staff were trained in a recognised model of behaviour management. The centre's statement of purpose and function outlines that all staff will be trained in physical intervention, and this will be used as a last resort. Inspectors found from a review of training records that all but one staff member had completed physical intervention training. This staff member was scheduled to complete same in July. To date the centre had not engaged in any physical intervention.

The inspectors found that a young person was admitted to the service on a respite agreement on the 20th April 2022 and then was fully admitted to centre on the 10th May. On review of records inspectors found that there was no individual support plan, placement plan and absence management plans in place at the time of admitting the young person. This was not in keeping with the centres statement of purpose and function and the centres behaviour management and practice policy.

The centre had a new and inexperienced team in place and the inspectors found that documents required to support the day-to-day management of behaviour and placement goals in the centre (as noted above), were not in place for approximately seven weeks following admission of this young person. The centre was working from a previous care plan and the social care manager confirmed that a care plan meeting had taken place at the end of May 2022, and they were awaiting an up-to-date care plan. The inspectors found that they had not in the absence of a statutory care plan

devised a placement plan that would be used to plan for and outline the goals of the placement. As such, the centre was operating for a seven-week period outside of its own behaviour management and practice policy and were responding to behaviours based on previous placement documents.

The inspectors examined the young person's placement plan, individual absence management plan and individual support plan and found that they were not robust enough and had not been reviewed in line with young person's recent and challenging behaviours and the centre's policy. The social care manager confirmed that these plans were reviewed every three months or monthly where required. However, the inspectors noted that given the nine significant events which had taken place in the six weeks prior to this inspection, combined with the nature of the challenging and risk-taking behaviours, that the review of these should have been more frequent as a response to significant incidents. Inspectors also found that information contained within these plans was not up-to-date and did not contain all associated risks for the young person and did not reference previous behaviours noted as part of the young person's previous care plan. The inspectors found that there was not a clear understanding of risk in relation to this young person and plans were not reflective of concerning behaviours.

Inspectors spoke to the allocated social worker of the young person in placement, and they stated that they were satisfied with the management of the behaviour and the care of the young person. The social worker had oversight of the case and the current issues of concerns. They acknowledged the difficulties and challenges in managing this young person. Inspectors found that the verbal safety plan communicated to them was not robust to manage the risks identified. Inspectors were also concerned about the inexperience of the staff team and their ability to manage the ongoing challenging and high-risk behaviours for this young person. During the inspection, the inspectors asked for assurances from the assigned social worker and centre manager with regards to a specific plan however, these were not received.

Staff and management in interview had a clear understanding of young people's behaviours. However, staff were not clear on identifying what constitutes a child protection concern and how to report these in line with Children's First, National Guidance for the Protection and Welfare of Children, 2017. Inspectors found that individual risk assessments and safety plans put in place were not sufficient or robust enough to respond effectively to presenting behaviours. As such they failed to support the staff team in managing escalating behaviours.

Inspectors observed that senior and centre managers were frequently called upon to support staff with the management of challenging behaviours. This required managers to attend the centre during or following incidents and this is not sustainable practice given the nature and frequency of challenging behaviours.

The inspectors reviewed the centre's behaviour management and practice policy which included information and examples of what constitutes a restrictive practice. The centre had a register for the recording of restrictive practice. The inspectors found that items listed could reasonably be viewed as safety planning for the young person. The inspectors found it difficult to find the associated review or monitoring of these entries with records not updated or dates not included. This was not in line with centre policy. The application and monitoring of restrictive practices in the centre should be reviewed by senior managers.

The centre had a handwritten sanction log in place. The inspectors reviewed this log and found that there were three entries recorded since April 2022. The inspectors found that the sanctions were proportionate to the age and behaviour for this young person.

Inspectors found evidence of ongoing communication with the young person's parent and that they were updated on regular basis. Further, inspectors noted that this young person was supported to understand and manage their behaviour through one-to-one work following incidents and through key working sessions.

Standard 3.3: Incidents are effectively identified, managed, and reviewed in a timely manner and outcomes inform future practice.

There were appropriate policies and procedures in place in the centre for the notification, management, and review of incidents.

All significant events were reviewed at the significant review panel as part of the management meetings. These meetings consisted of the director of services, senior management, quality assurance manager, psychologist, TCI trainer and all centre managers. Each social care manager completed a monthly SEN review template prior to this meeting for discussion. The inspectors found that there was ongoing learning and review of incidents and feedback, and discussion was evident among the team. Improvement was required in relation to the documenting of feedback/learning from the significant review panel meetings at the centre's team meeting to be in line with the centre's incident and SEN management policy.

The inspectors reviewed nine significant events and found that these were recorded and reported to the national SEN team in Children Residential Services (CRS). The SEN register contained nine entries since April 2022 and the child protection and welfare register had no entries documented. Significant events reviewed noted that all individual crisis management plans would be updated however, the inspectors found that this had not been completed. On further examination of these events, they found that some significant events that met the threshold for reporting as child protection and welfare concerns had not been notified in line with Children First, 2017 or on the Tusla Portal. In interview, with the social care manager and staff, the inspectors were not satisfied that staff and management had a clear understanding of what constitutes a child protection concern and the mandatory responsibilities for reporting of same. In interview, with the assigned social worker, they also advised that they would be speaking to the centre that day in relation to concerns that were required to be reported. The assigned social worker confirmed that they did report significant events as child protection concerns where required.

Further, inspectors noted that incidents that met the threshold for reporting as child protection concerns had been reviewed at the organisation's SERG. However, no person on this group identified the need to report these through Tusla's child protection portal. This is of particular concern to inspectors given the level of risk this young person was placing themselves at. An audit completed by the centre manager and quality assurance manager on the 10th May also stated that there had been no child protection concerns for the centre and this was signed off by the Director of Services.

The inspectors also found that there had been two serious significant events in which staff members had been assaulted. However, they did not find any formal debrief or critical incident reviews for these. The inspectors reviewed another incident on the 04th June for this young person and were highly concerned about the content of this incident. The social worker confirmed that they were also concerned, and they were in the process of liaising with legal services in relation to this incident. The inspectors recommend that this incident is comprehensively reviewed with all professionals and family whilst ensuring the rights of the child is of paramount. The inspectors request that feedback from this review is provided to the ACIMS team as matter of urgency and that this incident is reported in line with Children's First, 2017.

The identification, management and review of incidents in this centre must be reviewed by senior managers.

Compliance with regulations	
Regulation met	Regulation 16
Regulation not met	None

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.2 and 3.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The register provider and centre manager must ensure that all mandatory training is up to date for all staff members.
- The registered provider and centre manager must ensure that all significant events and associated behaviour support plans are updated in line with behaviours.
- The registered provider and centre manager must provide training on Children's First 2017.
- The registered provider must ensure that learning from one serious incident review is used to inform the development of best practice and appropriate actions are taken to improve service provision and manage risk.
- The registered provider and centre manager must ensure that the incident and SEN management policy is reviewed and aligned to Children First, 2017.
- The centre manager must ensure that increased staffing levels are introduced to provide safety and stabilisation to the behaviours of young people.
- The centre manager must complete a review of all significant events for one young person and ensure that child protection and welfare concerns are reported in line with Children First, 2017.

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe, and effective care and support.

Staff recruitment and retention was the responsibility of the registered provider/director of services in the organisation. Inspectors found that the service had a policy for staff recruitment and retention. The inspectors found on review of the retention policy that new staff commencing employment were to be provided with a mentor and mandatory training was to be completed prior to commencing employment. On examination of training records, they found that training was not in line with the above policy. Inspectors also found in interview with staff that they were unaware of whether a formal mentoring programme was in place in the service. The inspectors found that team meetings discussed the training needs of staff and also the updating and review of policies and procedures in the centre.

Work force planning for the centre was reviewed at a range of meeting forums which involved discussion on staffing, recruitment, and retention. The inspectors reviewed two management meetings held and found these were well attended and took into account the needs of the organisation. Clear discussions and agreed actions were recorded. The organisation had appointed a new recruitment officer to work exclusively in advertising for new staff and working with recruitment agencies to increase staff numbers. Inspectors found that the staff had raised issues at the team meetings which were also raised in the management meetings outlining why staff were potentially leaving the service. The inspectors recommend the organisation to review their retention plan based on this information.

This centre was registered to provide care to two young people. At the time of inspection there was one young person living in the centre. The roster pattern in place was two overnights. Inspectors were provided with a staff information sheet listing the complement of social care staff allocated to the centre. At the time of inspection, the centre had a staff complement of one centre manager, one deputy manager, one social care leader and five social care workers and one relief worker. The minimum requirement for registration is eight full-time whole-time staff. This was not in keeping with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing. Throughout the inspection the social care manager confirmed that there was one additional staff who was commencing employment that week and another relief staff member had just started.

As part of this inspection, inspectors completed a review of final rosters, handover documentation, daily logs, and time returns between the period of April 2022 to June 2022. The inspectors found that the centre did not have a sign in book and were reliant on the roster and time returns to show what staff were present in the centre.

On review of the young person's records and daily handovers it was unclear at times who was on shift due to the inconsistencies among staff in how the daily records were written. For example, some records stated "staff on shift" whilst others noted the staff members initials. Inspectors also found that management were completing shifts in the centre, and this was not always recorded on the centre records. These records are a safeguarding mechanism in the centre and an immediate review of recording is required.

On review of all records the inspectors found that rostering practices were not in line with best practice. The inspectors evidenced that on 5 occasions staff members completed back-to-back shifts and on one occasion one staff member worked in the centre completing 69 hours over a three-day period of which none had been risk assessed. The inspectors observed that the centre manager and deputy centre manager were working shifts in the service outside of their current position. They found that the social care manager had completed two sleepover shifts and the deputy centre manager had completed eighteen shifts in the centre over a two-month period and a senior manager in the organisation had also completed shifts. The inspectors found that at times the management were unable to fulfil their management function in the centre as they were required to support the roster in the centre. Inspectors found that the staffing deficits for the service were clearly evident and was not in keeping with best practice and safe care for the young person in the service.

The centre had dedicated one relief staff to cover annual or other types of leave and to fill the gaps in the roster. The inspectors found this relief staff member completed one shift per week on a designated day in the centre. The social care manager confirmed that an additional relief staff member had been appointed to the service and was due to start in the coming weeks.

There was a formalised procedure for on-call arrangements at evenings and weekends. Staff and management in interview were clear of this arrangement. The inspectors found that the on-call policy was confusing and would benefit from review to be in line with best practice. The centre had an on-call roster in place for the year however, they did not have a formal record to include on call advice given to services. Improvement was required in this regard.

The inspectors found that there were not enough full-time staff to fulfil the roster pattern in place and provide safe care to the young people living in the centre given the inexperience of the team and challenging presenting needs of one young

person. This was not in keeping with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing.

Standard 6.2 The registered provider recruits' people with required competencies to manage and deliver child – centred, safe, and effective care and support.

The inspectors sampled personnel files for eight staff members including centre management. The inspectors found that some files did not contain an up-to-date contract and copy of qualifications. An audit had taken place on the 18th May in relation to personnel files however, the inspectors found that this audit did not include whether a contract was held on file or not.

The centre had a full-time centre manager in place, who was working in the organisation for a period of five year. The inspectors found that they were appropriately qualified with relevant experience however, they found that there was no updated contract in place for this position.

The centre had one allocated social care leader in place which was appropriately qualified however, on review of their curriculum vitae they found that their experience previously was in an adult setting and not in a social care capacity with children. The inspectors found that this did not meet the requirements of ACIMS Memo on staffing and numbers issued to all providers on the 28th April 2022.

Information submitted as part of this inspection stated that staff were qualified with relevant degrees. However, the inspectors found that three of these staff were only in the process of completing year four and had not received their college qualifications but had received their results which confirmed they had passed their course.

On review of the personnel files for eight full time staff the inspectors found that the staff team were newly qualified and newly formed and had limited experience of working with children with challenging and complex behaviours. Inspectors found that the centre did not have sufficient numbers of staff with the necessary experience and competencies to meet the challenging needs of the young person living in the centre at all times.

Compliance with regulations	
Regulation met	Regulation 6 Regulation 5
Regulation not met	Regulation 7

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.1 and 6.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider and centre manager must ensure that the practice of back-to-back sleepover shifts ceases immediately.
- The registered provider and centre manager must ensure that a roster is developed to support the needs and care of young people in the service.
- The registered proprietor and centre manager must ensure that the names of what staff are in the centre is recorded correctly on centre records at all times.
- The registered proprietor and centre manager must review all personnel files and ensure all documentation is complete.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The register provider and centre manager must ensure that all mandatory training is up to date for all staff members.</p> <p>The registered provider and centre manager must ensure that all significant events and associated behaviour support plans are updated in line with behaviours.</p>	<p>The centre manager and training officer will complete a review of mandatory staff training in the centre and ensure that all mandatory training is up to date for all staff members. Quarter 3, 2022.</p> <p>The centre manager will ensure that all of the staff team are clear that behaviour support plans are updated in response to the young person's presenting behaviours as well as regularly reviewed at team meetings. This has been added to the agenda for the centre's next team meeting on the 13th July 2022.</p>	<p>The organisation's training officer maintains a list staff attendance at trainings as well as when specific trainings are due for refresher, this is communicated to the centre manager who elects relevant staff to complete trainings.</p> <p>Staff training records are also reviewed as part of the centre's quarterly audits completed by the Quality assurance co-ordinator.</p> <p>All SEN's completed include section for details on whether the ICSP requires updating as a result of SEN, centre manager will ensure that this is updated prior to finalising the document.</p> <p>All SEN's throughout the organisation are reviewed by senior management.</p> <p>Young person's behaviour support plans will be reviewed as part of the centre's quarterly</p>

	<p>The registered provider and centre manager must provide training on Children's First 2017.</p>	<p>An organisational training program in relation to child safeguarding has been completed and is currently being reviewed by Tusla local Children's first officer to ensure that this is in line with Children's First 2017. This will be provided to all staff by Quarter 4 of 2022. All staff have been notified of the requirement to complete Tusla Children's first and mandatory person's training in the interim, to be completed by August 2022.</p>	<p>audits.</p> <p>This training will be mandatory of all staff. Attendance at this training will be monitored by the organisation's training officer and centre manager. This training will be provided to new staff as part of the initial induction/training, prior to commencing their roles.</p>
	<p>The registered provider must ensure that learning from one serious incident review is used to inform the development of best practice and appropriate actions are taken to improve service provision and manage risk.</p>	<p>The serious incident review process continues to develop as part of the senior management monthly meetings. The senior service manager will ensure that learning from these reviews is used to promote best practice and inform risk management processes more effectively going forward. This will be discussed at the next senior management meeting on the 18th July 2022.</p>	<p>Terms of reference for these review meetings have been developed and provided to all participants to ensure clarity. Minutes from these meetings will be reviewed as part of the centre's quarterly audits.</p>

	<p>The registered provider and centre manager must ensure that the incident and SEN management policy is reviewed and aligned to Children First, 2017.</p>	<p>The director of operations will ensure that this policy is reviewed and updated to align with Children's first national guidance 2017. To be completed Quarter 3 2022.</p>	<p>Policy and procedure development document has been devised and implemented in May 2022, this sets out schedule for review of relevant policies and outlines person(s) responsible. Senior management will keep up to date with all relevant legislation.</p>
	<p>The centre manager must ensure that increased staffing levels are introduced to provide safety and stabilisation to the behaviours of young people.</p>	<p>The centre manager and senior service manager have identified two additional staff members with relevant experience to join the team. These individuals are currently completing the recruitment/induction process. To be completed by 02nd August 2022.</p>	<p>Centre staffing will be reviewed as part of the centre managers supervision and monthly as part of senior management meetings. This will also be reviewed as part of the centre's quarterly audits.</p>
	<p>The centre manager must complete a review of all significant events for one young person and ensure that child protection and welfare concerns are reported in line with Children First, 2017</p>	<p>The director of operations completed a review of all of the centre's SEN's, in consultation with the centre manager and senior service manager, on the 6th July 2022. A further four SEN's have been submitted to Tusla as child protection and welfare concerns in line with Children's First 2017.</p>	<p>All staff and management will complete organisational child safeguarding training by Quarter 4, 2022. Senior management review all SEN's throughout the organisation. Senior service manager will consult with centre manager to ensure that all relevant concerns are submitted to Tusla. This information will be</p>

			reviewed as part of the centre's quarterly audits.
6	<p>The registered provider and centre manager must ensure that the practice of back-to-back sleepover shifts ceases immediately.</p> <p>The registered provider and centre manager must ensure that a roster is developed to support the needs and care of young people in the service.</p> <p>The registered proprietor and centre manager must ensure that the names of what staff are in the centre is recorded correctly on centre records at all times.</p>	<p>These incidences were ceased in July 2022, staff have been informed that this will not be acceptable going forward.</p> <p>Senior management and the centre manager will review the roster going forward to ensure that it is informed by the needs of the young people in placement and provides adequate support, commencing July 2022.</p> <p>The centre manager and senior service manager will regularly review the records to ensure that all staffing information is accurate in the centre. Commenced July 2022.</p>	<p>Staff hours and rotas are reviewed by senior management and the financial controller fortnightly, any anomalies will be addressed with the centre manager.</p> <p>The organisation has employed an organisational recruitment specialist in order to ensure adequate staffing levels in the centre at all times.</p> <p>Centre staffing and rosters are reviewed monthly as part of the senior management meetings, as well as during the centre manager's monthly supervision, so that supports required can be discussed and implemented effectively.</p> <p>This information will be reviewed as part of the centre's quarterly audits.</p>

	<p>The registered proprietor and centre manager must review all personnel files and ensure all documentation is complete.</p>	<p>The centre manager will review staff files, in consultation with the senior administrator, to ensure all documentation is completed. Any outstanding documentation will be secured by Quarter 3 2022.</p>	<p>The senior administrator is responsible for the completion of staff files throughout the recruitment & induction process, these files are then released to centre managers once complete.</p> <p>The senior administrator will complete a review of centre staff files annually.</p> <p>This information will also be reviewed as part of the centre's quarterly audits.</p>
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