



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: o86

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Streetline CLG
Registered Capacity:	Three young people
Type of Inspection:	Announced
Date of inspection:	13th, 14th & 16th December 2021
Registration Status:	Registered from 31st of May 2020 to 31st of May 2023
Inspection Team:	Catherine Hanly Eileen Woods
Date Report Issued:	15th March 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 on the 31st of May 2002. At the time of this inspection the centre was in its seventh registration and was in year two of the cycle. The centre was registered without attached conditions from the 31st of May 2020 to the 31st of May 2023.

The centre, which is operated by a voluntary body, was registered historically to provide medium to long term care for four young males ages 14 to 17. The centre management and board agreed with Tusla in March 2020 to provide emergency accommodation in a temporary change to their purpose and function for the period of the pandemic response. The centre's revised temporary purpose and function commenced on the 01st of April 2020 and referrals for up to three young people, including sibling groups, aged 12 to 17 were accepted through the Tusla national out of hours service. In August 2021, Tusla formally requested that the centre revert to its previous purpose and function in order to provide medium to long term placements for two young people that had been admitted to the centre in December 2020 and February 2021 under the temporary purpose and function. At the time of this inspection, both stated young people were resident at the centre, and it was accepted, since April 2021, by the Tusla referrals committee that no further young person would be placed in the centre at this time. The approach to care was set out in guiding principles of supporting young people towards safety and stability through relationships with a staff team who are trained to understand developmental deficits, trauma and attachment difficulties.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1 and 3.2 only

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. 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

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 12th of January 2022. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 25th of January however this was not deemed to be entirely satisfactory and there were factual inaccuracies that needed to be discussed further. A meeting was convened on February the 8th between the lead inspector, the centre manager and the governance manager to discuss the CAPA submitted. Following this meeting, centre manager was provided with a further timeframe within which to return the completed CAPA. The inspection service was satisfied with the CAPA submitted and, in addition to being provided with new policy documents, requested that evidence of the issues being addressed be provided following the dates indicated in the CAPA.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 086 without attached conditions from the 31st of May 2020 to the 31st of May 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had reviewed the child safeguarding and protection policy in November 2021 and it followed the policies outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and relevant legislation including the Children First Act 2015. Inspectors found that although staff interviewed were aware of the recent review of the policy document, they could not speak to specific changes/amendments that had occurred in the recent review process. Centre staff members in interview gave a poor demonstration of their knowledge of guiding policies and procedures that were in place to safeguard and protect young people from all forms of abuse. Action to improve the working knowledge of the staff team must be taken. Inspectors were provided with the staff training record which included child protection training completed by the management and staff team. Inspectors were informed that the expectation was that all staff would complete the three E-learning online modules related to Children First - An Introduction to Children First, Children First in Action, and Implementing Children First – available through the HSE website. However, the specific breakdown of each of these modules was not included in the training record provided. Inspectors were informed that these records were held on individual personnel files. The record viewed by inspectors did not have training dates included for four of the fulltime management and staff team and all the relief staff members. Some of these modules are required to be refreshed within a two-year period. In order to ensure that training is complete and updated, the centre must maintain a complete easily accessible record, including modules and dates for all staff so that the manager can determine and attend to training needs on an ongoing basis. The centre manager must confirm with inspectors that each of these training modules have been completed by all staff in the centre and if not, then a plan of action to complete the training must be submitted.

The centre had a Child Safeguarding Statement (CSS) that had been recently updated to reflect the formal change back to a medium to long term purpose and function. This had not been forwarded to the Tusla Child Safeguarding Statement Compliance Unit (TCSSCU) for review and approval due to what the centre manager described as ‘merger discussions’ that had been ongoing since January 2020. Nevertheless, this CSS should be forwarded to the TCSSCU for review. Staff were not familiar in

interview with the content of this statement. In response to the draft report, the manager stated that this was as a result of the CSS having just been updated. If this is the case, then updates should be brought to staff attention with immediate effect whilst awaiting opportunity for discussion at team meeting.

The centre also maintained a list of mandated persons for the purpose of reporting a child protection concern in accordance with their statutory obligation. At the time of this centre's inspection in May 2019, a distinction was made between mandated and non-mandated staff and their respective responsibilities. That distinction ceased and at the time of this inspection, all staff were deemed mandated persons. Centre management must ensure that all staff are appropriately informed and aware of their mandated responsibilities. A training/information piece must be delivered to the staff team on the CSS and the responsibilities of a mandated person.

There were two young people residing at the centre at the time of this inspection, both of whom had been resident for over ten months. Both young people had been the victim of a serious assault outside of the centre and each of these incidents had been reported promptly to the Gardaí, notified to social workers and parents and reported appropriately as a child protection and welfare report through the Tusla online portal. Neither matter had been concluded at the time of this inspection although both were actively being processed. Inspectors found the individual records pertaining to these separate incidents difficult to track. There were two records of the same incident, each with the same coding number in one young person's file. The individual records did not correspond exactly with the content of the centre's child protection register which had minimal detail. The centre manager must review all records relating to these incidents and ensure that the records are clear and facilitate ease of tracking. Inspectors found that the plan of action outlined for one of these incidents referred to action that had already been taken, for example reporting to Gardaí, as opposed to intended future action that would aim to minimise the impact of the abuse on the young person; support their acquisition of self-protection skills; and/or support them in processing the event.

Inspectors found evidence of robust, consistent and productive interdisciplinary working with external professionals and families. The centre adopted a partnership approach sharing the responsibilities of care in a planned and coordinated way to maximise the wellbeing of young people. Whilst staff were aware of the serious incidents that occurred and were able to describe some practices in place that in a general way contributed to the creation of a safe place for young people; in interview they demonstrated little awareness of the potential impact of the specific events

named above on each young person. Nor did staff speak to the implications of these events in informing practice at the centre as it related to safeguarding young people. Both social workers confirmed a collaborative approach to safeguarding young people at the centre and confirmed that verbal discussions about safety planning were a frequent occurrence. Both social workers acknowledged that there could be a gap in recording any safety plans arising out of these conversations but were each confident in the centre's efforts to make safety plans for young people. Staff did not demonstrate in interview, nor was it consistently reflected in records, a clear understanding of the known vulnerabilities of the young people and how, in response to these, risk assessments and safety plans were actively integrated within practice at the centre. Although the templates and system were in place, and both social workers shared the view that staff were aware of the individual vulnerabilities of young people, the documentation of this in safety plans and live risk assessments was lacking. There is significant improvement required in relation to staff understanding safeguarding policies and procedures. Work to address this should include a specific training piece for the staff team inclusive of guiding policy, understanding their respective responsibilities as social care workers, and good and effective recording of risks and associated safety planning documents. Staff also need to work in a proactive way to support young people to understand their individual vulnerabilities and what skills and measures they can learn and implement to protect themselves.

The centre's policy on child safeguarding and protection included a policy on bullying and harassment. There was a clear procedure for staff to follow in the event of bullying behaviour presenting amongst young people. There had not been any recent incidence of bullying behaviour at the centre.

Inspectors were informed that the centre did not have its own policy on protected disclosures, rather should a situation present whereby staff needed to report a concern, they would be directed to the Tusla policy on protected disclosures. The manager and staff were not aware of this policy or practice in interview. This is inadequate, the centre must devise their own internal policy on protected disclosures. Although the service is funded by Tusla, they are a separate entity and as such must have policies that guide practice, including the identification of reporting routes for staff in the event of concern being reported.

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

This centre had experienced a change in its stated purpose and function since its last inspection in October 2020. In that time, it had changed from providing crisis intervention service on a short-term basis to providing medium to long term care specifically to cater for the two young people that were resident at the time of this inspection. The centre manager and staff interviewed consistently described an individualised approach to working with young people that was informed by several theories. The staff team worked from a trauma-informed perspective utilising aspects of polyvagal, person-centred, psychodynamic and attachment theories. The team was being guided and supported in their work by the leadership, mentoring and in-depth knowledge of the centre manager. Training in aspects of polyvagal theory had been delivered online to the team during 2021. There was a stated and evident emphasis on creating and maintaining a positive working relationship with each young person in order to realise the centre's model of care and support the young person's individual journey during their time in the centre. A positive approach to the management of behaviour that challenges was in evidence across records and interviews with some guiding information available to the staff team. Both social workers were praising of the centre and staff team's efforts in engaging the young people, attempting and achieving to meet their respective complex needs, and maintaining them in their placement. It was noted to be each of the young person's longest placement in care to date and both social workers stated that the young people were happy in this placement.

Inspectors found a significant reliance on verbal shared information to inform practice in the centre. Although there was a framework in place to support the staff team in identifying, responding to and managing behaviour that challenges, the individual aspects of this system were not evidenced as being frequently used with effect. Inspectors did not find that safety plans, risk assessments and crisis support plans were used with frequency or informed daily practice. Staff in interview did not refer to these aspects of the behaviour management framework though they did reference the utilisation of giving young people space and time away as an effective intervention. In interview the manager and staff members demonstrated their understanding of mental health issues and their impact on the young people as well as providing positive behavioural support to young people. Both young people had access to and were engaged to varying degrees with external clinicians and there were frequent multi-disciplinary meeting forums so that the work was collaborative. There was evidence of collaborative work with parents, families, schools and clinicians to

drive positive outcomes for young people. As previously stated, both social workers confirmed this collaborative approach and particularly commended the centre the engagement of the staff team with the families of each young person.

The centre emphasises relationships and healing by providing connections and learning self-regulation as a process where change can be seen over time and positive outcomes are often judged on the quality of improved relationships. However, inspectors found that there was less written evidence of approaches and techniques that were understood and proven to be effective in responding to behaviour that challenged and to assist the young people in understanding their own behaviours, its possible impact and consequences. There had been no formal audit or monitoring of the centre's stated approach to managing behaviour that challenges. In fact, inspectors found that previous commitments made by centre management to the realisation of broad centre auditing mechanisms indicated in two previous inspections of this centre had not been realised. Centre management must now devise and realise a plan for auditing mechanisms that includes one specifically focused on the approach to the management of behaviour that challenges.

Although strong relationships were emphasised and evident, there was limited documented evidence of proactive work having been completed with young people, aside from opportunity-led conversations in the main, to support them to gain an insight/understanding into their own behaviours that challenged. Having said this, one young person had experienced a significant period of crisis in their placement which presented as harmful behaviours and aggression. Through the sustaining of relationships, the manager and staff team were able to support them through a period of drug rehabilitation with psychiatry as the clinical lead.

There were additionally, some references in records and interviews to a model of responding to and intervening with crisis behaviours. However, the tools that formed part of this model that were on file didn't reflect the most recent version of this model, and they didn't make a statement about the use of physical interventions which was required, although this was stated elsewhere in the centre's model of care statement. Inspectors also found that the records were very limited in their content to provide staff with actual concrete interventions that could be utilised to manage challenging behaviour that presented.

Where it was acknowledged and stated that a young person had poor or unproductive relationships with staff, there was an absence of interventions/management techniques identified, other than non-directive working to overcome the difficulties and enable the young person to learn the skills necessary to engage positively and productively despite perceived differences.

Inspectors did not find evidence of any restrictive procedures in place at the time of this inspection however staff could not clearly describe what constituted a restrictive practice. Inspectors were informed that the centre's model of care document included reference to a model of crisis behaviour management and within this noted that physical interventions were not utilised. However, there was no separate policy or guidance document on the use of restrictive procedures separate to the use of physical intervention. Centre management must devise such a document so that in the event of a restrictive practice having to be implemented, there is guidance available for the staff team.

Compliance with Regulation	
Regulation met /not met	Regulation 16

Compliance with standards	
Practices met the required standard	None identified. Not all standards examined.
Practices met the required standard in some respects only	Standard 3.1 Standard 3.2
Practices did not meet the required standard	None identified. Not all standards examined.

Actions required

- Centre management must take corrective action to ensure a thorough working knowledge of safeguarding and child protection policies and practices by the staff team.
- Centre management must ensure that all three modules of E-learning in Children First has been completed and updated where necessary by the staff team.
- Centre management must ensure that all records relating to reported incidents of child protection concerns are clear and consistent.
- Centre management must devise and implement a policy on making protected disclosures. This policy must be made known to the staff team.
- Centre management must now devise and realise a plan for auditing mechanisms that includes one specifically focused on the approach to the management of behaviour that challenges.
- Centre management must devise a policy or practice guidance document on the use of restrictive practices and ensure that all staff are familiar with this.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	Centre management must take corrective action to ensure a thorough working knowledge of safeguarding and child protection policies and practices by the staff team.	The staff team will receive training on our updated Child Safeguarding and Protection policies and practices at team meetings in January and Feb 2022.	Our child protection policies and procedures will remain a core element of handovers, team meetings and supervision, especially if there are any additions to policy documents.
	Centre management must ensure that all three modules of E-learning in Children First has been completed and updated where necessary by the staff team.	Each staff member, including relief staff, will complete/update, if necessary, all 3 E-Learning modules in Children First by 22 Feb 2022. Proof of completion will be a screenshot of Children's First modules with expiry date sent to centre management. An Excel format already exists with formulas for expiry dates; this will be reintroduced and maintained by centre management.	Reintroduction of Excel format with formulas with expiry dates.
	Centre management must ensure that all records relating to reported incidents of child protection concerns	We will update our weekly file audit checklist to ensure all documents exist, are signed and the register is checked to	Development of single incident chronological file demonstrating the process engaged in with relevant

	<p>are clear and consistent.</p> <p>Centre management must devise and implement a policy on making protected disclosures. This policy must be made known to the staff team.</p> <p>Centre management must now devise and realise a plan for auditing mechanisms that includes one specifically focused on the approach to the management of behaviour that challenges.</p> <p>Centre management must devise a</p>	<p>ensure coding is not duplicated. Weekly checks already in place, and the existing weekly file-audit checklist will be updated by end-February 2022.</p> <p>The Tusla Protected disclosure policies and forms will be adapted for use in the centre mid-February 2022; the procedure will be highlighted with the team on 17th February 2022.</p> <p>The centre acknowledges the over-reliance on verbal practices. The centre plans to document its particular model of care using a systemised approach that will allow for audits to take place of all practices and procedures, including its approach to managing challenging behaviour. The aim is to have a draft of this prepared by end of March 2022. In the meantime, there will be a focus on developing the behavioural management content and audit tools.</p> <p>We will expand our Child-Safeguarding</p>	<p>persons through to a potential resolution or outcome, with weekly audits by centre-management.</p> <p>Adaptation of Tusla's protected disclosures to the centre, with a Streetline-specific Protected Disclosures Reporting Form and Procedural document.</p> <p>Development of a document that systemises the centre's model of care, including the approach to managing challenging behaviour, which will allow audits to take place.</p> <p>Our child protection policies will remain a</p>
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	policy or practice guidance document on the use of restrictive practices and ensure that all staff are familiar with this.	Policy by end Feb 2022 to include more detailed practice guidance on restrictive practices and include at team meetings as above.	core element of handovers, team meetings and supervision, especially if there are any additions to the policy document.
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