



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 041

Year: 2015

Lead inspector: Catherine Hanly

Registration and Inspection Services
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15
01 8976857

Registration and Inspection Report

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| Inspection Year: | 2015 |
| Name of Organisation: | Misty Croft Ltd. |
| Registered Capacity: | Six young people |
| Dates of Inspection: | 6th & 7th May 2015 |
| Registration Decision: | Registered without attached conditions 12th May 2015 until 12th May 2018 |
| Inspection Team: | Catherine Hanly Orla Griffin |
| Date Report Issued: | 12th June 2015 |

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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 continued registration on 21st April 2015. This announced inspection themed inspection focusing on four of the ten national standards took place on 6th & 7th May 2015. Specific criteria within these four standards were examined and these are identified in the body of this report which is based on a range of inspection techniques including:

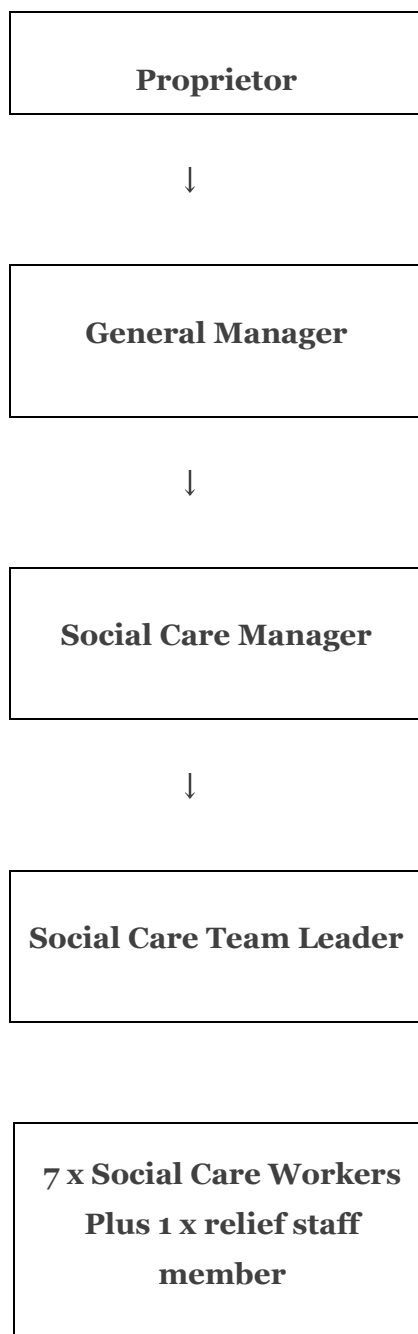
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) The Centre Manager
 - b) Six of the Care Staff
 - c) The General Manager
 - d) Two young people – one of whom had resided in the centre but had left in the time between receipt of pre-inspection pack and Inspectors onsite visit.
 - e) The Social Workers with responsibility for young people residing in the centre.
 - f) Other professionals e.g. tutor.
- ◆ An examination of the most recent report from the Monitoring Officer
- ◆ 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) The centre Manager
 - b) The three young people residing in the centre
 - c) The Social Care Team Leader
 - d) Three of the care staff

- e) The General Manager of the agency
 - f) The Principal Social Worker for the allocated social work team for the young people in this centre.
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- ◆ 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 Organisational Structure



2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on 5th June 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: 041, 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 12th May 2015 to the 12th of May 2018.**

3. Analysis of Findings

3.1 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Training & development

There is an ongoing training programme for the staff team which in the main consists of core training including First Aid, TCI, Children First, ASIST, Fire Training and manual handling. Staff indicated that where they have an interest in training outside of these areas this is brought to the centre Manager or Social Care Team Leader, and it is the latter that holds responsibility for organising the training schedule. Staff did state that training requests are generally supported by management and provided where possible. Inspectors found that some areas that staff mentioned as requiring training in are more a matter of research and this would require individuals taking the initiative to conduct such research however necessary and share the information with their colleagues. The onus is therefore on the Manager to attend more carefully to the care and education of the staff team through the delivery of an effective development and training programme as opposed to the less formal arrangement that is currently in place.

3.2.2 Practices that met the required standard in some respect only

Supervision & support

The centre has a very comprehensive policy on supervision and Inspectors reviewed the supervision files of all care staff and the centre Manager from January 2015 to the present time. Key work supervision is the responsibility of the Social Care Team Leader and is conducted separate to the general practice supervision of the staff team. The records for key work supervision demonstrated that this is quite task-orientated and clearly aligned to the delivery of the key work task through individual

work with young people. However these records do not clearly and consistently link with placement plans and would be improved by the use of reflective practice with individual key workers facilitating them in particular to reflect on their qualitative work with young people.

There was only one record of supervision on file for the Manager for the time period January to May 2015 although the Manager stated that they have monthly supervision. If the practice occurs monthly, then the corresponding number of records should be on file. The one record examined does not adequately demonstrate substantive discussion on care practices in the centre. This matter was highlighted at the time of the Monitor's visit in January and it appears that it has not been appropriately addressed in the interim. This matter must be addressed in full as a matter of importance.

The supervision records on file for the care staff fit more with a 6 week timeframe though centre policy states 4-6 weekly. Responsibility for the supervision of the staff team is currently shared between the centre Manager and the Social Care Team Leader. Given the small size of the team and the stability of it, there have been very few changes in a number of years, Inspectors have recommended that the Manager takes responsibility for the supervision of the entire team. This practice lends itself to clearer and more direct systems of accountability for staff practices.

The centre's inspection in 2012 found that the level of detail within the supervision records was lacking and the Monitor's report following their two day visit to the centre in January 2015 stated that there needed to be greater detail regarding staff care practice with clear decisions and outcomes to be recorded in supervision records. Inspectors found that despite this recent direction being given to the Manager, the supervision records examined at this time do not contain sufficient detail that demonstrates reflective practice on the provision of care to young people nor do the records demonstrate the fulfillment of the functions of supervision as detailed in the centre's own policy document. The Manager must take immediate action to address this issue.

Staff meetings take place on a weekly basis and staff reported these as being beneficial and central to ensuring a consistent team approach to practices with young people. Inspectors did find that overall there was a consistent approach to general care practices in the centre. Based on their observation of the team meeting, Inspectors have made some suggestions to management which may strengthen this mechanism as being a forum within which young people's needs are discussed to a deeper level and in which placement plans are used as core planning documents within the centre.

Staff members indicated that they feel well supported by the centre Manager and, on the whole support from the General Manager in the organisation was reported by staff. There are appropriate support mechanisms in place for staff in particular for those who have suffered stress in the course of their work.

Staff reported that they have a contract of employment with the organisation and Inspectors advised them of their individual responsibility to be familiar with the content of these.

3.2.3 Practices that did not meet the standard

None identified

3.2.4 Regulation Based Requirements

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

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 7, Staffing (Numbers, Experience & Qualifications) -Part III, Article 16, Notification of Significant Events.*

Required Action

- The centre Manager must ensure that key work supervision records demonstrate an effective link between the process of supervision and the implementation of placement plans.
- The Manager's supervisor must ensure that supervision records adequately demonstrate substantive discussion on care practices in the centre.
- The centre Manager must commence practice supervision of the entire staff team.
- The centre Manager must ensure that supervision records contain sufficient detail demonstrating reflective practice on the provision of care to young people and additionally demonstrate the fulfillment of the functions of supervision as detailed in the centre's own policy document. This matter to be addressed with immediate effect.

3.2 Children's rights

Standard

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

3.4.1 Practices that met the required standard in full

Consultation

Inspectors found that there were wide-ranging efforts made by the management and staff team to consult the young people on a daily basis and engage them to be active participants in their own lives. There was evidence across all relevant records in the centre of regular and ongoing consultation with young people. Such records include individual and key work as well as the placement plans. Staff members are allocated as key workers to individual young people and this was found by Inspectors to be an effective method of consulting with and advocating for young people. All three young people resident at the time of this inspection stated that they felt staff were available to them and listened to their views. They did indicate that on certain issues, staff were flexible to negotiation which they welcomed. They are encouraged to participate in local clubs and other activities which in turn assist in their social and other skills acquisition.

Young people are involved in daily decisions such as menu planning, food purchasing and hobbies or activities that they may be interested in. External professionals are sought on an ongoing basis as necessary to ensure that all young people fully understand discussions that staff are having with them so that their individual voice can be appropriately expressed and understood. There is a weekly meeting during which young people are encouraged to express their views with their peers and to staff. During this inspection, EPIC attended the centre to meet with young people and inform them of their service. An external professional was present for this meeting to facilitate one young person's communication in this process.

The statutory care plans examined by Inspectors were inconsistent in detailing the views of young people. Although there was evidence on file at the centre that staff consult with young people prior to care plan review meetings, these discussions

weren't then consistently well reflected in the care plan itself. These issues were raised with the Principal Social Worker (PSW) of the allocated social work team for the young people currently placed in this centre who agreed to bring them back to the attention of allocated social workers. The PSW also indicated that the team is in the process of commencing with the use of a new care plan document and associated suite of forms. The use of these forms may lend itself to clearer recording of the issues identified here.

Some of the young people Inspectors spoke with had a clearer understanding of their future care planning as regards decisions that had been or were being made in this respect. Social workers reported regular meetings with individual young people however corresponding records are not consistently recorded in the young person's file at the centre. It is the responsibility of allocated social workers to ensure that there is clear planning in place for each individual young person and also to keep young people informed of these plans as they progress. Inspectors found that some care plans on file were not specific in detailing identified needs and how these should be met. They raised this issue with the PSW who informed them that due to the nature of these young people's presentation to the social work service, the initial weeks are spent by the social worker and the care workers in the residential centre gathering as much relevant and accurate information as possible. For this reason it was explained, the emergency and initial care plans have a tendency to be quite broad in context, however it is the expectation of the PSW that subsequent care plans would be clear in identifying specific individual needs and how these are to be best met. The PSW has agreed to also bring this matter back to the team.

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

3.4.3 Practices that did not meet the required standard

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*.

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 in full

Suitable placements & admissions

This centre is currently registered to accommodate six young people of either gender, aged between twelve and eighteen years. At the time of this inspection, there were three young people resident. The centre Manager and the allocated social workers were satisfied that this placement was suitable for the young people and appropriate to their needs. A further two young people who had been recently placed in this centre had been successfully and appropriately placed with a family member the week prior to Inspectors visit, and a sixth person had been admitted to the centre the week prior also, but was deemed missing at the time of this inspection having departed the centre less than twelve hours following admission. Centre staff are continuing to liaise with the Gardaí on a daily basis regarding this young person.

The centre has a clear written policy regarding the admission process which Inspectors found is realised in practice. Young people are referred for placement here either by two identified social work teams. Young people are given a certain amount of information about the centre by the accompanying social worker who places them in it prior to their admission. On admission care staff receive a hand over of information from the placing social worker. The level of information received varies depending on the social work team responsible for placing the young person. One social work team tend to have more information on the young person, following their initial meeting, than placing social workers from the second social work team. Information from both teams is relatively limited and can be a concern for the centre, particularly where there may be queries regarding a young person's age.

Nonetheless, the care staff are aware of the need to provide each young person with the same level of care and to treat them with the necessary and appropriate care until an alternative placement is deemed more appropriate for them.

Young people are provided by staff with an information booklet on all relevant aspects of the centre. This booklet is explained to each young person following admission, with the use of an external professional where required. The young people Inspectors met with were able to relay their experience of admission to the centre, however not all of them had a clear understanding of how long they would be residing there or what their respective plans were. Inspectors took cognisance of the information relayed by staff who stated that although some young people had been informed of their respective plans, their ability to take on board this information and communicate it to others may be limited. This matter is discussed further under statutory care plans section of this report; however suffice to say that this matter has been raised with the PSW who has agreed to bring this information back to the relevant allocated social workers.

Centre staff and each placing social worker complete a combined safety plan and pre-admission risk assessment upon each young person's admission to the centre. These documents are quite brief with the most notable comment being whether or not a young person is deemed an identified risk within a specific category. The forms do not allow for consideration of any risk a young person being placed may pose to current residents or vice versa and should be amended to reflect that this consideration has been given by all relevant parties as part of the admission process.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning & review

Two of the three young people resident at the time of inspection had up to date statutory care plans on file. The third person, despite having had two statutory reviews since their admission did not have corresponding up to date care plans on their file at the centre despite repeated requests for these from the centre. This matter was pursued by Inspectors when onsite and the most recent statutory care plan was forwarded to the centre without further delay. The care plans examined for two young people resident at the time of this inspection were quite non-specific and it is understandable that both these young people lacked clarity when asked by Inspectors regarding their plans as a result. Inspectors acknowledge that one of these young people was resident in the centre for a period of six weeks at this time and has a statutory care plan review due in the coming weeks within which it would

be hoped planning would become much more concrete. The second young person however has been resident for over four months and it was expected by Inspectors that this person's care plan would be much more focussed than found to be. It is difficult for care staff to develop solid placement plans that fit within the requirements of the statutory care plan when these latter documents are either non-specific or not provided to the centre when updated. Care plan documents did not consistently indicate whether the young person was present for the care plan meeting, whether an external supporting professional was required, nor were they signed consistently by the young person. In addition, some but not all care plans noted the young person was consulted with during the development of the plan and/or in agreement with it. These matters have been brought to the attention of the PSW of the relevant social work team who has acknowledged that this needs to be addressed.

The centre had recently changed the format for their placement plan and staff members consistently indicated in their questionnaires, completed as part of this inspection process, that these documents were central to planning individual pieces of work with young people. There is an attached statement to each placement plan which allows the young person's voice to be expressed to their key worker in the development of the plan. Inspectors found however that these placement plans are written in a manner that is descriptive of the young person's current circumstances as opposed to future planning documents developed in accordance with the requirements of the statutory care plan that is focussed on the child's placement in this centre. Inspectors found that these documents were also inconsistently written in that one in particular, for an ex-resident, was written in the style of a planning document and had future tasks clearly identified, whilst the others were generally descriptive with the task identification varying. Whilst there is strong evidence of a link between the key working tasks and the needs identified in individual care plans, there is not a clear link between the placement plan and other documents. Inspectors observed a team meeting during their onsite visit and staff did not refer to the placement plans within this forum as a framework for guiding their plans and interventions with young people. Inspectors recommend that centre management review the current placement plan document and determine how it can better reflect planning for each young person's placement in this centre. It is acknowledged by Inspectors that where care plans are non-specific this poses a difficulty to develop specific placement plans, however the centre need to work as best they can within this context and endeavour to develop individually-specific placement plans that reflect how the needs of the young person will be met within this placement. Additionally the Manager will need to address the consistent completion and implementation of these plans with the staff team.

Emotional & specialist support

Inspectors found that staff have a good awareness of the emotional needs of young people and in particular were cognisant of the individual circumstances of each. The key working role demonstrates a keen attention to individual needs and staff take opportunities presented to engage with young people on a one to one basis. External professional support and resources are sourced when this is deemed necessary. Inspectors found however that more attention could be paid to the emotional needs of young people as they deal with matters of separation from family and preparation for reestablishing such contact after a period of separation. In particular, Inspectors base this finding on a clear and consistent verbal message from staff that they tend not to engage with young people about family matters. Emotional support needs were not specifically named in statutory care plans in a manner that other areas of need were and this matter was highlighted with the PSW and perhaps clearer direction from the social work team to the care staff would clarify practice expectations in this regard. Inspectors are of the view that this is a well experienced and skilled team that needs to look within their own resources in the first instance in order to support young people in all aspects of their emotional needs. This area of practice requires greater oversight and attention by the centre Manager.

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 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

-Part V, Article 25&26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-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

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

Required Action

- The Child and Family Agency must oversee that statutory care plans clearly state the aims and objectives of the placement and specifically identify how the placement will support the young person and promote their welfare in accordance with these identified needs.
- The Child and Family Agency should ensure that care plans consistently document whether the young person was present during the care planning meeting, if an external professional was required and should be signed by all relevant parties.
- Centre management must review the current placement plan document and determine how it can best reflect planning for each young person's placement in this centre.
- Centre management must develop individually-specific placement plans that reflect how the needs of the young person will be met within this placement. The Manager will need to address the consistent completion and implementation of these plans with the staff team.
- Centre Manager and supervising social workers in the Child and Family Agency must give greater consideration to the individual emotional needs of young people through the placement and statutory care planning processes.

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 that young people are cared for in a manner that respects them as individuals living in a group environment where certain rules, practices and routines must be applied to each irrespective of their individual circumstance. Issues of personal hygiene are dealt with sensitively and promptly by staff following a young person's admission to the centre. The key work system in place ensures that there are individual staff members identified as having clear responsibilities for each young person. This includes supporting their educational attendance as appropriate to their needs and abilities; encouraging them to become involved in sports, clubs and activities that they may be interested in; and being advocates for them outside of the centre.

There were photographs on display throughout the centre of the current residents and each young person has their own bedroom which they are free to decorate to their own taste. Inspectors were informed that birthdays and other special occasions are celebrated and marked in a significant way for each young person.

There was evidence throughout records and from the young people themselves of staff providing them with opportunities to develop their skills across different areas that would support them in their adaptation to life in this country, as well as providing skills necessary for adulthood such as cooking, shopping, budgeting, and dealing with public bodies.

Whilst it is the social worker's responsibility to assist the young person in their future plans, the care staff have a significant role in supporting young people on a daily basis while they negotiate these processes. Inspectors found that staff demonstrated an awareness of the emotional turmoil young people may be experiencing and were sensitive to and supportive of them when issues presented. However Inspectors are of the view that staff could be more proactive with young people in an appropriately

sensitive manner that encourages them to address some of the emotions they may experience linked to separation, trauma, and the relevant aspects of the care processes that they may have to negotiate.

3.6.2 Practices that met the required standard in some respect only

None identified

3.6.3 Practices that did not meet the required standard

None identified

3.6.4 Regulation Based Requirements

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

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

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

4. Action Plan

| Standard | Issues Requiring Action | Response |
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| <p>3.1</p> | <p>The centre Manager must ensure that key work supervision records demonstrate an effective link between the process of supervision and the implementation of placement plans.</p> <p>The Manager's supervisor must ensure that supervision records adequately demonstrate substantive discussion on care practices in the centre.</p> <p>The centre Manager must commence practice supervision of the entire staff team.</p> <p>The centre Manager must ensure that supervision records contain sufficient detail demonstrating reflective practice on the provision of care to young people and additionally demonstrate the fulfillment of the functions of supervision as detailed in the centre's own policy document. This matter to be addressed with immediate effect.</p> | <p>An overhaul and review of supervision and key work supervision, along with changes recommended by the inspectorate to the placement plan will be implemented by July 2015v and should demonstrate a comprehensive link between supervision and placement plans.</p> <p>The manager, having discussed the matter with their supervisor, will ensure the substantive recording and discussion on care practices in the centre. The Manager has also applied for a place on an upcoming supervisor training course.</p> <p>The Manager has informed all relevant team members that he will undertake their supervision forthwith.</p> <p>The Manager has made immediate efforts to relate feedback from inspectorate to ongoing practice supervision. They are also referring to their own supervisor and training provider to support them in demonstrating same. This will allow for more reflective practice, accountability and detail from the staff team's supervision and be more in line with the centre's policy for supervision.</p> |
| <p>3.2</p> | <p>The Child and Family Agency must oversee that statutory care plans clearly state the aims and objectives of the placement and specifically identify how the placement will support the young person and promote their welfare in accordance with these identified needs.</p> <p>The Child and Family Agency should ensure that care plans consistently document whether the young person was present during the care planning meeting, if an external professional was required and should be signed by all relevant parties.</p> <p>Centre management must review the current placement plan document and determine how it can best reflect planning for each young person's</p> | <p>The Principal Social Worker has brought this matter to the attention of the social work team and it is their intention to have close oversight of this matter on an ongoing basis.</p> <p>The Principal Social Worker has brought this matter to the attention of the social work team and it is their intention to have close oversight of this matter on an ongoing basis.</p> <p>Current placement plan is under review, some changes have already been made. This will be further updated and reviewed at the June monthly management meeting. The intended outcome is that</p> |

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| | <p>placement in this centre.</p> <p>Centre management must develop individually-specific placement plans that reflect how the needs of the young person will be met within this placement. The Manager will need to address the consistent completion and implementation of these plans with the staff team.</p> <p>Centre Manager and supervising social workers in the Child and Family Agency must give greater consideration to the individual emotional needs of young people through the placement and statutory care planning processes.</p> | <p>better planning for young people will contribute towards better outcomes for young people.</p> <p>Current placement plan is under review placing more emphasis on being a “Planning Document” with some changes having already been made. The Manager will address any issues relating to the non-completion of tasks and the implementation of individually specific placement plans within practice supervision.</p> <p>The Manager stated that practice supervision will focus more closely on young people’s emotional needs and determine specific plans to support them in communicating such needs and vulnerabilities whilst universally assisting them in developing coping mechanisms for managing same with the intended outcome being to better emotionally support young people with specifically planned team approach and key work sessions.</p> <p>The Principal Social Worker has brought this matter to the attention of the social work team and asked that equal emphasis be placed on emotional needs as for all other needs for young people.</p> |
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