

Northern Area Health Board  
Bord Sláinte an Limistéir Thuaidh

*Registration and Inspection Service*

**1<sup>st</sup>**

*First Annual Report 1999*



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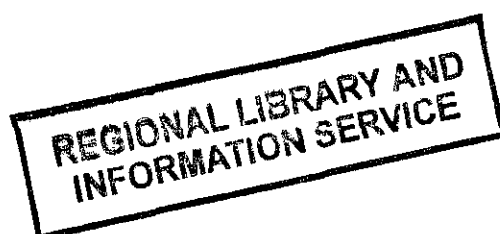


# **REGISTRATION AND INSPECTION SERVICE**

**Northern Area Health Board**

## **FIRST ANNUAL REPORT**

**1999**



**VOLUNTARY CHILDREN'S  
RESIDENTIAL CENTRES**

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## FOREWORD

The Registration and Inspection Service of the Northern Area Health Board provides a service on behalf of the three Area Health Boards in the Region in relation to the inspection and registration of voluntary children's homes. From the outset, the positive response of our partners in the voluntary sector to the introduction of this service has been most heartening. There is a genuine and universal consensus among service providers that our legal obligation to inspect children's homes is actually a welcome opportunity to promote and maintain standards in residential care. We all share a common purpose in aiming to provide the highest standards of care for children, and the introduction of a registration and inspection service helps us to achieve this aim.

This first annual report of the Registration and Inspection Service reflects many of the issues facing children, their families and residential care staff. It is intended that, by issuing an annual report, some of the themes arising from individual inspections can be highlighted and developed for the benefit of both providers and consumers of the service. The Registration Inspection Service of the Northern Area Health Board is very much welcomed, and we would see it as an independent evaluation which would endorse the excellent work and standards which is our objective in every service that is provided by our Board to all.

I would like to acknowledge the quality and standard of the inspection reports, which in themselves are informative, and which can form the basis of a checklist against which managers can benchmark.

I hope you will find it helpful in your work.

*Maureen Windle*  
*Chief Executive*

## INTRODUCTION

The Registration and Inspection Service began in September 1998 with the appointment of the Registrar/Inspector, Deirdre McTeigue, to carry out the following tasks:

1. The registration of residential children's centres managed by voluntary organisations, in compliance with the Child Care Act 1991 (Section 61).
2. The inspection of residential children's centres in compliance with:  
*Child Care (Placement of Children in Residential Care) Regulations, 1995*  
*The Child Care (Standards in Children's Residential Centres) Regulations, 1996*  
*The Guide to Good Practice in Children's Residential Centres, 1996.*
3. To make recommendations for change in line with standards as appropriate to enhance the experience of young people in care.

The service was enhanced further by the appointment of the Assistant Registrar/Inspector, Ms Orla McKeon, in February 1999.

## **CONTEXT OF REGISTRATION AND INSPECTION SERVICE**

**The purpose of the Registration and Inspection Service is to ensure:**

- That children and young people who are in voluntary residential children's centres receive the best quality care;
- That good management and care practices are in place and to ensure accountability;
- That the care provided is 'safe, nurturing and appropriate to the needs of children' (recommendation of the *Report on the Inquiry into the Operation of Madonna House*, 1996).

### **Mission Statement**

The interests and needs of children and young people in children's residential centres are our paramount concern at all times.

While recognising and respecting the duties and responsibilities of parents, there is an expectation that residential care staff must carry out their obligations to children in a manner which is professional and accountable.

We believe that the quality of care provided, which influences the quality of life experienced by children or young people in residential care, is the responsibility of those who manage and work in the children's centres and also those employed by statutory agencies to provide direct support to children in care.

The role of the Inspection/Registration service is to ensure that these responsibilities are met.

### **Principles underpinning the work of the Registration and Inspection Service**

The principles of the service are:

- 'That the welfare of the child is paramount.'  
*Child Care Act 1991 – Section 3.2.6.1.*
- 'That children have a right to be brought up in their own families.'  
*Child Care Act 1991 – Section 3.2.C.*
- 'That the wishes of children must be considered.'  
*Child Care Act 1991 – Section 3.2.6.ii.*
- That children feel safe in residential care.

- That children/young people's experiences of care should be positive, and for only as long as necessary.
- That no child/young person should be further disadvantaged by being in care.

### **Values of Registration and Inspection Service**

The work of the Registration and Inspection Service is based on explicit values and standards, which are made known to the staff of children's residential centres and to the statutory child care agencies.

The Inspection and Registration Service will:

- be independent and fair, and will undertake the process in an even-handed manner;
- inspect objectively, and treat people with respect and courtesy at all times;
- be rigorous and consistent in approach;
- be accessible to all, i.e. young people and children, parents, care workers and social workers, management within the voluntary agencies responsible for the centres, and management within the health board.

### **Objectives of Registration and Inspection Service**

- To safeguard the wellbeing and interests of young people through an objective evaluation of the quality of life experienced by them;
- To ensure that legislation and agreed standards are complied with;
- To promote good practice amongst all those working with young people;
- To directly involve young people in the assessment of how they find their living experience;
- To work in a consultative and respectful way with managers and staff of children's residential centres, with the children and young people and their families, and with other professionals who are involved in the lives of young people in care;
- To make recommendations and take appropriate and decisive action when young people's claim to a high quality standard of care is threatened;
- To make recommendations to the health board concerning appropriate policies and procedures, when there is a shortfall in provision. Resources may need to be refocused or redirected.



## Legislative basis

*The Child Care Act* (1991), Part VIII, provides for the registration of children's residential centres:

Each health board shall establish and maintain a registrar of children's residential centres in its functional area – the period of a registration shall be three years from the date of registration.

*The Child Care (Placement of Children in Residential Care) Regulations*, 1995, and the *Child Care (Standards in Children's Residential Centres) Regulations*, 1996, give force to this child care legislation.

These regulations also stipulate the standards required when placing children in residential care and the expectations required of the residential centre when caring for children.

The Social Services Inspectorate inspects health board children's residential centres. The relevant health board registers and inspects voluntary children's centres in its area.

The voluntary children's residential centres are required by law to be registered every 3 years (*Child Care Act*, 1991 – Section 62 (6)). A health board may attach conditions to the registration or refuse registration. Centres may appeal to the District Court against a decision, and the decision of the District Court is final (Section 62 (1)).

*The Health (Amendment) (no. 3) Act*, 1996 obliges health boards to produce annual service plans. As stated in our *Standards* document, the purpose and function of each centre must be agreed between the centre and the health boards, and ideally should form part of the service plan for each residential children's centre. This is emphasised further in the *Strategic Plan for Residential Care in the Eastern Health Board Region*, December 1999.

The Registration and Inspection Service welcomes the *Strategic Plan for Residential Care in the Eastern Region*, the principles of which are as follows:

- The family, in all its diverse forms, is the fundamental unit, which provides stability and wellbeing in society;
- Children should live with their own family, where possible, and services should be designed in such a way as to maximise that possibility;
- When children cannot be cared for in their own home, the closest possible approximation must be provided and supported,
- Services should be planned, organised, managed and delivered locally. They should be community based, accessible, integrated and effective;
- Families, communities, local organisations, voluntary and statutory bodies should be involved in the delivery of services;
- All policy should be informed by what is in the best interests of the child.

- Children have a right to be heard, and to be consulted on all matters which affect them.
- All children have equal rights, regardless of gender, race, religion, disability, sexual orientation or background.

The *Report of the Task Force on Residential Care* argues that residential care should be confined to children over 12 years of age, stating that:

It is considered that it is extremely difficult to cater for the development needs of a younger child outside of a family setting. The placement of a child under 12 years in residential care is quite likely to militate against the chances of a successful family placement later. Hence, it can be seen that it is vitally important that the provision of family care and residential care are planned for and delivered in tandem.

The introduction of such a policy is dependent on other alternatives being made available to children under 12 years. This will require the recruitment and ongoing support of additional family carers, as well as increased family support services at local level.

Residential care must be viewed in the wider context of services for children and families. It is the policy of the Eastern Regional Health Authority that children should live in their own home, where possible, and, where it is not possible, family care is the preferred option. However, residential care is the preferred option for some children, and this must incorporate and encourage the active participation of the young people and their parents/families, to ensure that the period of care is focused within a definite care plan for a limited time. The views and wishes of the young people and their families must be sought and acted upon during the young person's stay in care.

The total number of children's residential centres in the Eastern Region is 54. The Eastern Region directly manages 26. The remainder, 28, are managed by 17 agencies in the voluntary sector, providing care for approximately 194 children.

The Registration and Inspection Service of the Eastern Regional Health Authority is responsible for the registration and inspection of those children's centres in the voluntary sector.

## WORK TO DATE

The inspection team's first task was to begin its process of consultation and co-operation by visiting each of the voluntary residential centres, in order to:

- a) explain the legislative basis for the registration and inspection of each centre;
- b) begin dialogue for the determining of standards against which centres are to be inspected;
- c) create a forum for communication and exchange of ideas.

The Registration and Inspection Service adopted the UK's Social Service Inspection framework for the inspection process (see Appendix ) and this was discussed at each of the visits made to the centres by the inspection team.

The Registration and Inspection team was keen to show that its focus was on the quality of care to young people, by honouring its obligations under the *Child Care Act*, 1991. Therefore it was agreed by the Senior Management in the Eastern Region, the residential centres and the Inspectorate itself, that the determined standards against which the centres would be inspected would be made known to the centres before each inspection began.

Each centre would be given one month's notice of an inspection. The first draft of the report would be given to the centre to check for factual accuracy before it was given to management in the Eastern Region or to others (bearing in mind that the inspection reports are subject to the *Freedom of Information Act*, 1997). Following registration, the inspection reports will be forwarded to the Director of Social Services Inspectorate, Department of Health and Children, as a matter of course.

Since early 1999, the inspection team has continued to build on the platform of co-operation established with the voluntary children's residential centres.

January, February and March saw the completion of the preparatory work of visiting each of the voluntary residential centres to discuss the proposed registration and inspection service.

The Assistant Registrar/Inspector was appointed in February 1999. In March, the team went to Scotland and visited some inspection teams in the voluntary and statutory sector, and a residential unit. The team also spent time some time with Meg Lindsay at the Research Centre for Residential Child Care in Glasgow University. The team also corresponded with Inspection Services in Australia, Canada, The United States and Northern Ireland.

Being thus fully briefed, and our own research completed, the next task was to define and agree the standards of good practice, based on the legislation, against which the centres would be inspected.

When the first draft of the document was completed, it seemed appropriate, when linking in with colleague inspectors in other health boards, to aim towards consistency in the standards. To this end, the Team Leader Residential Care, Western Health Board, with responsibility for inspecting and registering the centres, joined with the then Eastern Health Board Registration and Inspection Service, and compiled the document *Standards and Criteria for the Inspection of Children's Residential Centres* which was adopted as policy by the Programme Managers in both the then Eastern Health Board and Western Health Board, and was officially launched by the Chairman of the then Eastern Health Board, Ald. Ivor Callely, in the Grand Hotel, Malahide in August 1999.

At the same time as that document was being prepared, a pre-inspection pack was being prepared, comprising the following:

- Registration and Inspection Service Information leaflet for Young People
- Registration and Inspection Service for Voluntary Children's Residential Centres leaflet
- Promoting and Ensuring Good Standards of Care – Information and Questionnaire for Children and Young People
- Current Staff Information Form
- Checklist for Inspection
- Questionnaire for Parents/Guardians
- Questionnaire for Social Workers
- Current Child/Young Person Information Form
- Health and Safety Checklist
- Questionnaire for Care Workers

Also included in this pack is a self-evaluation document which was distributed to each of the centres in preparation for an inspection.

September, October and November 1999 saw the first three centres being inspected. The directors of these centres agreed to be inspected and, at the same time, agreed to be part of the pilot of the implementation process of the inspection material/instruments and the standards themselves.

The reports on these inspections are now complete.

By the end of 1999, a policy document entitled *Standards and Criteria for the Inspection of Children's Residential Centres* was written jointly by the inspection teams of the then Eastern Health Board and the Western Health Board. This was adopted as policy by both health boards.

These standards were tested during three pilot inspections carried out in Autumn 1999.

### **Social Service Inspectorate**

The inspector was nominated by the National Chief Executive Officers' Group to be its representative on the 'process committee' of the National Social Services' Inspectorate. This committee met twice and the work is ongoing.

The Social Services' Inspectorate and the Inspectorate of the Eastern Region are committed to working together to ensure consistency of standards and of approach to the implementation process in both the statutory and the voluntary sector.

### **Inspectorates in other health board regions**

The inspectors from the Southern Health Board, Mid Western Health Board and the Western Health Board met at regular intervals throughout the year to exchange views, ideas and concerns. This group has now merged with the National Social Services' Inspectorate, which the inspector in the Department of Education and Science has also joined.

These combined groups are now exploring options for joint training.

### **Matters Arising**

The Inspectorate wishes to acknowledge the positive reception that has been offered to it since its inception. All of the centres visited have welcomed the establishment of the Inspectorate service, and see it as a good step towards ensuring positive outcomes for children in residential care.

The children's residential centres inspected to date have also offered every courtesy to the inspection team, and have co-operated and actively participated at each stage of the inspection process.

The involvement and participation of the young people and their parents is also noteworthy. They have availed of the opportunity to speak to us. The parents have conveyed their appreciation of the care their children are receiving, and acknowledged their participation in the lives of their children at the invitation of both the care and social work staff.

## ISSUES EMERGING FROM THE INSPECTIONS THAT REQUIRE ACTION

The following issues are based on a very small sample of just four inspections, and broad generalities cannot be made. Nevertheless, what emerged during the course of the inspections is noteworthy and is presented here for discussion and consideration.

- **The Children and Young People**

The young people ranged in age from four years (part of a sibling group) to 17 years. There were more boys than girls. Mostly, the centres were caring for sibling groups.

The primary reasons for reception into care were the parents' inability to cope and neglect.

- **Parents and families**

Parents and families confirmed to the Inspectorate that they are welcome in the centres and that they can participate in the lives of their children in care should they wish to. Facilities are available for the families to meet in privacy. A strong emphasis is placed on working in partnership with parents. Where this is not appropriate, and is deemed to place the child at risk, supervised contact is offered.

- **Purpose and Function**

As a matter of urgency, each centre must have a written statement which clearly defines its function and purpose, and that this has been agreed and negotiated with the appropriate board of the Eastern Region in their service plan. This is also cited in the document *A Strategic Plan for Residential Care in the Eastern Health Board Region*, 1999 and the findings of the Task Force on Residential Care, 1999.

- **Care Planning**

It appears, from our exploratory work, that statutory care planning by the social work staff on behalf of the children whose care they are charged with is practically non-existent.

This is not to say that children in residential care have no placement plans. Plans exist on each child in the centres inspected, but they are, with two exceptions, plans devised by the care staff in conjunction with the parents and the young people themselves and, in some cases, agreed with the social workers.

Care plans are not being prepared in the Eastern Region in accordance with the requirements of the *Placement of Children in Residential Care* (Regulations) 1995. It is incumbent on the health boards in the Eastern Regional Health Authority to provide guidance and training in care planning, and devise appropriate care plan and review forms.

- **Social work support**

The social work support for the young people can vary from frequent and purposeful contact to irregular or more casual contact. Mostly, good relationships exist between the social work and care staff. Most of the young people indicated that they have positive relationships with their social workers. The specific duties, roles and tasks of social workers who are supporting young people in residential centres and their families need to be developed by the health boards.

- **Health**

The children and young people's health care needs are being addressed by the staff in the residential centres inspected.

Psychological support to the centres appears patchy. Support/advice in the management of young people presenting with behaviour difficulties is often the primary request for initial assessment.

- **Education**

It is a well-researched finding that children in residential care generally underachieve academically.

*Education for a child in care is like a salmon swimming up stream, some make it, most don't!* National Association of Young People in Care (Canada) representative

However, this trend is being reversed, and there was ample evidence that the children's centres had created a culture which valued education. This was reflected in the support provided to the young people and their parents, e.g. help with homework, provision of study materials, liaison with schools and the involvement of parents, particularly at parent-teacher meetings.

The difficulty in managing young people suspended or expelled from mainstream schooling can pose a problem at some time or other in most centres. The introduction of a more structured day for these young people has made a major difference, but there remains a clear need for much closer co-operation at a strategic level between the Department of Education and Science and the health boards in the Eastern Region.

- **Child Protection**

There was evidence that the *Child Abuse Guidelines*, 1987, were being followed, and that any allegations, if and when they arose, were being dealt with in accordance with the clearly defined child protection procedures.

Plans are being made to update and inform staff and young people of the new *Children First* guidelines.

Continued attention will be paid to child protection issues by the Inspection team, with a view to guaranteeing that every effort is made to ensure children and young people receive protection within residential care.

- **Care and Control**

Issues of care and control are a cause of concern to child care workers, working directly with children and young people. Severe disruption was experienced by both young people and staff alike during the course of our inspection.

Part of the difficulty arises from the insufficient and narrow range of placements available, which hardly ensures that children are placed according to their needs. It is essential that proper admission procedures and processes are in place, and co-ordinated jointly by the health boards and the centres, to ensure that the centres operate within their remit and fulfil their statements of purpose and function.

Therapeutic crisis intervention training is being provided to care workers. This is to be recommended, but the process of providing training requires to be speeded up. The Inspectorate acknowledges the shortage of therapeutic crisis intervention trainers.

- **Complaints Procedure**

As outlined in *Children First: National Guidelines for the Protection and Welfare of Children* (p. 102) a complaints system should be in place in all residential settings. It goes on to say that:

- a) children should be told about the complaints system;
- b) children should have contact cards which ensure an urgent response from senior management.

*Children First* reminds us in the Inspectorate of our duty to ensure that each centre has complaints procedures in place.

Some residential centres have a comprehensive complaints system in place, others do not. In some cases, where there is a complaints system in place, the young people do not know how to use it effectively.

Some young people were generally well informed of complaint procedures, and knew what to do and where to go to if they had a grievance. Most responded that it is



to their key worker they would turn to. After this, they cited the manager, and then their social worker.

Child-friendly written literature and leaflets, which explain the complaints procedure to young people and their families, need to be developed.

Again it is incumbent on the health board to provide guidance in this area, in consultation with the centres.

### ● **Young People's Responses to Inspection**

The children and young people have generally welcomed the opportunity to comment on the quality of care they receive.

The limitation of questionnaires is acknowledged, although 80% of the young people completed the questionnaires. One young man availed of the inspector's laptop to complete his questionnaire, to which he suggested amendments and deletions. The young people have also made full use of the informal individual interaction with the inspectors, as well as group discussions.

Many of the young people expressed concerns relating to their personal situation and plans for their future. Their level of contentment often reflected their feelings of stability within the centre, as well as their relationship with the care staff.

References were made to the differing needs of children, usually by older young people who felt that staff time was monopolised by the younger children, and particularly by young children exhibiting difficult behaviour.

While generally expressing that they felt 'safe' in the centres, some referred to feeling unsafe and fearful for the staff by the negative behaviour of 'acting out' children.

The comments about key workers were very positive, with many of the young people expressing appreciation, and acknowledging the help and support offered by the care staff. One young boy said that he wished '... everyone should have a place like this'. Another girl said, 'I know that I am safe here and this makes me live'.

The interaction observed between the staff and the young people was open and, in the main, unaffected by the presence of the inspectors, ranging from appropriate displays of affection to physical restraint.

The responses to questionnaires sent to parents and families was excellent, with a 90% response rate. This is very heartening, and a credit to the care and social work staff who work hard at involving parents and family in the life of their children in care.

- **Personnel Issues**

There seems to be a range of titles assigned to different care and management staff. A manager in one agency could be a director in another. Similarly, a house parent and team leader appear to be synonymous.

The Inspectorate would welcome uniformity of titles to match job descriptions across the Eastern Regional Health Authority, to avoid ambiguity.

It also appears that the salary of managers and other staff varies from centre to centre. An agreed and consistent salary scale would be welcomed by care staff and management alike.

The introduction of a deputy manager post would be appropriate in some children's residential centres. The Inspectorate notes the difficulty some managers have; whilst managing a centre, some also do a shift, or are on call. A deputy manager could relieve the manager to facilitate supervision and allow the manager time to spend on policy development in conjunction with a director (if there is one). This system seems to work well in some centres.

The lack of training and qualifications of the care staff did not emerge as an issue in the inspections carried out in 1999. The centres inspected have a long tradition and good reputation for providing residential care in the voluntary sector. Staff are well supported and supervised in these centres, and there are ample opportunities for further training. Staff reported to the inspectors that they enjoy working and believe that they are providing good quality care to the children in their centres. The young people confirmed that this is so.

However, inspections carried out in the present year, 2000, reveal the difficulty in recruiting appropriately trained staff.

## **FUTURE DEVELOPMENTS**

A review of the pilot inspections undertaken to date will result in:

- a) a working set of pre-inspection materials;
- b) an agreed format for the report; and
- c) a procedure for the follow up and implementation of the recommendations in each report.

### **Social Services Inspectorate and Health Board Inspectorate**

The Eastern Regional Health Authority's Inspectorate team welcomes the opportunity to work more closely with the Social Services Inspectorate and looks forward to the planned sessions together with the Inspectorate in the other health boards.

### **Irish Association for Young People In Care**

The Inspectorate welcomes the establishment of the Irish Association for Young People in Care – I.A.Y.P.I.C. – a new service which aims to give children in care a forum on which to be represented. This new service is based at Barnardo's in Christ Church Square, Dublin.

## SUMMARY

The main effect of the limited findings, arising from last year's set up and inspections, is to highlight the areas that need to be addressed by both the centres in the voluntary sector and the Eastern Region.

The Inspectorate acknowledges the extra demands that the implementation of the strategy, the Task Force and the *Standards* document places on the staff in children's centres. However, it is expected that improvements in documentation and practice issues will happen over time. What is needed now is the determination to begin this process, and face the very immediate issues in relation to child care, particularly care planning. It remains important that the voice of the children and young people and their families continues to be heard.

Opportunities to involve the staff and managers of the centres in the design and the content of information material will continue to be taken.

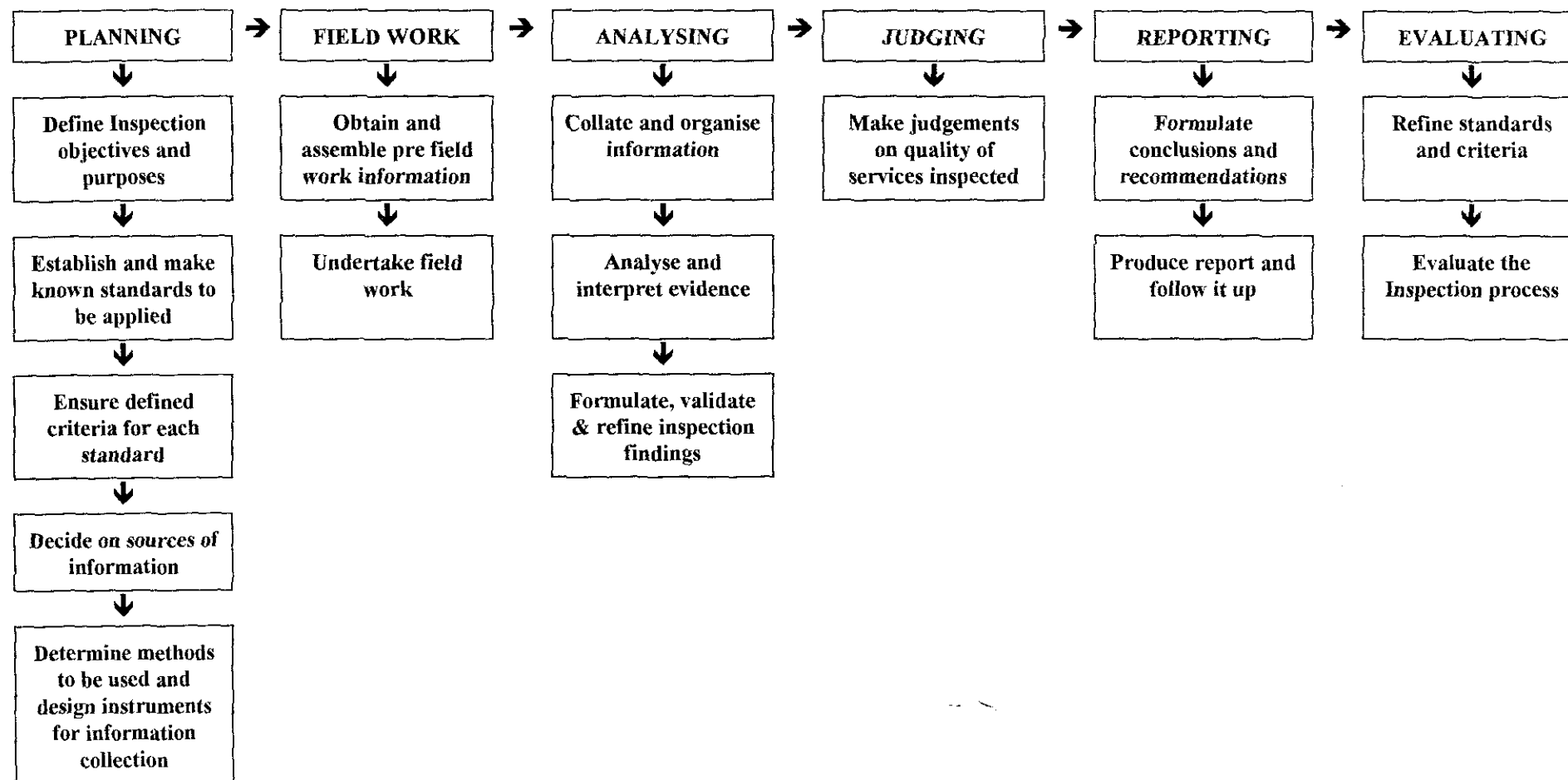
It is anticipated in our 'Plan 2000' that a further 10 units be registered and inspected in the region this year.

The Inspectorate wishes to thank all those who participated in their work for the year 1999.

*Deirdre McTeigue*  
*Registration and Inspection Service*  
*September 2000*

## APPENDIX: A CONCEPTUAL FRAMEWORK OF THE INSPECTION PROCESS

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Reference: *SSI Inspecting for Quality: Standards for Residential Child Care*: HMSO publications, 1998.