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IRISH SOCIAL SERVICES INSPECTORATE

BROOKWOOD

CHILDREN'S RESIDENTIAL CENTRE

[Eastern Health Board,
Community Care Area 8]

INSPECTION REPORT

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1: Introduction

The Irish Social Services Inspectorate is empowered under Section 69 of the Child Care Act 1991, to inspect the social services functions of Health Boards, including children's residential centres.

In line with this requirement Mike Lindsay and Michele Clarke carried out an inspection of Brookwood Children's Residential Centre. It is managed by the Eastern Health Board (Community Care Area 8) and is one of three children's residential centres provided by the Board within the area. Brookwood House functions as a family group home and presently caters for a mixed group of four children, three of whom are siblings. The Centre was initially set up in November 1995 to respond to the specifically identified needs of one young person. Its role since has been to provide a service of medium to long-term care with a particular emphasis on keeping sibling groups together. Area 8 currently provides a total of sixteen residential places for young people in its care, and all three of its children's residential centres are designated as family group homes.

1.1 *Dates and times of inspection*

The inspection was carried out over three days on the 25th, 26th & 28th January 2000. The inspectors held a pre-inspection meeting with the manager, staff and young people of the centre on the 21st January 2000.

1.2 *Documents reviewed in the course of the inspection*

The inspectors had access to the following documentation during the inspection:

- the young people's case files;
- each young person's daily log book;
- the daily diary and communications book;
- incident sheets;
- information pertaining to two recent complaints;
- a medication record in relation to one young person;
- information collated from questionnaires completed by parents, social workers and a teacher;
- census forms on staff members;
- census forms on all young people;
- an Ancillary Safety Statement;
- a mission statement document which incorporates aspects of the purpose and function of the centre.

In addition to the above, the inspectors received copies of recent strategic documents¹ outlining the Board's plans for children's residential services.

1.3 Observation and participation

The inspection team observed the day and evening routine of the centre and joined the staff and young people for meals. We conducted a tour of the centre carrying out a physical inspection of the property, its grounds and contents, and each young person showed the inspectors their bedrooms. There was no opportunity for inspectors to attend a staff meeting.

1.4 Interviews conducted

During the course of the inspection, the inspectors interviewed the four young people (as a group and also one young person individually), a parent and a former foster carer who retains significant contact and a continued interest in the welfare of two of the young people. Within the group interview we used materials from a children's rights audit, specially developed by the social services inspectorate for this purpose.

The staff interviewed from Brookwood included the centre manager and five assistant houseparents. We had sought to additionally interview the immediate past centre manager given that the current incumbent had only been in post from 17th December 1999. However, this did not prove to be possible.

Managerial and social work staff from Community Care Area 8 were also interviewed. These included the general manager, the child care manager, the acting head social worker and two referring social workers.

1.5 Acknowledgements

The social services inspectorate would like to acknowledge the assistance offered by the various staff of the Eastern Health Board during the course of the inspection. We are grateful for the flexibility shown by all in arranging their working schedules to facilitate meeting with us. We thank the child care manager who agreed to see us, quite literally, beyond the call of duty. We also acknowledge the support given to us by administration staff, often at short notice.

In particular, we would like to thank the centre manager and the staff of Brookwood for their hospitality, co-operation and assistance during this inspection. The inspectors extend these thanks to parents and foster carers for taking the time to talk with us. We reserve a special mention for the young people for the generous manner in which they took us into their confidence and accepted our intrusion into their lives.

¹ "Report of the Task Force on Residential Care" (December 1999) and "A Strategic Plan for Residential Care in the Eastern Health Board Region" (December 1999)

2. Setting the scene: background, the centre and its population

Brookwood Children's Residential Centre is located at 11 Foxfield Road, Raheny, Dublin. It presently provides care for four young people, three females and one male. The home was originally set up in 1995 in a rented house in Brookwood to respond to the individual care and treatment needs of an individual boy. Gradually, the home started providing for other family members and now functions as a long-term family group home catering for a mixed group of four children, three of who are siblings.

Whilst Brookwood has a staff complement of ten (excluding the centre manager) there have been thirty-four different staff working there within the past two years, made up of twelve temporary staff and twenty-two relief staff.

Brookwood has been quite unfortunate in a number of respects, not least the loss of a permanent centre manager who died in December 1997. Since that time there have been four acting centre managers, five if you include one of whom filled the position on two separate occasions. All but one have left due to taking maternity leave, whilst the most recent incumbent in the acting post covered for a period of just two weeks until the current centre manager was able to commence duties. This new permanent appointment represents a significant strand in management plans to secure a period of consistency for Brookwood.

Brookwood's problems in retaining managers have been mirrored, to some extent, at area level. There have been a succession of acting head social workers in the past couple of years and it is this position that provides direct line management support to the centre manager.

In September 1998 the Board was evicted from Brookwood, a privately rented house in Killester. The children and staff were required to vacate the home with little notice and an impromptu holiday in Blessington was organised until alternative accommodation could be found. According to one member of staff,

"The eviction from Brookwood was difficult".

During the course of the inspection we learned that Brookwood is being required to move again around April 2000, because the private landlord of the Foxfield property is serving notice on the health board to quit. This time management are planning to buy and substantially renovate a property in the Donaghmeade area, which will represent a significant capital investment in the future of Brookwood and provide some much needed stability for the children. The move is expected to increase the capacity of Brookwood to at least five places.

Within its current location there had been obvious efforts to give Brookwood a facelift and we were advised that this was part of an upgrading programme of all three health board children's residential centres within Area 8.

The intention of this inspection report is to help identify what systems need to be put in place to ensure Brookwood provides a consistently high standard of care. It should be read within the context of the particular difficulties that Brookwood has had to contend with. There is a significant contrast with what Brookwood used to be like and what it intends to become. Inspectors noted that many of the positive achievements and improvements relating to Brookwood have come about within the past few months, and it is our impression that these will continue. During the course of the inspection we became aware of clear plans being pursued which should help to bring a period of greater stability to the centre and lasting improvements to the overall quality of care provided.

2.1 Children/young people

2.1.1 Data collection

Census forms on all four young people resident at the time of the inspection were completed on the 8th December 1999.

2.1.2 Age range

Their ages are 9,10, 13 (note: one became 14 years old on the last inspection date) and 15 years old respectively.

2.1.3 Legal status of care placement

We believe from the census returns and double-checking with social workers that three of the young people were in care under care orders, whilst the fourth young person is a ward of court. There were some discrepancies of information provided on the census returns and the young people's case files did not contain copies of the applicable court orders (see also paragraph 3.11.3).

2.1.4 Length of time in current placement

The young people had been at Brookwood for periods ranging from between 9 months and 4 years, seven months.

Two young women have each been there for four years, two months; one young woman has been there for four years, seven months and, the young man has been in the centre for nine months. In all instances the time represents one continuous placement, although this statement has to be set alongside the fact that Brookwood itself has been subject to two moves within the past year and is scheduled for another around April 2000.

2.1.5 Details of care placements (including present)

<i>Young People (n = 4)</i>	<i>Brookwood (years in total)</i>	<i>Other residential care (years in total)</i>	<i>Foster care (years in total)</i>	<i>Supported lodgings (years in total)</i>
#1	4 years, 2 months	----	1 year, 8 months	----
#2	4 years, 2 months	----	5½ years	----
#3	4 years, 7 months	----	3 years	----
#4	9 months	----	8½ years	----

2.1.6 Care status of siblings

The four young people have six siblings in total. Three of the young people at Brookwood are siblings with the other two members of their sibling group living with relatives. As for the other young person, her brothers previously lived at Brookwood with her but now one has returned home and the other is in another residential care placement.

2.2 Management structure

The management structure within Brookwood is a very uncomplicated one. It consists of one centre manager who works off shift and supervises the work of the assistant houseparents (x 10). There is no deputy post designated and in the absence of the centre manager one of these assistant houseparents is nominated to act up. Also, due to there being no other distinctions of seniority within the staff group, there is no position equivalent to that of shift leader or houseparent.

The centre manager reports directly to the acting head social worker. We learned of intentions to create greater parity within the existing management structure by bringing centre managers more into line with social work team leaders. It has been suggested that the three centre managers for the area could come together more regularly to provide peer support and play a more strategic role in helping to define and implement policy and practice guidelines for the centres. This would complement existing work carried out by both the acting head social worker and the child care manager, that latter of whom carries no line management responsibility and performs essentially an advisory function.

In turn, the general manager is the line manager to the acting head social worker.

3. Standards: the Findings

3.1 *Statement of purpose and function*

The centre has a clear written statement of purpose and function which accurately describes what the centre sets out to do with children and the manner in which this is provided.

Brookwood provided the social services inspectorate with a copy of its statement of purpose and function on 21st December 1999, although this does not indicate when it was written. This document usefully sets out what the centre provides, its aims and the approach it is seeking to take. The statement briefly outlines the centre's policies on child protection, sanctions, physical restraint, staff protection and key-working. The inspection process revealed that the statement had not been produced in consultation with management and did not appear to be well integrated with existing Board policies and strategy documents. For instance, there was no acknowledgement of either; "*A Strategic Plan for Residential Child Care in the Eastern Health Board Region*" or the, "*Report of the Task Force on Residential Care*" both of which were published in December 1999 and provide significant indicators of current trends, policy and practice issues. Further, apart from acknowledging Therapeutic Crisis Intervention, none of the policy statements were located within the relevant regulations or national initiatives such as "*Children First: National Guidelines for the Protection and Welfare of Children*". The significant external influence for Brookwood's present statement would appear to be Barbara Kahan's, "*Growing Up in Groups*" and whilst commendable in its aspiration there would be areas of practice around concepts of normalisation, children's rights and age-appropriate treatment that would not entirely conform.

The inspection also showed that there was no evidence that the statement was readily accessible to young people, families, social workers and others with a

legitimate interest in the work carried on in the centre. Our impression was that whilst staff and managers had an implicit awareness of Brookwood's policies, these were not always written down, consistently understood or adequately communicated to young people.

The inspection team took cognisance of the fact that a new centre manager and acting head social worker were only just in post and only very recently had been able to set about the task of putting policies in place. Only within recent weeks does it appear that external management had any input into the statement. Inevitably, it will take some time before the requirements of this and other standards can be adequately met. We were, however, sufficiently convinced that the statements of intention to address these deficits were genuine.

Throughout, this report will identify the various requirements for Brookwood to develop these policies, making the case for this under each appropriate standard.

RECOMMENDATIONS

1. **Brookwood needs to revise its existing statement of purpose and function ensuring that this is updated in line with the expectations of these standards and, that account is taken of the Board's most recent reports on residential child care. This should be done in consultation with young people, staff and management, and the statement should be made readily accessible to all persons with a legitimate interest and entitlement to see it.**
2. **Urgent attention is needed to establish, and make known, a clear set of policy statements on young people's complaints; admissions criteria and procedure; care planning, review and discharge; staff recruitment and training; record-keeping; young people's rights of access to files and to be consulted about decisions affecting them; unauthorised absences; Freedom of Information implementation; pets; health and safety and, arrangements for external monitoring.**
3. **Further work will be required around child protection and safeguarding issues to take account of the "Children First" guidelines and, the centre's policy on the use of sanctions/house rules could usefully be re-visited once a more coherent team ethos has emerged around this issue.**

In all of this work there is a key role for management in providing clear leadership and guidance.

3.2 *Working in partnership*

Partnership is essential to the provision of good quality residential childcare. The experience of young people in care is enhanced by positive working relationships between professionals

Within Brookwood there are some constructive examples of partnership work between social workers and the residential care staff particularly in respect of communication and access to the centre. Staff members and social work staff spoke positively of their recent working relationships and believed that issues of concern could now be addressed directly.

Our evidence suggested that Brookwood has experienced poor working relationships in the past, so its statement of purpose and function identifies the need to improve these. We heard from foster carers and social workers which

implied that this has already been an area of significant improvement. Social workers visit quite frequently and are able to see the children alone if they so wish or take them out of the centre, although we found that this has not always been the position.

Communication could at times however be improved. Both care staff and social workers provided examples of where information could have been communicated at an earlier stage or in greater depth. However, it was equally stressed that this is not due to any reluctance to impart information but rather to demands of work or confusion as to whether the information had already been imparted. There is mutual acceptance that communication could be improved upon. An example cited was in forwarding incident reports to social workers. There could be some discrepancies as to when these are sent and some occasions where they might never have been received. In consulting staff on this point it would appear that one of the greatest communications nemeses in residential work is the assumption that someone else has already done it. Additionally, social workers were not entirely convinced that they were always consulted about significant decisions affecting the child's daily life. Staff responses tended to support this impression. They would not as a rule bring in the social worker to help determine a sanction, although this did occur in one exceptional case. There were also occasions where there were professional differences about how access arrangements should work. Many of the concerns expressed to us about Brookwood were by definition historical. Social workers now regard Brookwood as a safer environment for children, feeling that there is better quality of supervision and a more open culture. From a position of experiencing some past difficulties of communication and defining roles they now speak very well of the centre and have high expectations that the new centre manager will "... *turn things around*".

We felt that there is probably still some way to go with foster parents who did not feel that staff respected their opinions and would be reluctant to consult them about matters concerning the young people's daily lives. We formed a distinct view that their considerable experience in relation to these young people was being overlooked, as was the fact that the foster carers had

provided them with an important source of continuity during all of the upheavals. The young people relate to their foster carers very closely and we consider that it would be conducive to promoting the young people's welfare for their role to be treated with greater regard.

Relationships with the neighbourhood were reported to have improved of late, whilst acknowledging that these were poor to begin with. There was some initial resistance and hostility when Brookwood first moved in and one member of staff astutely observed that children were pretty much conspicuous within the area. Added to this staff were contending with people's general prejudices about children in care. It has been suggested that relationships have improved, in part due to the neighbours' realisation that these were a reasonably well-behaved group of young people. Others put forward the

theory that it coincided with the departure of the much complained about dogs, which used to be the centre's pets.

Brookwood does not work at all well in partnership with young people and a number of staff will need to be introduced to this concept. Young people's views are not generally sought and they have been excluded from significant aspects of decision-making. There were however some encouraging signs that this is changing with the introduction of children's meetings and examples of young people beginning to be listened to about the centre's annual holiday, house rules and privacy issues.

RECOMMENDATIONS

4. **Brookwood should develop its working practices so as to encourage opportunities for working in partnership, especially with foster carers, families and young people.**

3.3 Admissions criteria and policy

The centre has an established policy, setting out how young people are referred and admitted.
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There is no written policy setting out the admissions criteria for Brookwood and, in consequence, the centre currently does not meet any aspect of this standard. There is an implicit policy which suggests that Brookwood does not generally take emergency admissions, but this is not explicitly written down and it remains unclear as to whether the 'policy' is as widely known as it should be. The very small number of admissions to Brookwood may have considerable bearing on this. Aside from one emergency admission of a young person who was in the centre on the strict understanding that it was for just overnight, a few weeks ago, Brookwood has only admitted one new child within the past four years. That was the younger brother of two girls who were already at Brookwood, and following the breakdown of his foster

placement the policy was to place him with his siblings. There have been other referrals to Brookwood but it has always been full. However, we received evidence suggesting strong possibilities that another young person could soon be discharged home, making an imminent vacancy at Brookwood.

The Social Services Inspectorate takes the view that Brookwood needs to have an admissions policy in line with the required standard.

[see also Recommendations under 3.1]

3.4 Care planning and review

3.4.1 Care plans

Each young person's care is subject to a formal, systematic and written plan to promote the welfare of the child in compliance with Article 25 of the Child Care Regulations 1995. While there is a strategic objective that there is always an easily accessible care plan or social work files, which are copied to the residential care files,

We found that care plans had been drawn up in respect of three of the young people resident at Brookwood, but there was none completed in respect of the fourth. The care plans that had been done were prepared long after admission to the centre, so for example, one young person who was admitted in December 1995 first had a care plan written up at the end of July 1999 and the other two had undated care plans on their files.

Those that had been completed were quite good in detailing the developmental needs of the child; support to be provided to the child and arrangements for access. They were not so good at providing a clear statement on the purpose and aim of the placement or what specific tasks were assigned to named individuals in order to implement the care plan. We received little indication that the child, the parent's (including foster carers) or staff were actively consulted in preparing the care plan. They were short on identifying the educational and health needs of the young person and unspecific about the arrangements for the review of the plan.

There was some confusion as to whose responsibility this was and what was required in order to carry out the task of drawing up the care plan. We would suggest that care planning is a professional activity which requires further guidelines and training.

We were informed that Brookwood was not the first choice placement for two of the young people but became the preferred option in the interests of keeping siblings together when no other suitable placement became available.

RECOMMENDATIONS

5. In accordance with Article 23 (1) of the Child Care Regulations 1995, each social worker should ensure that a formal written care plan in respect of a young person's residential care placement is devised and is sufficiently comprehensive as to fully address the young person's needs.

3.4.2 Review of care plans

Each young person's plan is reviewed by an authorised person as often as may be necessary in particular circumstances, but in any event at intervals not exceeding those specified by Article 25 of the Child Care Regulations 1995.

The basic requirements in respect of care plan reviews as set out in Article 25 of the Child Care regulations, 1991 are met.

However, there have been some significant, if not traumatic, events in the lives of young people at Brookwood which might suggest the need for care reviews to have happened more frequently. Care plan reviews have not always taken place when they should have done but have succeeded in getting young people and foster carers to attend. This is not however to imply that their views regarding the placement are always sought and listened to. Parents and teachers are rarely, if ever, invited. Reports and records of these reviews reveal that much of the concentration is divided between a re-consideration of the last review's decisions and the young person's behaviour, usually confined to more recent observations. What they fail to provide is any sense that there are a set of achievable objectives; specific, timetabled and assigned tasks and clearly defined outcomes which are intended to promote the welfare of the child.

There is an expectation that social workers will convene reviews and that in respect of young people at Brookwood these happen on an annual basis, excepting the most recent admission who was reviewed after seven months. There is a facility for calling additional ones outside of the review timetable but the impression given was that any significant changes in the interim would be dealt with at a meeting of the social worker and staff. It would be reasonable to speculate as to whether some of these were, in effect, de facto case reviews but without the same requirements of recording or accountability.

We suggest that Management ought to consider how this function is being carried out, recorded and monitored, with a particular focus on outcomes from the Board's review of care plans.

3.4.3 *Family involvement*

The centre shows respect for the young person's family in all aspects of how it cares for young people. Parents are involved in planning for young people's everyday life and future.

One mother we spoke to regarded her child as happy, although was quick to point out that they always look forward to seeing her. She also reported feeling welcome in the centre more recently but had some issues around the general lack of privacy. There is no family room at Brookwood and more than one parent (including foster carers) failed to see why they could not spend time in their daughter's room. This lack of privacy was accentuated for one mother in particular who was prohibited from taking her daughter out. The same mother reported to us that having structured days and times for phone calls further restricts their contact. In contrast the mother was invited to help with her daughter's bath-times. Staff explained that there was some reluctance on the part of staff to do this. There had been concerns around potential allegations of child abuse, even though these were not grounded in any complaints of this sort. Mother's interpretation was suggested that it was due a rather sensitive infection that her daughter had contracted. Whatever view is taken as to whose version is right, it is regrettable that the constructive involvement of a family member was ostensibly a reactive measure.

These rules not only seem to be working against Brookwood's stated aims of promoting partnership with families, but subject to the outcome of pending court matters, in which the young person could be returned home, the policy might be construed as having been a little over-protective.

In respect of other young people at Brookwood there is significant contact with ex-foster carers whom they have come to regard as their parents.

The 'parents' who responded reported that they were not given much in the way of information about their respective children and generally did not feel

that staff consistently sought their views. They were involved in reviews but cited these as the only opportunities to be listened to.

We advise Brookwood to re-examine its practise in this area and consider whether there is greater scope for pro-active family involvement.

3.5. Staff recruitment and support

3.5.1 Recruitment

Staff are the most vital resource in providing quality care. They will be among the most important people in the child's life while in residential care. Recruitment, training and support policies should recognise this and should ensure that staff are equipped to fulfil their duties to children. The personal and professional skills which staff bring to the task of caring for children should create a living environment which is child-oriented.

No member of staff is permitted to take up post until satisfactory Garda clearances have been received. Permanent positions are subject to competition involving additional checks of qualifications and two references, and an interview at the Eastern Health Board Headquarters in Dr. Steeven's Hospital. Permanent staff would also be subject to a one-year probationary period. There is at present no formal system of appraisal in place and there are no set targets to be achieved during this period. Temporary staff would apply by curriculum vitae, are subject to the additional checks of two references and would be interviewed by local managers. We were informed that centre managers usually interviewed for relief staff. It is our understanding that temporary and relief staff are not subject to any probationary period (but would not automatically have their contracts renewed).

There is a graduated system of vetting depending upon whether staff are permanent, temporary or relief. All categories of staff must clear criminal records checks from An Garda Siochana. In addition to these requirements, permanent staff are required to have their qualifications vetted, must provide two satisfactory references and are subject to an interview. Temporary staff would not have their qualifications automatically vetted and relief staff could sometimes be taken on without having references taken up.

We were able to affirm, through random checks and interviews conducted, that staff are properly vetted before being permitted to work in children's residential centres. During the course of the inspection we randomly examined personnel files relating to two members of staff and were completely satisfied that all appropriate vetting had been carried out.

Staff were vaguely aware that a recruitment competition for permanent staff was pending, but were unsure as to any particulars. Competitions are periodically arranged by headquarters personnel and suitable candidates would then be offered placements by local management, to fill vacancies in permanent posts. This arrangement was not always conducive to enabling staff to remain where they had been working in a temporary capacity. Brookwood has an acute problem of high staff turnover, especially when set

against its purpose and function of providing a long-term care within a family group home. Inspectors heard that staff are transferring to other health board homes on the same terms and conditions of service. Area managers are seeking to find ways of providing the sort of terms and conditions which will in the first instance attract the right calibre of staff and in the second instance retain them. There was a widespread appreciation that given the very sensitive nature of residential child care work there is a special case for needing to establish, and retain, a committed, capable and stable workforce. Management recognises that this will involve investing in staff training and development needs, and that issues concerning lengths of contracts will need to be urgently addressed.

At Brookwood presently most of the staff are on contracts of less than three months, a situation which is not conducive to providing consistent quality care to a group of young people who clearly need and deserve some stability in their lives.

Brookwood, as already acknowledged, suffers from a high turnover of staff. One member of staff suggested that this was to do with all the changes, such as the moves and all the different managers. Management placed this within a wider context of recruitment problems, not just being confined to the care sector. It has been felt for some time that the high cost of living in Dublin makes it extremely difficult to recruit and retain staff. Inspectors were provided with details of an Eastern Health Board workshop entitled; "*On Best Practice In Recruitment and Retention of Child Care Staff*" which was held on 9th July 1999. This workshop paper alerted us to other significant factors in the recruitment of staff and proposed many constructive recommendations for addressing this problem. Inspectors were informed that a working group had been formed to take some of this work forward. However, subsequent intelligence suggests that this group is yet to commence its work.

RECOMMENDATIONS

6. There is an urgent need for actioning longer-term appointments of staff at Brookwood, which should have as one of its most pressing priorities a period of stability and consistency.

3.5.2 *Staff support*

Young people are looked after by staff who are trained in the skills necessary to meet their needs and, who receive appropriate professional support from management for the tasks that they are required to carry out.

The Eastern Health Board, Area 8, residential child care services are currently managed by an acting social work manager who has overall responsibility for the management and administration of the three children's residential centres.

At the time of the inspection the staffing complement for Brookwood consisted of eleven posts: 1 permanent centre manager and 10 assistant houseparent posts, one of which is to provide cover for a permanent post-holder who is currently on maternity leave. The centre manager who has been in post since December 1999 does not work on shift duty to facilitate the local management of the centre. At present all of the assistant houseparents are on either temporary (renewable at three-monthly intervals) or relief contracts.

3.5.3 *Staff rota*

Current staffing levels are intended to provide for at least three staff to be on shift duty at all times.

Staffing levels are not thought to be entirely adequate by local management due to the impact of annual leave which has to be taken before the end of March. The consequence of this leads to an over-reliance on relief staff. Some week's staff are doing a 65-hour week. The duty rota is organised around two staff doing a 24 hour shift (including sleepover) and one member

of staff working a 2am-10pm shift. The manager works a 9am-5pm (weekday) shift pattern. The normal staffing ratios of three per shift are quite adequate but can be easily disrupted through leave (sick, annual or maternity). The optimum balance is thought to require a regular staffing complement of ten, and that this could be further backed up by a relief team which operates between the three centres in the area. At present, where exceptional circumstances arise either the manager has to cover or ask staff to do extra shifts.

Staff are sensitive to the need to maintain appropriate gender balances, given that three of the four young people are female.

3.5.4 *Qualifications of staff*

The majority of staff currently working at Brookwood have some qualifications in social care or a related area, but not all can be regarded as holding relevant professional qualifications. There would questions as to how well existing training will have prepared them for the challenges of residential child care work.

<u>Position:</u>	<u>Qualification:</u>
Centre Manager	Diploma in Social Care
Assistant Houseparent, #1	Diploma in Social Care (UCG)
Assistant Houseparent, #2	NCVA/BTEC Diploma in Social Care
Assistant Houseparent, #3	B.A. (Hons.) in Psychology
Assistant Houseparent, #4	Bachelor of Social Science degree
Assistant Houseparent, #5	National Diploma in Applied Social Studies/ Diploma in Counselling
Assistant Houseparent, #6	NCFE Certificate of Practical Care
Assistant Houseparent, #7	National Certificate in Applied Social Studies in Social Care/ NQSW (uncompleted)

Assistant Houseparent, #8	Bachelor of Social Science
Assistant Houseparent, #9	Foundation Course in Children and Adolescents with Special Needs
Assistant Houseparent, #10	No recognised qualification

3.5.5 *Employment status*

Only two amongst the present complement of staffing are employed on a permanent basis, one of whom is the centre manager whilst the other is currently on maternity leave. Nine assistant houseparents work on a full-time basis, with one working at Brookwood part-time.

3.5.6 *Staff procedures*

Staff at Brookwood were understandably not as clear as they might have been about accountability and reporting. Their professional experience has not provided them with consistent guidance or leadership. This is reflected in numerous examples we received, including direct observation, of staff interpreting the centre's policies and procedures in different ways.

Some staff felt that practices do not always match up to the statement of purpose and function and also cited written communication as an area for professional development.

Staff are supported by team meetings, which take place once a fortnight (on Tuesdays) and are chaired by the centre manager. They are minuted as to the decisions taken and these are recorded in a team meeting book. Inspectors heard from a few staff that they would appreciate a visit from management now and then.

"You are left to it - no-one really tells you if we are doing well or not".

The centre manager announced hopes to make team meetings a weekly event, but staff are often expected to attend these in their own time and are consequently not paid for this part of their duties unless they happen to be on shift.

There are no area meetings in place for centre managers, although it was suggested that this might be considered as a model of peer supervision. This would bring the three centre managers from area 8 together enabling them to share practices, thinking and play an active part in the local implementation of key health board and national policy initiatives to improve the quality of children's residential services.

The centre manager would appreciate access to an independent consultant and this matter is still under consideration.

3.5.7 *Supervision*

The assistant houseparents have started receiving regular supervision, on a six-weekly basis, from the centre manager. They identified this as a practical example of the improvements which the new manager was bringing in and were able to recognise how it could benefit their work. Prior to the arrival of the new centre manager there was no regular supervision in place for staff, although we did hear of a previous attempt to introduce it at Brookwood.

There is no written supervision policy but the centre manager is giving consideration to how sessions ought to be recorded. The centre manager admitted to having received no formal training in supervision, although does

have copies of some notes taken from a training session for managers which took place two and a half years ago. These notes include some practical working materials. We were separately given a pro forma document in relation to recording staff supervision, although this did not identify the purpose and function of supervision.

The centre manager can expect to receive line management supervision once every six weeks. This is a verbally understood agreement and not underpinned by any written contract, nor is there yet in place any policy document outlining the purpose and role of supervision.

The efforts which are being made to put supervision in place are to be commended and are seen as making a positive contribution towards professional and managerial development.

3.5.8 *Induction*

There is no formal induction programme in place at Brookwood, although the Board periodically run them as part of staff training.

3.5.9 *Training and staff development*

There appear to be some training opportunities for staff, apart from the fact that they have all undertaken the Board's course in therapeutic crisis intervention. None of the five staff we interviewed had yet received induction training and their expectations were that they might need to wait between six to eight months before a place on such a course became available. Also, from our questionnaire returns, we found evidence that none of the staff group had received any in-service training in induction procedures; in health and safety at work; in the relevant aspects of the Child Care Act 1991 and Child Care Regulations 1995; in freedom of information; in child protection; in child and

adolescent development (with one exception) or in children's rights. The inherent message of the Board's current training policy is that issues of control in residential child care are prioritised over and above any others.

Brookwood has a reasonably well-qualified staff group, given that most have received some form of post-tertiary academic or vocational education. It has an intelligent workforce that, when given the opportunity, thinks about the approaches used, their relative merits and their shortcomings. However, there is a deficit of professionally qualified and trained staff. One member of staff was currently on the in-house Diploma in Social Care course, whilst two others had respectively received training, prior to working at Brookwood, in counselling and basic residential child care.

Local management impressed us that they regard training as a key investment in ensuring quality standards.

The Inspectorate would advise;

- i) Undertaking a complete audit of staff training needs,
- ii) Drawing up action plans for meeting these in a systematic way,
- iii) Producing a written supervision policy outlining its purpose, and,
- iv) Addressing the need for a formal in-house induction programme at Brookwood.

3.6 Children's rights

3.6.1 Consultation

Young people's views are sought over key decisions which are likely to affect their daily life and future.

We found nothing written down which was intended to advise young people as to what rights they had whilst in care and more specifically at Brookwood.

There was some internal confusion around the function of children's meetings, which have just been introduced at Brookwood. Some staff expressed concern that these were just a forum for children to come up with a 'wish list', whilst others saw this as a perfectly legitimate vehicle for young people to have their say. There was no unanimity about what rights young people should have and little direct evidence to date that their views were regularly consulted on matters affecting their lives. We learned that they attended annual case review meetings but, from the lack of any written acknowledgement of young people's views, would not be confident that these were examples of consultation in action. They failed to include young people's ascertainable wishes and feelings about access arrangements with both natural and foster

families. There was no written policy or practice guidelines that set out how young people's views were to be sought.

There were some significant decisions taken at Brookwood that have lacked a perspective from the young people. Through asking them directly, and through talking with staff, social workers and managers, we formed the impression that no young person was consulted about the implications for them of the two moves that have taken place within the past eight months or indeed the move which is impending. The issue here is not that they could have necessarily affected the outcome, but the very process of seeking their views conveys a significant measure of respect and a sense that the young people are worth listening to. From what we have gathered, it seems that the young people's views were not sought about the removal of the dogs from Brookwood. Further, there is reason to believe that they had little say in how Brookwood was recently refurbished and redecorated, aside from what went into their individual bedrooms.

Young people appear to have little say about the rules at Brookwood, use of sanctions, choice of key worker, pocket money rates, policy on pets, issues concerning their personal privacy.

This view was supported by the young people's own perspectives, which confirmed that they generally do not feel that they are listened to by staff or social workers, and have had little say in the way the centre is run.

We found that there were some exceptions to this and signs of a more progressive trend to give young people a more inclusive say in such matters. They had some input into choosing their activities and helping to decide where Brookwood might be going on holiday this year. It is this trend that we would like to see prevail.

RECOMMENDATIONS

7. Brookwood and Community Care Area 8 should continue to develop ways of consulting young people about decisions, in line with the requirements of Article 12 of the United Nations Convention on the Rights of the Child 1989.

3.6.2 *Complaints procedures*

Children in residential care need to be able to express their unhappiness or complain about their care.

This standard remains unmet, in spite of the fact that the Board do have a complaints procedure.

Complaints are briefly referred to within the statement of purpose and function, but are confined to stating what staff may do if they have any concerns. It does not address itself to arrangements for dealing with young people's complaints. The statement does not acknowledge the existence of the formal complaints system within the Board which is intended to be accessible for all users of its services. We saw no evidence of literature which the Board has produced, setting out its complaints procedure and how users of its services can make formal complaints. As an aside, we discovered that the Board are currently working on a procedure which will be discreetly for children and young people in care, and which will be supported by services of advocacy.

Staff at Brookwood regard young people as having an implicit understanding that they can go to the manager or a member of staff if they are dissatisfied about something. Staff advised us that they have told young people that they can complain;

"That's how they know".

Young people at Brookwood confirmed that they felt that they were able to complain, but did not think that either Brookwood or the Board had a procedure. One young person said that it would not matter because they would complain anyway. Young people and parents confirmed that there is no information pertaining to how complaints can be lodged or any explanation of what a complainant should do. Personnel we consulted appeared to operate on the assumption that young people knew what to do in the event of wishing to make a complaint. One young person told us that she would go to her social worker, but was unsure as to what might happen with any complaint. Others said they could talk to staff and suggested that it would depend on what it was about. There were some issues that the young people sensed there would be little point in complaining about and suspected that staff (and social workers) would stick together. These included having pets, choice of food, challenging sanctions that were felt to be unfair and general house rules around being allowed more freedom.

Some staff felt that the new children's meetings were a good innovation providing an opportunity for them to have their say and bring up any complaints. The one and only children's meeting that has taken place to date generated some complaints from three of the four young people. These were largely directed towards one member of staff and ranged from issues about house rules to concerns that young people had that certain members of staff treated them differently. All of these were reputedly dealt with by the member of staff who took the meeting and was, consequently, the subject of most of the complaints which had been made.

We learned through administration that there had been two formal investigations carried out. Area management had investigated these into one serious complaint and one suspected breach of conduct, in respect of two members of staff previously employed at Brookwood. There are reports held

in respect of both investigations indicating their findings and subsequent outcomes. Inspectors take the view that these were investigated thoroughly, although would regard one of the examples given to us as more of a disciplinary matter than a complaint.

There is no separate written procedure for dealing with complaints which might have child protection implications. Management informed us that usual practice was for any complaints with child protection concerns to be dealt with by the duty social work team, although cases of historical abuse may require additional resources. There appeared to be no clear guidance at present as to what staff are required to report or to whom.

RECOMMENDATIONS

8. **Brookwood and Community Care Area 8 should incorporate the Board's complaints procedure into their work, and ensure that those entitled to know about it are sufficiently informed. They should**

ensure that any local arrangements for dealing with complaints do not run contrary to the requirements laid down by the Board's own procedures.

9. **Inspectors believes that management, taking cognisance of both "*Children First: National Guidelines for the Protection and Welfare of Children*" and impending legislation on mandatory reporting, should ensure that staff are given clear direction on what to do if they receive complaints about child protection concerns.**

3.6.3 *Access to information*

Young people are permitted access to significant sources of information about themselves and services available.

This standard is unmet, largely due to there not having been a local implementation of Board policy.

Staff and social workers were unfamiliar with the Board's existing position on access to information and did not appear to be in possession of any literature about this. Practice suggests that young people do not see their files or other information which is written about themselves.

Young people were not aware of any rights they might have to see their personal files or daily logs. There is no proactive or written policy on access to files. Staff informed us that young people are able to see the log book but;

"They never ask".

Young people's impression differs in that they believe that they are not actually allowed to see their files or the log book, and do not see any point in asking. Reports for reviews are not generally shared with young people.

There did not appear to be any literature (booklets, leaflets, posters etc.) developed intended to inform the young people about Brookwood, services available to them whilst in care or a statement of their rights.

RECOMMENDATIONS

- 10. Brookwood and Community Care Area 8 should make better use of the Board's Freedom of Information Central Office as a source of materials and should revise local policies on access to information in line with those of the Board.**

3.7 *Child protection and safeguarding issues*

There are systems in place in the centre which aim to ensure that young people are protected from abuse. In particular, staff are aware of, and implement, practices which are designed to safeguard young people in their care.

The young people gave inspectors the impression that they felt safe at Brookwood and confident of speaking out against people who might try to harm them. Whilst they were not entirely certain as to whether they would approach staff on complaints about the rules, they did feel that they would tell staff or the centre manager if they had any concerns about their safety. One particular area of worry were observations that Brookwood does not entirely respect young people's privacy and this could contribute to making them feel less safe. Another was whether staff are sometimes unduly influenced in their care practices by potential child protection concerns.

Inspectors were given an example in relation to one young person's health and hygiene where some staff allegedly refused to attend to her physical needs, with the suggestion being that this was for fear of allegations. It was in respect of a young person who needed assistance in bathing and whose mother had to be brought in to perform this task. Whilst inspectors are in no position to judge the veracity of these claims, were this to have been the case then we would have to say that it was unacceptable conduct for staff working in a caring profession (see also 3.4.3).

Staff were aware that there are lots of issues with the young people's background of abuse and neglect, but we came away with little sense that these were being currently addressed.

We suspect that the 'policy' on young people not being allowed into each other's rooms may also be a by-product of this thinking;

"... we discourage this ... there is a suggestion that there were a couple of incidents when something could have happened and there has been a history of sexual abuse within the family".

This policy was introduced over two years ago now and is operated by some, but not all, staff. The practice continues regardless of the fact that no-one suggested that any of the young people at Brookwood are considered to pose any significant risk of harm to the others.

Staff believe that young people are kept safe within the centre and echoed the young people's confidence that they would talk to them about any concerns they had. Staff also cited levels of staffing cover which would never see anyone working on their own.

Whereas it was not always the case, social workers now regard Brookwood as providing a safer environment for young people, feeling that there is a better quality of supervision of them and a more open culture. This newfound confidence appeared to contrast with a time when it was possible to walk in and out of Brookwood completely unobserved.

As in many of our observations we found that staff received inadequate guidance in these matters, little or no training and that, as a result, practice was at times contrary to the stated aims of the centre around issues of normalisation and respect for family (N.B. three of the young people being a sibling group). There was no evidence of formal written documents outlining safe care practices and any notification requirements in line with child protection procedures. To summarise key deficits that inspectors noted;

- i) Staff not being familiar with recently published national guidelines for the protection and welfare of children,
- ii) No evidence of formal written guidance for staff on the requirements for notification of suspected or actual abuse and no guidelines for safe care practices,
- iii) Staff were generally vague about what action they should take if they had any concerns about colleagues, and
- iv) Little or no training provided on child protection or safeguarding issues.

RECOMMENDATIONS

11. Urgent attention should be given to informing all staff about child protection and safe care requirements.

3.8 *Sanctions policy*

Each children's residential centre sets reasonable limits which everyone understands on what is regarded as acceptable behaviour and what is not. Sanctions generally work best in an environment where children are commended and rewarded for the achievement of good behaviour.

At the time of the inspection there was no sanctions policy. A sanctions book had been introduced but had no entries recorded in it as yet. Staff informed us that these would have been recorded in the daily log book, although this was not always evident.

The system of sanctions came across as being at best arbitrary and at worst being somewhat detached from the principles of good child care practice as set out within Brookwood's own quite impressive mission statement.

Sanctions included early bedtimes, loss of pocket money and groundings. There are no set rules and new staff learn them through word of mouth. However, the young people's perception is that there are too many rules and some staff are too strict. Some examples they gave include;

- not being allowed in others bedrooms
- food being locked away in the office
- not being allowed pets
- not allowed drinks in the sitting room
- some staff not allowing them to ever have sweets or coke
- too many sanctions (groundings and early bedtimes)

Interestingly, the staff we interviewed broadly corroborated this perspective, indicating that the staff group as a whole is not entirely of one mind as to how this group of young people should be treated. There was also a detectable split within the staff group as to how well they believed sanctions to be working. Some clearly thought that they were working well and expected they would have changed if this were not the case. However, other staff expressed some reservations about the frequency, severity and age-appropriateness of some of the sanctions;

"Rules and sanctions are not a big part of the home. Behaviour is quite good ... many of the sanctions are petty, unnecessary and inappropriate".

We learned of one sanction which involved taking the young person out of school to be handed down a grounding of four months. The Inspectorate take the view that this was wholly disproportionate, unjustifiable and not conducive to principles of good parenting. Explanations received as to the reasons for it were unconvincing. We subsequently learned from staff that this grounding was eventually lifted, due to representations made against it, after two months.

"Initially I felt the sanction was right because there were other issues, accusing other children of the thing she had done wrong. Also, she was getting lippy and verbally abusive to staff. However, we became concerned that it would embitter (name withheld) and set her against staff. I recall questions of justice and appropriateness came into it".

This situation, exacerbated by the high turnover of staff and managers, can lead to some inconsistencies in the way individuals apply sanctions and a potential to lose the plot. It is to the considerable credit of what is thought to represent the majority staff view that their instincts for fairness and justice eventually prevailed.

The new centre manager would hope to change this so that more discussion took place at team meetings and there was a greater emphasis on collective responsibility. We applaud this development but would further advise that a set of principles are drawn up which should be used to underpin all decisions about sanctions. In particular, these principles should take proper account of the age-appropriate need for self-development, in which young people are

progressively permitted to take increasing levels of responsibility including for matters of their own conduct and discipline. They should also take account of anti-discriminatory practice by ensuring that young people are not subject to any harsher treatment as a consequence of their care status. A very simple and straightforward test which could be applied is;

If a particular action or decision could not be justified in respect of any young person or group of young people who are not in care, then it is probably an act of discrimination to insist that it is acceptable for young people in care.

Over the years staff have applied use of sanctions in an arbitrary fashion and this is not acceptable practice. According to principles of natural justice young people have a right to know, in advance, what the rules are and what sanctions can apply if they are found to have broken them.

RECOMMENDATIONS

- 12. Brookwood should urgently review the use of sanctions ensuring that these do not operate counter-productively to young people's proper development needs or the requirement to promote their welfare.**
- 13. There should be independent monitoring of sanctions to ensure that they are fair and reasonable, are proportionate to the behaviour requiring change, are age-appropriate and are effective in achieving desired outcomes. Monitoring is also essential to ensure that the use of sanctions never constitutes, in itself, either a form of child abuse, an act of discrimination or a serious violation of a child's rights.**

3.9 *Unauthorised absences*

The centre takes steps to ensure that young people who absent themselves from the centre without consent are protected in line with written policy and guidance.

The centre's procedure is unclear as to the to be taken in the event of the unauthorised absence of a young person. Staff understood the practice to involve reporting the young person missing after ½ hour, although there are no written protocols setting out who is to be informed. According to some staff this would be the social worker, whilst others would be notifying An Garda Síochána. One member of staff thought that it would be necessary to make out a missing persons report. In no instances did anyone suggest that parents should be made known.

Brookwood was unable to produce any written procedure to deal with unauthorised absences, although we were told that there was such a document. There was no separate recording of unauthorised absences and we were advised that these would be written up in the log book or as an incident report. Staff did not appear overly confident in their understanding of what the proper procedure was. The impression we formed was that there are probably very few incidents of this kind at Brookwood and it is likely that this issue has not needed to occupy much staff attention.

RECOMMENDATIONS

- 14. Brookwood must develop a procedure in line with Board guidelines setting out the steps to be taken in the event of an unauthorised absence. The utmost care will be required in drafting this procedure so as to ensure that staff provide a sensitive response to young people who may well be in crisis.**

3.10 *Ethos and quality of care*

3.10.1 *Living skills*

The acquisition of living skills is an integral part of the care process and should be individually tailored to meet the needs of each child in a structured and planned way. The care experience provides children with the skills, competencies and knowledge necessary for adulthood and citizenship.

We heard from management that Brookwood had worked hard to create an

atmosphere in which young people seem relaxed, happy and able to ask for what they want. Our inspection confirmed that the young people are basically well cared for and happy.

The group of young people at Brookwood did not strike us as being the most behaviourally challenging and this may well be due to the fact that staff have been able to maintain a reasonably good level of care and support to the young people in spite of the appreciable difficulties and disruptions that they have experienced during their lives in care. One cautionary note is that we were consistently told that some staff do not recognise the needs of teenagers and apply thinking in respect of them which does not always reflect a competent and empathetic understanding of adolescent development. Inspectors, whilst not intending to imply that any members of staff were unsuitable, took the view that the staff group had in the main set itself more for meeting the needs of the younger age group. We concluded that Brookwood still has much work to do in order to promote as normal a lifestyle as is possible in the circumstances. Brookwood should give greater consideration to the life skills that young people need to develop before leaving the centre. This would

include skills around handling money, purchasing clothes, preparing meals, using public transport and crossing roads unsupervised, visiting friends without having to check-in* and, as age-appropriate, being allowed to engage in similar activities to peers within the community. This approach involves a transitional and planned progression towards independent living and requires an atmosphere of trust to be promoted.

(N.B. There is a requirement for young people to 'check-in' at specific times when they are out of the centre unsupervised, due to a policy started two years ago.)

Staff expressed that Brookwood experienced a period of difficulty with a previous resident which at one time (June 1999) required the other young people in the household to be temporarily moved. The young person concerned had presented Brookwood with insurmountable difficulties and there was a noticeable change of atmosphere when he left.

Brookwood is exemplary in the support it provides in recognising young people's individual talents and interests. Appropriate funding and transport is available to facilitate their activities, although Brookwood would benefit further from having its own use of transport. These activities are wide, varied and interesting and currently include horse riding, dancing/acting, swimming and soccer. Activities in and around the house centred on the living room in which the television is the main focal point of young people's attention. However, they also showed a keen interest in books, especially about horses and we saw evidence of appropriate reading materials and toys. In addition, young people had personal possessions within their own rooms which they were able to use for spare time activities and interests. There was evidence of organised activities such as trips out to parks, cinema and special nights where they would have the evening meal delivered.

Young people spoke enthusiastically about the possibility of Brookwood going on holiday to Spain this year, and both staff and managers seemed to be doing everything possible to make this a reality for them.

Current rates of pocket money vary from £3 for a 10-year-old up to £4.50 for a 15-year-old and these rates are set at team meetings. There is no area or health board policies on pocket money rates which apply nor is there guidance as to whether there are any legitimate circumstances for withholding any part of it. Pocket money is given out on Saturdays and young people are encouraged to save. This money is independent of money available for toiletries, activities and transport and there is a facility enabling young people to earn extra pocket money. Rates at Brookwood do not compare favourably with other children's residential centres within the Board and, in the interests of fairness and consistency, management are looking at adopting pocket money rates across the area.

Some staff thought that the agreed rate for birthdays was £50 for under 14's and £70 for young people aged over 14 years. We learned that each young

person received a Christmas allowance of £250 and this included a requirement that a proportion of this would be spent on his or her bedrooms.

RECOMMENDATIONS

15. Brookwood should continue its excellent work in supporting young people's activities and generally promoting their happiness.

3.10.2 Psychological and emotional development

The emotional life of young people in care is given special attention. Young people know that there is a responsible adult available who is capable of understanding them, and as such, is a real source of confidence and support for them.

In general relationships between staff and young people appeared reasonable, showing elements of warmth and interest. There is room for staff to be a little more empathetic and Brookwood would be well advised to closely monitor the development and appropriateness of how young people are treated there. The key-working system tries to ensure that all of the young person's needs will be appropriately met, but this is very dependent upon how well they get on with each other. Whilst the young people seem to be fairly happy they clearly get on better with some staff rather than others. It would be unusual for that not to be the case, but in the circumstances that have introduced so many different significant adults into their lives it is remarkable that young people at Brookwood are prepared to trust or invest in anyone.

We heard that one child (name withheld) can sometimes seem a bit out of it and isolated from the sibling group of three. There will be times when she can

be a bit overwhelmed when the other three are together and is reputed as spending a lot of time in her room. That said, during the short duration of our inspection, we observed all the young people interacting well and being quite supportive of each other.

Many observers, parents, foster carers, care staff and social workers, suggested to inspectors that Brookwood had not always addressed the young people's emotional needs and we have reason to believe this to have been the case.

We found evidence that some young people were appropriately referred to outside agencies for counselling services. However, there appeared to be little work within Brookwood itself around children's emotional issues with being the victims of child abuse. If staff endeavour to build good and trusting relationships with young people then they must anticipate the possibility that they may wish to confide in them about matters that are worrying and hurting them, including abuse. Our impression is that staff need urgent training in child protection issue so that they are sufficiently competent to respond sensitively and appropriately to meeting the young people's full emotional

needs. Without such training there is further likelihood that staff will err on the side of caution in all their dealings with young people and fail to promote any sense of normality in their lives. Also, we were not aware of what support was offered around bereavement counselling following the death of a previous centre manager who had become a significant and well-liked adult in the lives of these young people. There have been questions as to whether staff are capable of helping the young people with emotional issues relating to a parent being imprisoned or around the general assumption that their parents are unable to provide care for them. The inspectors view on this is that staff working in close proximity with young people should be sensitive enough to respond to their emotional needs. A lack of appropriate training is an important factor in setting limitations to our responses, but does not in itself preclude responding on a caring level as one human being to another.

There is a general concern that the young people were attaching to a considerable number of adults and that experience was beginning to teach them that nobody ever stays. It was noted that they have begun to take the comings and goings at Brookwood more in their stride and have developed perfectly understandable strategies for distancing themselves emotional from most of the staff group. This situation cannot be good for their continuing emotional development or ability to form lasting and trusting relationships.

Staff do not appear to recognise the inherent strengths within the young people themselves. They are a pretty resilient group and are perhaps more supportive of each other than they are often given credit for.

3.10.3 *Preparation for leaving care*

Young people are adequately prepared for when they leave care, equipped with the skills, knowledge and resources which they will require.

Brookwood has neither policy nor indeed practice of preparing young people to leave care. The few young people that have left to date have either gone home or to another care placement. This pattern is likely to be maintained if the courts, as expected, return one young person, to her family.

That said there is a young person who is now 15-years-old and at a stage where her care plan should be reviewed to include a greater emphasis upon the development of self-dependency skills (as outlined above in 3.10.1).

There were few examples offered of how Brookwood promotes and develops age-appropriate lifeskills for young people, aside from some expected chores around the house. Brookwood could do more to help young people come to terms with the demands of the outside world. There were opportunities to

engage young people in shopping trips and get some experience of handling money but there did not appear to be much of this happening.

3.10.4 *Physical aspects of the residential centre*

Young people experience their living environment as similar in terms of furnishings and facilities to the homes of their peers.

Brookwood is a domestic dwelling within which efforts are being made to create a homely environment. The house is kept reasonably clean and provides warm and comfortable surroundings. The centre has recently benefited from a substantial refurbishment which has apparently transformed the look of the home. It has a new three-piece suite, a new television cabinet, new dining room table and chairs, new crockery, new double beds, bedroom lamps and clock radios. The gardens were spruced up recently and the living room carpet shampooed.

There was evidence that the fabric of the building needed some redecoration. We saw signs of dry rot in the kitchen area and some minor plaster damage going up the stairs and in one of the young people's bedrooms. Aside from this the current home, situated in Foxfield Road, was in a pretty good general state of repair. The home provides the young people with good sized bedrooms which are nicely decorated and personalised with their own posters and effects. The young people each have their own rooms.

The kitchen is of reasonable size but this becomes very limited if it is used to double up as a dining room. The sitting room area is quite large and it could reasonably accommodate the dining table and chairs.

Management advised us that there was a general refurbishment that had been scheduled for all three children's residential centres within Area 8. They further informed us that they had approval in principle to purchase a new home for Brookwood. They are planning to spend a considerable sum on acquiring and upgrading the new home and, the plans represent an impressive capital expenditure commitment to Brookwood's future. Area management are planning to hold consultations with the local community in the interests of promoting good public relations.

There is a lack of privacy for young people within Brookwood which should be ameliorated by the move to new premises. In the meantime it is possible that the sleeping in room, that was used to accommodate us during the course of the inspection, could be pressed into service as an auxiliary meeting room for family, social workers and other visitors. This might extend them a greater measure of privacy.

RECOMMENDATIONS

- 16. Management should continue to pursue its impressive plans to provide a permanent home for Brookwood and commit further capital investments to ensure that this is refurbished to the highest standards.**

3.10.5 Respect of child's privacy, dignity and individuality

The unique worth and individuality of each child should be valued and reflected in the ethos, management and care practices of each centre. Children's quality of life will be influenced by the value placed on their dignity and individuality in all aspects of daily living.

Staff advised us that young people are allowed to spend time in their own room on their own, but that they may be checked from time to time. Our observations also revealed that they can have friends in their room and that practice in this area is very much dependent upon which staff are on shift.

There appeared to be some discrepancies between staff and young people about whether private letters are opened and there was some evidence to support the view that some staff engaged in this practice. One member of staff indicated that this could happen if staff had reason to be concerned about who the letter might be from. Staff acknowledged that it was difficult for young people to hold telephone conversations in private and confirmed that they are looking into getting a 'home line' separate to the office. Issues about private visiting areas have been addressed above (in 3.10.4).

We were given examples from both staff and young people of staff entering young people's rooms without their knowledge or consent. This practice has been justified in terms of requiring to ensure that their rooms are kept clean and tidy, and to check that there was nothing in the rooms that should not be there.

One young person has acquired a mobile phone and it is symptomatic of the positive change and input which has recently been introduced to Brookwood that she is allowed to keep it on her own possession until bedtime.

There have been practices and attitudes at work, in the past, which have contributed to undermining young people's dignity and furthering a climate of mistrust. Checking up on young people repeatedly whether with friends or family not only compromises their privacy but also will only serve to create considerable embarrassment for them. In our view, whilst staff may be doing this in good faith, this practice should be used sparingly.

Brookwood does not always recognise young people's individual developmental needs and elsewhere the report adequately highlights the case

for age-appropriate care and treatment. Staff are pretty good and sensitive at recognising the individual needs of one young person in particular who might otherwise be singled out for having learning difficulties and being the only young person who does not have a brother or sister living in the house.

RECOMMENDATIONS

17. Brookwood should pay close attention to the changing development needs of all of its young people, ensuring that it continues to respond to these in an age-appropriate way.

3.10.6 *Preserving the child's sense of identity*

Residential care should contribute to the development of a positive sense of self. Respect for and the accommodation of cultural, religious, ethnic and family background of the child are crucial to the formation of an integrated identity.

Three young people at Brookwood have a very restricted relationship with their families and now identify, in terms of family, with ex-foster carers. Any contact that they have is supervised. There was no great sense that families featured particularly highly at Brookwood as a source of identity for the young people. By contrast, the young people had a distinct sense of their status and identity of being in care and, as previously intimated, management, staff and social workers need to be careful to ensure that this is not negatively reinforced.

The other young person does have more significant contact with mother.

All young people keep personal effects, such as photographs and other memorabilia and much of this relates to their period of time in care. There were school reports retained on file and we saw first hand certificates and rosettes of achievement that the young people had been awarded.

The young people were satisfied that information about themselves was held securely.

Young people are facilitated to carry out their religious observance according to their own and family's wishes.

3.10.7 *Education*

Each child has a right to education, which should be seen as a significant issue affecting the welfare of the child. The residential setting should be one in which education is valued, children's educational needs are actively addressed and each child is encouraged to attain his/her full potential. This will involve liaison with the health board social worker, schools and other appropriate training and educational bodies.

This is one of Brookwood's significant areas of success. All of the young people are regularly attending local school and we heard that, within the past year, only one day has been missed by their refusal to attend. The young people appeared to enjoy being in school and it was an evident source of friendships outside of the home. There have been other occasions where young people have not been in school, during term time, most notably during the move of premises. We were reassured to learn that the impending move to Donaghmeade will not require any change of schools.

Schools contribute reports for each young person's review if requested to and we heard on both sides that there was not as much communication as there should be. One of the local school's contacted us to state that whilst they were of a view that young people receive good care at Brookwood they had experienced some difficulties in getting staff to complete and return necessary forms.

Young people at Brookwood are regarded as doing well at school and there is evidence of some staff taking an interest in this aspect of the lives. Teachers confirmed both of these impressions and have met staff from Brookwood at

open evenings. The 15-year-old was beginning to develop a sense of what she would like to do at college and we got an impression that staff were positively supportive and interested in the young people's educational progress.

RECOMMENDATIONS

- 18. Brookwood should continue its excellent work in supporting young people's educational progress and developing partnerships with schools.**

3.10.8 Health care

The provision of appropriate health care and advice is acknowledged as an essential element in the arrangements for the care of young people in the centre.

The young people at Brookwood are generally regarded as healthy, although we heard an account of one of the young people having to wait months for necessary medical treatment. Staff indicated that obtaining a general practitioner for young people in care is not always straightforward as they are inclined to ration their 'medical card' cases.

As consistent with our findings around child protection issues, staff told us that they were unclear about their role in respect to issuing guidance or advise about sexual health issues. The impression is that this is largely avoided.

There is not a smoking policy in place, aside from a common understanding that it does not happen in the house. A number of staff do smoke as does one of the young people.

The food seemed to vary in quality and choice. However, it appeared to be quite nutritious and in all the meals we observed only one young person left what had been served up. Our recollection was that she was offered an alternative of eggs on toast. Collectively there is no staff consensus as to whether young people should be allowed sweets and coca cola. The inspectors view would tend towards thinking that in moderation these cannot really do

harm, and would help to create a greater sense of normality in their lives when compared with other young people of their age.

The inspectors were satisfied that proper arrangements had been made to secure medication safely but found that there was a book recently established to keep a discrete record of all medication administered.

3.10.9 *Pets*

The keeping and choice of pets in the centre can contribute towards promoting the welfare of young people and help instil a keen sense of responsibility.

There are no pets currently at Brookwood. There used to be two dogs that had been there for a couple of years or more, given to the home by a social worker. We heard from various sources that the dogs did not get cared for properly and the dog inspector was called out a few times. A parent suggested that they had

not been properly house-trained. They were glad when the dogs were removed claiming that they were in the house too much and unhygienic. In addition, separate sources told of numerous complaints from neighbours about the dog's barking at night.

It should be acknowledged that the dogs represented some difficulties for Brookwood and probably exacerbated early tensions with neighbours. However, the inspectors got a clear sense that the young people were very fond of the dogs that were in the centre. They represented a measure of emotional attachment and an important element of consistency in their lives. The manner of their leaving will be a chapter that Brookwood would quickly want to forget.

3.11 *Administration*

3.11.1 *Fire precautions*

The centre takes positive steps to keep children safe from the inherent risk of fire and other hazards to an extent that is consistent with Regulation 12 of the Child Care Regulations, 1995.

A Fire Officer inspected the centre in January 2000, when a check of the fire extinguishers was undertaken. Brookwood has clearly identified fire doors and these were unobstructed. In addition to having two fire extinguishers downstairs there are also another two upstairs. There could be a safety issue about keeping both of these in the staff sleeping in room as this might

inappropriately restrict other's access to them in the event of an emergency. On this we would suggest that specific advice is sought from the Fire Department.

There were three fire notices clearly posted (two downstairs and one upstairs) and these simply and clearly spelt out what staff and young people should do in the event of a fire. It also has to be noted that these were attractively designed and are likely to be young person friendly.

There were smoke detectors, one in the hallway downstairs and one on the upstairs landing.

We did not find any written record of any recent fire drill and are unable to confirm that these have been taking place as regularly as necessary.

RECOMMENDATIONS

- 19. Brookwood should hold regular fire drills including when the young people are in the house and ensure that details about these are fully recorded and available for inspection by any authorised person.**

3.11.2 Insurance

Each children's residential centre should be adequately insured against accidents or injury to children placed in the centre.

This standard remains unmet, as we saw no documentation to show that Brookwood is adequately insured. A copy of up to date insurance cover should be held within the centre.

3.11.3 Young people's records

Each young person has a permanent, private and secure record of their history and progress which may, where in compliance with legal requirements for safeguards, be seen by the young person and by the young person's parents as appropriate.

Brookwood keeps case files on each young person currently resident. These are stored in a secure filing cabinet in the staff office. It is apparent that efforts are made to keep these in an organised way and categorise types of information contained within them.

We found that a few significant pieces of information were missing such as birth certificates and copies of care orders. Whilst impressed with the uniform

cover sheet placed at the front of the file this did not make evident the young person's religious background nor set out chronological details of their previous care placements. This would prove useful for any person, unfamiliar with the case, seeking information.

We have previously made mention of young people's access to files (in 3.6.3) but make no apology for repeating the point more directly here. Brookwood should, in conjunction with social workers and area manager, draw up an agreed policy for meeting young people's rights of access to files and statutory obligations arising from the Freedom of Information Act 1997. Ideally, this policy should actively consult the views of young people themselves and give these due consideration.

3.11.4 *Administrative records*

Administrative records contain all significant information, decisions and actions relevant to the effective running of the centre.

Brookwood keeps a set of administrative records to support it in its work.

A house diary is kept of daily appointments and records visits.

Incident sheets are used to record significant occurrences in the young people's lives. These seem to have been kept well up to date and were generally sent to the relevant social worker. There used to be some issues as to how consistently this was happening, but as with many other concerns expressed about Brookwood the overwhelming consensus of impression is that things are noticeably improved.

There is a daily log book which appears to double up as a basis for noting significant information about the young people and as a source of communication between staff. It generally records the date and time of the entry and is mostly signed by the author.

Brookwood had only recently introduced a sanctions book and at the time of the inspection there were no entries yet recorded in it. A record should always be maintained of any sanctions applied. The record, however, needs to be made in the context of an appropriate policy on sanctions, which does not exist at present. The policy should help staff ensure that sanctions are reasonable and acceptable, and applied with consistency by different staff at different times. The sanctions book should contain sufficient information to enable

managers carrying out their monitoring responsibilities to check that policies and procedures are being followed.

Brookwood had also started a book for entering details of fire drills, and at the time of the inspection this had one entry recorded in it.

Inspectors cannot recollect being shown any separate recording system for medical details.

3.11.5 *Safety*

Each children's residential centre has adequate arrangements in existence to guard against the risk of injury occurring on the premises, in accordance with Article 13 of the Child Care Regulations, 1995.

Brookwood has an "Ancillary Safety Statement" dated 26th January 2000, and this observed that;

"Considerable time resources have been expended by senior management personnel at "Brookwood" Residential Home in implementing the safety management programme, developing safety statement, monitoring and reviewing Hazard Control Sheets and Safe Work Practice Sheets and consulting with employees. Additional specialists input is made by the Safety Co-ordinator, Safety Advisors and Fire Prevention Officer among others."

This statement sets out the policy of the Board, confirms that Brookwood has a safety representative and outlines in detail the responsibilities of the head social worker, the centre manager and care staff with regards to health and safety at work (pursuant of section 9 of the Safety, Health and Welfare at Work Act 1989).

The statement specified a number of activities to be carried out at Brookwood including;

- the posting of fire notices throughout the building,
- the regular carrying out of fire drills,
- the removal of kitchen knives to a secure location
- the identification of an alternative fire alarm system (N.B. there was not a permanent installation at Brookwood)
- the proper labelling and storage of all cleaning agents,
- the annual inspection of all fire extinguishers,
- the facility of a first aid box,
- the logging and reporting of all accidents/incidents,
- the introduction of improved data and recording systems,
- the 'risk assessment' of service users and their parents etc., if there are concerns,

- the proper recording of particular difficulties with service users and their parents etc.,
- the protecting of all glazing with safety film.

The inspectors observed that most of its recommendations had been acted upon and were satisfied that safety issues had received considerable attention.

There was no indication that any of the current staff were trained in first aid and this is something which management ought to regularly look into.

Currently only the centre manager provides transport for young people in her own private vehicle and she holds a full driving licence and is adequately insured to indemnify the Board.

3.11.6 *Maintenance of register*

Information on individual children who are admitted to a residential care centre is recorded in a Register, maintained by a health board, under Section 21, Part iv of the Child Care (Placement of children in Residential Care) Regulations 1995. Such information is updated as changes occur and includes information on the circumstances and the date on which a child is discharged.

There is no register of young people in the centre either maintained by Brookwood or area administration.

RECOMMENDATIONS

- 20. A register needs to be established in order that the Eastern Health Board (and the incoming Northern Area Health Board) can comply with the requirements of Article 21 of the Child Care (Placement of Children in Residential Care) Regulations 1995.**

3.11.7 *Supervision and visiting of young people*

A young person who has been placed in a centre by a health board is visited by an authorised person as often as the board considers necessary, having regard to the care plan prepared for the young person and any review of this plan, but in any event at intervals not exceeding those specified by Article 24 of the Child Care Regulations 1995.

This standard is met and social work staff are commended for the frequency on the frequency of their visits. From a safeguarding perspective social workers should ensure that they are provided with adequate opportunities to converse with young people in private and take them out of the centre.

3.12 Management

3.12.1 Centre management

The centre is properly managed and staff are organised and deployed in a way that enables the centre to operate effectively and efficiently to the required standard.

Staff are deployed effectively but the centre manager has some concerns that the shift pattern can mean that some staff only work with a few of their colleagues. However, the strengths are clearly that it provides for three staff to

be on duty throughout the day and for two members of staff to do the sleep-over.

Staff are anticipating change with the new manager. In recent times there has been little co-ordination or consistency of practice at Brookwood and that has been due in part to the chronic turnover of personnel and, partly due to there having been a lack of continuity, strong professional leadership and policy direction. Inspectors fully support new initiatives that the centre manager has already brought in for more regular team meetings, staff supervision, children's meetings and the revision and development of house policies. We further feel that, in tandem with area management, the centre manager should further prioritise an audit of staff training needs and conduct a review of existing practices, bringing them in line with the requirements of these standards and applicable government regulation.

From the perspective of resource management we feel that Brookwood would benefit considerably from having its own vehicle. This would afford greater flexibility in facilitating young people's contacts with family and the centres access to a greater range of activities. Management might also want to take account of the current costs involved in spending on public transport and through the hiring of taxis. The purchase of a vehicle for Brookwood might actually represent a real saving.

While the inspectors fully acknowledge the difficulties in recruiting and retaining staff, as far as possible the number of different people that young people come into contact with should be kept to a minimum.

RECOMMENDATIONS

- 21. Management should consider the benefits of providing Brookwood with use of its own vehicle.**

3.12.2 Health board management

The Health Board provides each centre with the support required to promote and maintain quality standards.

We heard many positive things that were happening in relation to Brookwood and the inspectors highly commend the efforts being made to find it a permanent home. Further, there are considerable additional resources being committed in order to comprehensively upgrade the new premises. We were impressed with the commitment shown to residential child care provision within the area and, as one manager expressed it;

"There will always be a need for high quality care".

A relatively new acting head social worker is in place and it would be in the interests of continued support to Brookwood for this pivotal managerial role to be quickly put on a permanent footing. Supervision is already being provided on a six-weekly basis to the centre manager and this is seen as essential. The acting head social worker can provide considerable support to Brookwood during the formative months of its manager and help them devise the policies and working practices that need to be in place.

The Board must provide a more detailed statement of purpose and function for Brookwood and this ought to take proper cognisance of major policy documents and the requirements of legislation.

RECOMMENDATIONS

- 22. There is an urgent requirement to progress the issue of staff recruitment, as the proper care and welfare of young people at Brookwood will inevitably rely upon the Board's ability to provide them with a reasonable period of stability and consistency in their lives.**

3.12.3 Monitoring of standards

The centre has adequate arrangements in place to enable an authorised person, on behalf of the health board, to enter and inspect the centre in compliance with Article 17 of the Child Care Regulations, 1995.

At the time of the inspection this standard was not being met.

RECOMMENDATIONS

23. Area management needs to commence a system of external monitoring, pursuant of Article 17 of the Child Care Regulations 1995. The person assigned to this function should undertake periodic visits to the centre for the purpose of satisfying themselves that the welfare of young people is being adequately provided for and safeguarded, and action to address any deficiencies are identified.

3.13 Physical restraint

Physical restraint is never used as a punishment, but only to protect from immediate risk of injury or serious damage to property. The Health Board has a policy on the use of physical restraint that is clearly understood by all staff and young people in the centre.

Staff informed us that they never had found cause to physically restrain any of the young people currently resident at Brookwood, but did recall some incidents involving a former resident.

Brookwood has no written guidance on physical restraint. All existing staff have undertaken the in-service training course in therapeutic crisis intervention but this measure needs to be guided by a clear and formal policy on the use of physical restraint. Guidance must also be realistically minded to limitations within a staff team that is not professionally trained in therapeutic work. Staff should be assessed to determine if they have acquired the necessary level of skills and competence to carry out 'life space interviews', which is a central component of therapeutic crisis intervention.

4. Summary of recommendations

1. Brookwood needs to revise its existing statement of purpose and function ensuring that this is updated in line with the expectations of these standards and, that account is taken of the Board's most recent

reports on residential child care. This should be done in consultation with young people, staff and management, and the statement should be made readily accessible to all persons with a legitimate interest and entitlement to see it.

2. Urgent attention is needed to establish, and make known, a clear set of policy statements on young people's complaints; admissions criteria and procedure; care planning, review and discharge; staff recruitment and training; record-keeping; young people's rights of access to files and to be consulted about decisions affecting them; unauthorised absences; Freedom of Information implementation; pets; health and safety and, arrangements for external monitoring.
3. Further work will be required around child protection and safeguarding issues to take account of the "*Children First*" guidelines and, the centre's policy on the use of sanctions/house rules could usefully be re-visited once a more coherent team ethos has emerged around this issue.
4. Brookwood should develop its working practices so as to encourage opportunities for working in partnership, especially with foster carers, families and young people.
5. In accordance with Article 23 (1) of the Child Care Regulations 1995, each social worker should ensure that a formal written care plan in respect of a young person's residential care placement is devised and is sufficiently comprehensive as to fully address the young person's needs.
6. There is an urgent need for actioning longer-term appointments of staff at Brookwood, which should have as one of its most pressing priorities a period of stability and consistency.
7. Brookwood and Community Care Area 8 should continue to develop ways of consulting young people about decisions, in line with the requirements of Article 12 of the United Nations Convention on the Rights of the Child 1989.
8. Brookwood and Community Care Area 8 should incorporate the Board's complaints procedure into their work, and ensure that those entitled to know about it are sufficiently informed. They should ensure that any local arrangements for dealing with complaints do not run contrary to the requirements laid down by the Board's own procedures.
9. Inspectors believes that management, taking cognisance of both "*Children First: National Guidelines for the Protection and Welfare of*

Children” and impending legislation on mandatory reporting, should ensure that staff are given clear direction on what to do if they receive complaints about child protection concerns.

10. Brookwood and Community Care Area 8 should make better use of the Board’s Freedom of Information Central Office as a source of materials and should revise local policies on access to information in line with those of the Board.

11. Urgent attention should be given to informing all staff about child protection and safe care requirements.

12. Brookwood should urgently review the use of sanctions ensuring that these do not operate counter-productively to young people’s proper development needs or the requirement to promote their welfare.

13. There should be independent monitoring of sanctions to ensure that they are fair and reasonable, are proportionate to the behaviour requiring change, are age-appropriate and are effective in achieving desired outcomes. Monitoring is also essential to ensure that the use

of sanctions never constitutes, in itself, either a form of child abuse, an act of discrimination or a serious violation of a child’s rights.

14. Brookwood must develop a procedure in line with Board guidelines setting out the steps to be taken in the event of an unauthorised absence. The utmost care will be required in drafting this procedure so as to ensure that staff provide a sensitive response to young people who may well be in crisis.

15. Brookwood should continue its excellent work in supporting young people’s activities and generally promoting their happiness.

16. Management should continue to pursue its impressive plans to provide a permanent home for Brookwood and commit further capital investments to ensure that this is refurbished to the highest standards.

17. Brookwood should pay close attention to the changing development needs of all of its young people, ensuring that it continues to respond to these in an age-appropriate way.

18. Brookwood should continue its excellent work in supporting young people’s educational progress and developing partnerships with schools.

19. Brookwood should hold regular fire drills including when the young people are in the house and ensure that details about these are fully recorded and available for inspection by any authorised person.

20. A register needs to be established in order that the Eastern Health Board (and the incoming Northern Area Health Board) can comply with the requirements of Article 21 of the Child Care (Placement of Children in Residential Care) Regulations 1995.
21. Management should consider the benefits of providing Brookwood with use of its own vehicle.
22. There is an urgent requirement to progress the issue of staff recruitment, as the proper care and welfare of young people at Brookwood will inevitably rely upon the Board's ability to provide them with a reasonable period of stability and consistency in their lives.
23. Area management needs to commence a system of external monitoring, pursuant of Article 17 of the Child Care Regulations 1995. The person assigned to this function should undertake periodic visits to the centre for the purpose of satisfying themselves that the welfare of young people is being adequately provided for and safeguarded, and action to address any deficiencies are identified.

5. *Executive summary*

- i Despite Brookwood's quite traumatic and turbulent history we found that the young people were generally speaking content and well looked after. Our main areas of concern for them would be around issues of over-protectiveness, a theme that will be developed throughout the detail of this report. The staff group too appeared to be more settled and cohesive than might have been expected, given the circumstances. In spite of the numerous disruptions, Brookwood has coped remarkably well and much of the credit for that must go to those individuals who have so obviously made exceptional efforts to promote the young people's welfare.
- i Brookwood's history to date has been punctuated by unacceptable levels of staff turnover, management changes and the need too often to relocate premises.
- i Inspectors consistently found absences of clear written policies, particularly around issues of child protection and safeguarding, use of sanctions and children's rights. This finding was reinforced by significant gaps in record-keeping.
- i Inspectors considered that further attention needed to be paid to children's rights in the areas of information for young people, access to files, privacy matters, complaints and taking young people's views into account.
- i There was a lack of consistency amongst the staff group around control issues and the appropriate use of sanctions. Inspectors felt that further work was required around age-appropriate care.

- i We found evidence of a positive investment in the resources available to Brookwood as manifested within staff ratios, the upgrading of accommodation, the household budget and the appointment of a permanent centre manager.
- i Inspectors saw that the general well-being of the young people was good, as reflected in the healthy food, activities, education, friendships which the young people formed outside of the centre, quality of clothing and the overall impression of the young people being relaxed, very resilient and confident in expressing themselves.
- i Staff impressed us as being very committed to the job and working at Brookwood. As a group they care about the welfare of the young people and are especially good at recognising their own needs for professional and team development.
- i Our conclusions were that the fundamentals for the proper care of young people are gradually being put into place. However, some of these are still very much at a stage of good intentions and aspiration. The quality of care experienced by young people at Brookwood requires further investment, especially in people.