



**SOCIAL SERVICES  
INSPECTORATE**

**BALLYDOWD SPECIAL CARE UNIT  
IN THE  
SOUTH WESTERN AREA HEALTH  
BOARD**

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## **5 Summary of recommendations**

## **1. Executive Summary**

Ballydowd Special Care Unit (SCU) is a purpose built secure residential child care facility which opened in the autumn of 2000 to cater for the needs of young people with serious emotional and behavioural problems. The young people are detained in Ballydowd by order of the High Court for their own care and protection not because they have committed offences. There are 24 beds for both boys and girls in three residential units. In addition there is an education block, an administration block and a recreation block. It is run by the South Western Area Health Board (SWAHB) and was originally envisaged as a regional resource, that is that young people from each of the 3 health boards in the Eastern Regional Health Authority (ERHA) would be accommodated there. However, it is now a national resource, accepting referrals from all over the country.

SWAHB has experienced considerable difficulty staffing Ballydowd and, as a consequence, the unit is not fully operational. At the time of inspection just one of the residential units was in operation. There were 5 young people in this unit with another 2 about to be admitted. In addition, one young person who had been in this unit had been moved to a second unit to be cared for alone under special arrangements that involved the use of agency staff.

There are excellent facilities in Ballydowd, including a school, a gym and a fitness suite. While the complex looks somewhat forbidding from the outside, once inside it is bright and pleasantly decorated. There is an open area around which the various blocks are arranged. This has some hard playing surfaces but is mainly in grass and some shrubs and flowers have been planted.

Inspectors found that the young people in the one unit that is fully operational were being looked after very well. Staff members related to the young people in an open, positive and respectful manner. Food was plentiful, nutritious and appetising. A balance had been struck between the need for security and the need to allow the young people exercise some choice and control in relation to their living environment. For instance, the young people were only locked in their rooms in exceptional circumstances rather than as part of the routine. There were good child protection systems in place. Attention was being paid to the rights of the young people in terms of access to information, consultation and complaints procedures. The education offered to the young people was of a very high standard, both in terms of the range of subjects taught and the quality of the learning experience. The young people spoke very positively of their experiences at school. The system of placement planning and review was excellent. There were frequent review meetings involving the young people and the families.

Things had not worked out well for the young person being cared for alone. The actions of staff were informed by a genuine desire to respond appropriately to the young person's difficulties. Despite this, inspectors believe that certain actions taken, such as locking the young person up for long periods, exacerbated a difficult situation. The situation might not have reached crisis point if certain basic issues had been attended to in the initial stages of the young person's placement. There was no care plan and communication between the social work and care team was poor.

Inspectors commend the fact that Ballydowd staff have been working on improving co-operation and communication with the referring social work departments.

Despite the fact that the Ballydowd policy document states that young people must have care plans prior to admission there were no care plans for 3 of the young people. This is unacceptable.

Inspectors learned of difficulties accessing specialist services for some of the young people. This issue has been addressed by health board and Ballydowd management. Greater clarity has been achieved in relation to the issue of input from the psychiatric services. Where no specialist service is available within the public sector it will be bought in from the private sector. However, the process of accessing specialist services can be cumbersome and time consuming. This reflects fragmented and unco-ordinated services rather than any lack of effort on the part of those caring for the young people in Ballydowd.

There is an urgent need for a national regulatory framework for the practice of locking young people alone in their bedrooms. The Department of Health and Children must address this issue. In the meantime, the management advisory group of Ballydowd ought to develop guidelines for staff in relation to this practice. While not a regular feature of life in Ballydowd, this was done excessively with one young person.

Inspectors had some other concerns. The current lack of suitable step down facilities means there is a grave danger that young people will be detained longer than necessary because of lack of alternative facilities. There is also an unhelpful inflexibility in the current arrangements whereby decisions, such as whether a young person can have an outing away from the unit, are being made by the High Court. This has led to frustration for the young people and delay in implementing plans for their reintegration to the community. Some of these matters could be best left to the discretion of the professionals looking after the young people.

In making orders to detain young people in Ballydowd the court reserves for itself discretion in relation to the duration of orders. This is unsatisfactory. The use of special care should be strictly time limited. However, this problem will be resolved when the Children's Act comes into operation.

The families of the young people are involved in their care. All of those interviewed praised the staff for their care of the young people. Parents expressed confidence in the competence of members of staff. They spoke of being made feel welcome in Ballydowd and of good communication with the care staff. Parents attend the reviews of the young people and are given assistance with transport for attendance at reviews and for visits to their children.

There is a good staff team in Ballydowd. Inspectors were particularly impressed with the approach to induction and in service training of staff, staff supervision and the use of a staff consultant. Good management practices were apparent. Managers were available to both staff and young people. Young people spoke positively of staff, teachers and managers. Professionals with contact with Ballydowd spoke approvingly of an openness to the views and perspectives of others on the part of

Ballydowd staff. This quality of openness will help the management and staff of Ballydowd to learn from the experience of a challenging first year.

## **2. Introduction**

The inspection of Ballydowd Special Care Unit (SCU) was conducted by the Social Services Inspectorate (SSI) under the provisions of Section 69 (2) of the Child Care Act, 1991. The unit is a purpose built secure residential child care facility under the management of the South Western Area Health Board (SWAHB). It is a national facility, accepting referrals of young people throughout the country. The young people are detained in Ballydowd by order of the High Court for their care and protection. Ann Ryan and Andrew Fagan of SSI inspected Ballydowd SCU on June 5<sup>th</sup> to 8<sup>th</sup>, 2001. Andrew Fagan, lead inspector, visited the unit on May 30<sup>th</sup> and met with staff and young people to explain the purpose and process of inspection.

### *2.1 Methodology*

Over the 4 days of the inspection inspectors met and talked with staff and young people and observed the routines of the centre. Formal interviews were conducted with a number of young people and their parents, guardians ad litem, social workers, psychiatrists, managers, staff, school principal, speech and language therapist, members of the management advisory group and others with an interest in the care of the young people.

Written information on the young people and staff was made available to inspectors prior to inspection.

The following documents were examined:

- Policy document
- Procedures document
- Staff handbook
- Health and safety statement
- The young people's case files
- Census forms for young people
- Census forms for staff
- Daily logs
- Complaints book
- Therapeutic Crisis Intervention (TCI) records
- Records of unauthorised absence, sanctions, time out and single separations
- Incident reports
- Menu book
- Individual daily reports
- Fire drill book
- Medication record

## *2.1 Acknowledgements*

Inspectors wish to acknowledge the assistance of the various officers of SWAHB in carrying out this inspection. We wish to thank the acting director, managers, staff and the young people and all those who co-operated in the carrying out of this inspection.

## **3. Setting the scene: background, the centre and its population**

### *3.1 Background*

Ballydowd SCU was opened in September 2000. Due to difficulties in recruiting staff just one of the 3 residential units, with accommodation for up to 8 young people, was opened. One of the young people admitted to this unit in December 2000 was moved to a second unit early in 2001 as it was proving very difficult to care for the young person in the presence of other young people. The second unit is staffed primarily by agency staff though it is under the management of Ballydowd and Ballydowd staff sometimes work in this unit.

### *3.2 Details of current and previous placements*

At the time of inspection there were 4 boys and 2 girls aged between 11 and 17 years detained in Ballydowd by order of the High Court. They had all been there between 6 and 9 months. Two boys were about to be admitted. All but one of the young people had previous out of home placements. Though Ballydowd is a national resource, to date only young people from the 3 health boards of the Eastern Regional Health Authority (East Coast, Northern and South Western Area Health Boards) have been admitted. There is a waiting list of young people to be admitted.

### *3.3 Management structure*

Ballydowd is managed by SWAHB on behalf of the other health boards.

## 4. Standards: the findings

### 4.1 Purpose and Function

#### 4.1.1 Role of unit

**The unit's role in relation to the wider child care services (including regional and national) is clear and set out by the Health Board or Area Health Authority.**

The Ballydowd policy document refers to the principle that young people and young people should live with their families and where necessary, parents should be supported to care for their children. The document states a commitment on the part of the 3 health boards of ERHA to develop an integrated system of community and family support services and alternative care services for those young people who must be placed out of home. The type of specialised residential care offered in Ballydowd is seen as but one element within a network of services for young people and their families within the eastern region.

It was apparent to inspectors that great efforts were being made to keep young people linked in with local services. This made sense as the young people were involved with these services prior to admission and would also be returning to their local area after their time in Ballydowd to avail further of these local services. In terms of the involvement of the local social work department this worked well for the most part. However, when it came to certain other services difficulties became apparent. Some agencies took the attitude that, once a child has moved out of its geographic catchment area, he or she is no longer the responsibility of the agency. Thus, for instance, a child could be involved with the local child psychiatric service prior to admission but no longer have that service available to him while in Ballydowd. Accessing a psychiatric service for young people in Ballydowd has proved problematic for some young people as described later in this report. Even if this service is available it may only last as long as the child is placed in Ballydowd, though in particular circumstances Ballydowd staff would make the argument for the service to continue post discharge. Placement in special care is viewed as only a short term option. If the young person is discharged from Ballydowd back to his local area he again becomes the responsibility of the local service. Young people with very special needs need very good services. No matter how skilled the professionals, providing a service in this stop/ start fashion is likely to lead to duplication in terms of the work done by the professionals and confusion and perhaps resentment and disengagement on the part of the young person. It does not represent the quality of service needed by the young person nor an efficient use of scarce resources.

A related difficulty concerns the fact that Ballydowd is a national resource. The policy on the role of the SCU was written on the basis of Ballydowd being a regional resource. This, inspectors understand, was the original intention. Whatever about the difficulties of keeping young people linked in with local services if they come from

the eastern region, these will be greatly exacerbated if young people are to be admitted from other parts of the country.

Inspectors believe that the aspirations expressed in the policy on the role of Ballydowd are admirable and reflect good child care practice. Unfortunately, they do not reflect the realities of the situation. If the policy is to be realised in practice then the young people in Ballydowd must be able to access local services and Ballydowd must revert to being a regional, rather than a national, resource. If these things cannot happen, then the policy must be revised.

#### *4.1.2 Statement of purpose and function*

**The unit has a written statement of purpose and function that accurately describes what the unit sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.**

The policy document states that the purpose of Ballydowd is to restrict the liberty of young people, in order to provide them with a safe and controlled environment. The unit was specifically set up for those young people whose behaviour represents a significant threat to the safety of themselves and/ or others. The aim is to provide an opportunity to address the issues that make their detention necessary and return them to the community as soon as possible. The primacy of therapeutic relationships is asserted as is a commitment to involve young people, parents and significant others in the decision making process.

A set of objectives and guiding principles are enumerated in the statement of purpose and function covering issues such as family involvement and child protection. These will be dealt with separately later in this report. The statement of purpose and function is the first chapter in the policy document which has other chapters on 'management and staffing', 'planning for young people', 'care of the young people', 'administration', 'education and premises' and 'safety and security'.

Throughout the report reference will be made to this document and some observations and suggestions offered. Overall, however, inspectors consider that it is a useful, clear and well written document which gives a good outline of the service offered to young people and the manner of its delivery.

The statement makes several references to the importance of using Ballydowd for the shortest appropriate period of time. The relevant principle is that young people should only be detained when their behaviour is a significant risk to their own safety and that of others and should no longer be detained once these behaviours have been addressed. The statement sets no limit on the time a young person can be detained in Ballydowd although inspectors understand that the Interim Special Residential Services Board is developing guidelines for use in special care units. In addition, the Children Act sets out time limits for special care orders that will become law once it is brought into operation.

## **Recommendation**

- The management advisory group should reconsider the policy on the role of Ballydowd.

## ***4.2 Management and staffing***

### *4.2.1 Staffing*

**There is an adequate number of staff who are sufficiently experienced and qualified to enable the unit to achieve its purpose and function and meet the needs of the young people.**

The complement of staff for each of the 3 residential units is a unit manager, deputy unit manager, 18 care staff and two relief staff. Currently there are just enough staff for one residential unit. Agency staff are operating a special arrangement in another unit. For the most part it is the same agency using a limited number of staff.

At the time of inspection a number of new staff were commencing their employment in Ballydowd. Some had been recruited locally, some overseas. All will undergo a period of induction training before taking up duty in the unit. It is hoped to have sufficient new staff to open another residential unit later this year.

In the school there is a principal, 4 full time teachers (one of whom is on a temporary contract) and 4 part time teachers.

A speech and language therapist works full time in the unit.

There are also administrative and catering staff.

All staff are employed on a permanent, full time basis except where otherwise indicated.

### *4.2.2 Staff Checks*

The staff were recruited by SWAHB which takes up references and Garda checks. Where staff have been recruited from overseas they are required to get a police reference from their country of origin.

Agency staff are vetted by the agency which employs them. Nurses who work with the agency must be registered with An Bord Altrains. An Garda Siochana will not issue Garda Clearance Certificates to private agencies but the agency supplying staff to Ballydowd carries out checks through a private investigator to ensure that the staff employed have no criminal convictions.

#### 4.2.3 *Length of service of child care staff*

<b>Staff/Employment status</b>	<b>Length of service in Ballydowd</b>
Director	18 months
Acting Director / Deputy Director	14 months
Deputy Director	14 months
Acting Deputy Director	12 months
Acting Unit Manager	9 months
Child care worker	8 months
Child care worker	10 months
Child care worker (temporary)	6 months
Child care worker	8 months
Child care worker	8 months
Child care worker	11 months
Child care worker	10 months
Child care worker	7 months
Child care worker	9 months
Child care worker	7 months
Child care worker	7 months
Child care worker	7 months
Child care worker	8 months
Child care worker	7 months
Child care worker	10 months
Child care worker	10 months
Child care worker	10 months
Child care worker	7 months
Child care worker	7 months
Child care worker	1 month
Child care worker	1 month
Agency worker	3 months
Agency worker	4 months
Agency worker	6 months
Agency worker	7 months
Agency worker	1.5 weeks
Agency worker	1 week
Agency worker	2 months
Agency worker	7 weeks

#### 4.2.3 *Staff rota*

Ballydowd operates a 3 shift daily rota. The early day shift starts at 8am when 4 and sometimes 5 staff come on duty. They work together until 4pm. At 2pm, the late day shift begins when a further 4 or 5 people begin their days work. The 2 hour overlap allows plenty of time for a comprehensive handover. Two night waking staff report for duty at 8.45pm and work through until 8.30am. The late day shift ends at 11pm which again allows plenty of time for handover and for night staff to spend time with the young people before assuming responsibility for the unit. All members of the staff team do night duty in rotation.

Managers believe that the rota works fairly well. It is a constant challenge to ensure a proper balance of male and female staff and to provide adequate cover for sickness, annual leave and staff training. The staff team would like a more definite format to the staff rota to allow them to plan ahead. Currently, the staff rota is worked out for two weeks at a time. Managers are also considering a proposal to establish small teams of staff members who would typically work together.

#### 4.2.5 Qualifications of child care staff

<b>Staff</b>	<b>Qualification</b>
Director	Diploma in Social Care
Acting Director / Deputy Director	B. Sc. Social Administration Diploma in Social Work Higher Diploma in Applied Social Studies
Deputy Director	B.A. Psychology Masters in Care Management
Acting Deputy Director	BA in Applied Social Studies in Social Care
Acting Unit Manager	Certificate in Social Studies Dip. Psych. Nursing Dip. Forensic. Nursing
Child care worker	Diploma in Health Studies B.Sc, Occupational Therapy
Child care worker	No qualifications
Child care worker (temporary)	Community , child and social care (VEC)
Child care worker	B. Soc. Sc. Dip. Criminology and Social Policy Higher National Diploma in Social Care
Child care worker	Dip. Counselling Skills
Child care worker	B.A. in Applied Care in Social Care
Child care worker	Diploma in Applied Social Studies in Social Care
Child care worker	B.A. Social Work Diploma in Social Work
Child care worker	No qualifications
Child care worker	Dip. Business and Finance
Child care worker	Diploma in Social Care (BTEC)
Child care worker	National Diploma in Applied Social Studies in Social Care
Child care worker	National Diploma in Sports Science
Child care worker	Diploma in Supervisory Management
Child care worker	National Diploma in Applied Social Studies in Social Care
Child care worker	Diploma in Social Studies
Child care worker	National Diploma in Applied Social Studies in Social Care Cert. Addiction Studies
Child care worker	Diploma in child development
Child care worker	National Diploma in Applied Social Studies in Social Care
Child care worker	No qualifications
Child care worker	Diploma in Social Care
Agency worker	No qualifications
Agency worker	No qualifications
Agency worker	B.A. Dip Nursing Studies
Agency worker	No qualifications
Agency worker	No qualifications
Agency worker	B.A. Psychology
Agency worker	Cert. in Applied Social Studies in Social Care
Agency worker	Diploma in Social Care Cert. in Community and Health Services

Staff employed in Ballydowd in a child care capacity have a range of qualifications. Nearly half (14) of the staff did not possess a qualification that would be recognised

as a professional child care qualification. However, two of these did possess a qualification the status of which is not known to inspectors. The next largest group (9) did possess the standard Irish child care qualification, that is, a degree or diploma in child care/ social care/ applied social studies. The remaining 5 staff possessed qualifications that might be regarded as equivalent to a child care qualification. There were two staff with UK qualifications in social work, a qualified psychiatric nurse, a qualified occupational therapist and one person with a masters degree in care management.

Of the eight agency workers, one held a qualification in child care. Three held qualifications in nursing, psychology and a certificate in applied social studies in social care. The remaining four agency workers had no qualifications.

The confusion in relation to the status of qualifications points to the need for a body with responsibility for deciding on the issue of the relevance of various qualifications and the equivalence of foreign and domestic qualifications. Given that SWAHB is recruiting overseas for staff in Ballydowd and the recently concluded agreement covering the grading and remuneration of residential child care staff this need has become more acute.

Some staff have been supported by the health board to pursue professional training. One person has been given financial assistance to complete a degree in social care, another has been given time off and financial assistance to complete a diploma in social studies. A third has also been given time off to do a masters degree in care management. Her fees have been paid. Inspectors commend the board for supporting staff to pursue professional and higher qualifications.

#### *4.2.6 Staff support and supervision*

Each member of the staff team has their own supervisor with whom he or she meets on a monthly basis. Most of those supervising staff have received training in supervision. An agenda is negotiated for these meetings between supervisor and supervisee. A record is made of these meetings and is available to both parties. Staff members spoke positively of the experience of being supervised. They spoke of having easy access to managers on an informal, unplanned basis for advice and support.

#### *4.2.7 Staff training and development*

A staff consultant, a qualified psychotherapist, works on a part time basis with the staff team. She meets with the team fortnightly to look at issues of team functioning and management of the care of the young people. Staff members can request an individual consultation.

All new staff members go through a period of induction training. Issues covered include child protection, dealing with challenging behaviour, report writing and therapeutic crisis intervention. Induction training is currently being planned for a new group of staff including some who have been recruited in Finland and Canada. The staff consultant is preparing the training. She plans to meet with the new staff and explore cultural issues with them. After getting a sense of the qualifications,

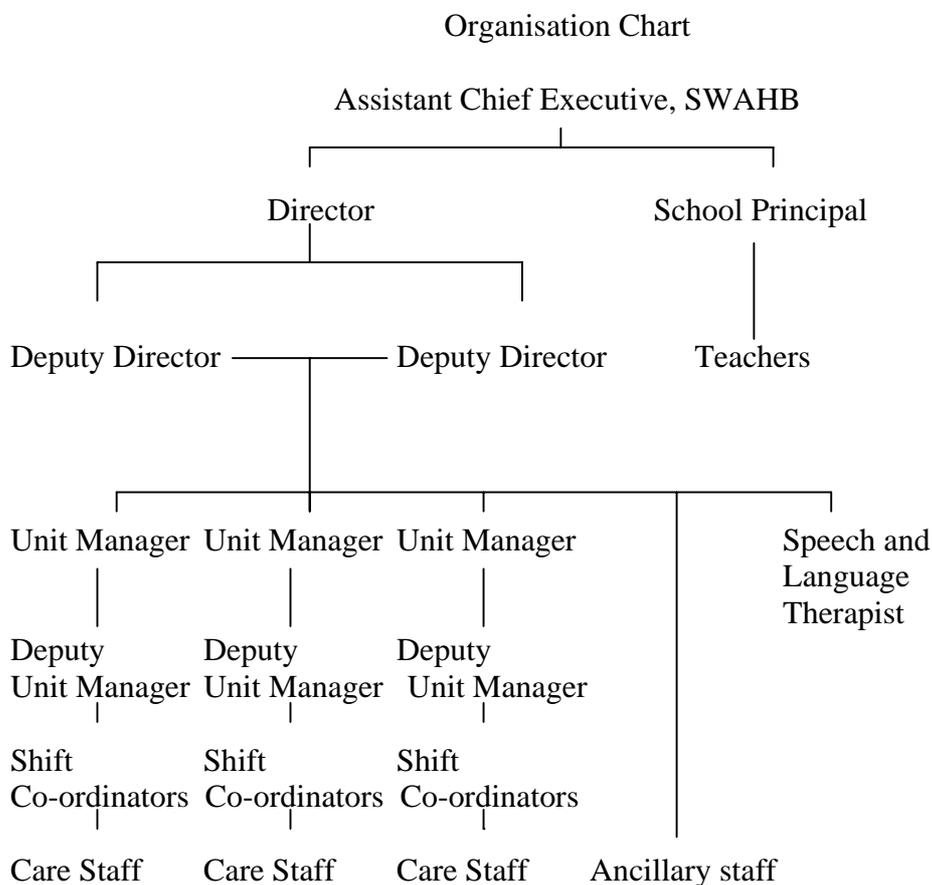
knowledge and experience of the new workers she will design an induction programme appropriate to their needs.

Regular in-service training events are organised, using external staff where appropriate. For instance, personnel from the child psychiatric services have run sessions on depression and suicidal behaviour.

Both care and education staff are involved in staff training and development.

#### 4.2.8 Unit Management

**The unit is effectively managed and staff are organised and deployed so as to operate the unit effectively and efficiently to the required standard.**



As stated earlier not all of these posts have been filled.

There is a well developed management structure within Ballydowd. Each of the 3 residential units has a unit and deputy unit manager. The unit manager has responsibility for the day to day running of the unit, with the deputy assuming this responsibility in the absence of the manager. At the time of inspection, shift co-ordinators were being appointed. They will take the lead role on the shift they work.

The unit managers report to the Director who is assisted by two deputies. The deputy Directors while sharing in general management tasks each have a specific area of responsibility, one for child protection, the other for health and safety. The Director reports to the Assistant Chief Executive (Operations) of SWAHB. In addition there is a Management Advisory Group chaired by the Assistant Chief Executive. The members are drawn from a variety of professional backgrounds and include the Director of Ballydowd and the school Principal. In an initiative that inspectors commend an independent person with extensive experience in the public and private sector has recently joined this group. This group's task is to advise the management in the running of the unit and particularly in relation to matters of policy and procedure. The group meets every 6 to 8 weeks.

A principal who reports to the Assistant Chief Executive heads the school. The unit management team, including the principal, meets weekly.

At the time of inspection the director was on leave and one of the two deputy directors was acting director and the unit leader was acting deputy director. The deputy directors and unit managers share in an on call rota so that a manager is available to members of staff at all times.

The acting director has regular, planned meetings with the Assistant Chief Executive in Ballydowd on a monthly basis. In addition, there is frequent telephone contact which can occur as often as several times per day.

#### *4.2.8 Monitoring*

The Assistant Chief Executive meets with the young people during some of her visits to the unit. She reviews some agency records. She considers that the Management Advisory Group plays a safeguarding role. Members of this group have unrestricted access to the unit. However, monitoring as set out in the Child Care Regulations is not being carried out. SWAHB is aware of this gap in the service and is actively considering proposals for the monitoring of standards in Ballydowd.

The management of Ballydowd is very good. The arrangements for the training, support and supervision of the staff team are excellent. Given all the difficulties the board has experienced in recruiting staff and the pressure to open Ballydowd as soon as possible, it is commendable that the vast majority of staff are employed on permanent contracts. The systems of training and support can only promote staff retention.

#### **Recommendation**

- SWAHB should expedite the process of arranging for the monitoring of standards in Ballydowd.

### *4.3 Planning for young people*

**There is a written care plan to promote the welfare of each young person, which is subject to regular review. This stress and practically supports contact with families, preparation for adulthood, promotes education and health needs and addresses the emotional and psychological needs of the young people.**

#### *4.3.1 Referral and placement of young people*

There is a detailed section on referral procedures in the Ballydowd policy document. Young people are referred to Ballydowd by social workers or by social work team leaders. Each application for placement must include a social history report, a care placement history, a comprehensive placement plan, a psychiatric assessment stating that the young person needs to be placed in special care, a letter supporting the application from the child care and general managers from the young person's local area and a completed application form. Each application is considered by a referrals committee which currently meets monthly. The committee is chaired by the director of services for young people and families in SWAHB. Its other members are one representative from each of the other two eastern regional health boards, the director and deputy directors of Ballydowd, the school principal and a consultant psychiatrist.

In processing referrals the committee considers the needs of the young people referred together with the needs of those already placed in Ballydowd with the aim of achieving an appropriate and manageable mix of young people in Ballydowd. Given the large demand for places in Ballydowd it is inevitable that not all those deemed suitable for placement can be placed, especially as the unit is not yet fully operational. There is a waiting list and this is reviewed at the monthly meeting of the referrals committee. Any new information concerning young people on the waiting list is considered. Priorities may be changed in the light of this new information. The chairperson of the referrals committee informed inspectors that she anticipates that the committee will need to meet more frequently when the unit is fully operational. With 24 places available, vacancies are likely to occur frequently and decisions about admission will need to be taken quickly if the best use is to be made of what is a scarce and costly resource. Decisions at the referrals committee have been made by consensus to date.

When the Special Residential Services Board is fully operational it will have responsibility for referrals to special care units. This may pose some challenges for managers in Ballydowd as they will have less influence over the referral process and less opportunity to balance the needs and challenges of the resident group and the new admissions.

#### 4.3.2 *Care Plans*

In a section entitled 'care planning' in the policy document it states that each young person has a care plan before they enter Ballydowd. However, inspectors found this not to be the case and the section on referrals stipulates that each young person must have a placement plan but does not mention a care plan. There were care plans for just 3 of the 6 young people in Ballydowd.

Care planning is the responsibility of the social work department in the young person's local area. Inspectors were told that the reason that there were no care plans for some of the young people was because there is a difficulty in identifying post special care placements and this, it was argued, renders the care planning exercise a futile one. This rather misses a number of key points.

Care planning should be understood as both process and product. The process is a consultative one. It involves making an assessment of the needs of the young people and, crucially, of their wishes and those of their parents/ significant others. A child's right to be consulted about the care he or she receives is enshrined in the UN convention on the Rights of the Child (Article 12). Young people in secure accommodation are young people whose right to make decisions for themselves has been severely curtailed. There is all the more reason why such young people should be involved in a process of care planning.

It may be that a plan, once completed, cannot be fully implemented immediately. However, if the plan is comprehensive and not just focused on placement issues, it is likely that some parts of it can and will be implemented. The very momentum that implementing parts of plan creates changes the young person's situation in a positive direction and may open up placement options that were not apparent beforehand.

The absence of a care plan was a factor in difficulties encountered in the placement of one young person in Ballydowd. The young person had not wanted to be placed in Ballydowd. A psychiatric assessment had been carried out prior to admission. It concluded that the young person did not have difficulties that would be helped by psychiatric intervention. Shortly after admission the young person's behaviour deteriorated. Ballydowd staff, without prior consultation with the young person's social worker, sought psychiatric intervention. A number of psychiatrists repeated the conclusion arrived at earlier: that the young person would not benefit from psychiatric intervention. This contributed to a sense of desperation amongst staff in Ballydowd who were at a loss to know how to care for the young person. After many weeks of attempting unsuccessfully to engage with the young person during there were many assaults on staff, a decision was taken to move the young person to a different unit away from the other young people in order to secure the safety of the young person and members of staff. The young person was confined to the bedroom for longer and longer periods and was effectively locked up alone for up to 22 hours per day for a number of weeks. This increased the young person's alienation from the staff in Ballydowd.

At all times staff were aware of the undesirability of the arrangements for the care of this young person and highlighted their concerns with the social work department which had overall responsibility for the care of the young person. By the time of inspection there had been some improvement. Agency staff, with some of whom the young person related well, were looking after the young person, sometimes supplemented by Ballydowd staff. Communication difficulties between unit staff and the social work department were resolved. However, there was still no care plan. The young person had no contact with the other young people and was involved in no activity outside of the residential block.

Inspectors do not wish to underestimate the extraordinary difficulties of caring for young people who have difficulty establishing relationships with adult carers and who present with extremely bizarre and destructive behaviour. However, a process of care planning in a case such as this would have provided an opportunity for the wishes of the young person to be heard and given due consideration. It would have clarified the situation regarding psychiatric intervention. It would have underlined the fact that responsibility for the young people in Ballydowd is a shared one, necessitating good working partnerships between the social work department with case responsibility and staff in Ballydowd. Had the social work team been consulted earlier it may be that options other than psychiatric intervention would have been explored.

Young people should not be admitted to Ballydowd without comprehensive care plans. Placement planning is vital but these plans focus on what will happen for a young person while in placement. Care plans have a broader focus and look beyond the current placement.

There were placement plans for all of the young people in Ballydowd. These were of a high standard and considered the whole spectrum of the young people's needs: health, education, family contact and so on. Ballydowd staff ensure the involvement of the young people, their parents where possible, and / or significant others in the process of placement planning.

### *4.3.3 Reviews*

Reviews of the young people in Ballydowd take place within two weeks of admission and at intervals not exceeding 6 weeks after that. Reviews are attended by the young people, parents (unless not appropriate), Ballydowd staff, social workers and other professionals involved with the young person. The health boards assist parents with transport if needed. The young person's keyworker prepares a report for the meeting. Young people are given forms to complete. Minutes are taken and distributed to all participants after the reviews.

Both young people and their parents told inspectors that their views are given consideration at reviews. In one situation an issue raised by a parent had not been recorded in the minutes of a review. The parent took this to imply that her views had not been given satisfactory consideration. She raised the matter at the next review and this time it was dealt with to her satisfaction. On another occasion, a young person was unhappy with the outcome of his review. Ballydowd staff felt that the outcome of the review in question had to stand, despite the young person's unhappiness with one of the decisions made. However, as a response to the young

person's concerns the next review meeting was brought forward to give further consideration to the issue.

Practice in relation to reviews of placement plans is of a high standard.

Review decisions concerning the young person's visits and activities outside the unit had to be submitted to the High Court for approval. Some of the young people, social workers, care staff and guardians ad litem expressed dissatisfaction with this. The young people experienced frustration at the delay in implementing decisions as sometimes it would take a while to arrange a court hearing. To the professionals working with the young people, some of the expectations of the High Court were felt to be unrealistic and unhelpful. One young person was ready to commence a process of reintegration into the community. A decision was made to give the young person the opportunity to take up a part time job. However, the Court wanted a detailed plan in relation to this. The young person was most likely to find work in a supermarket or fast food restaurant and would be expected to start work, if the application was successful, within a day or two of applying. It is unlikely that an employer would be willing to await the outcome of a High Court hearing before offering a job to the young person. It would be inappropriate for staff or social workers to discuss the matter with such a prospective employer.

The decision to suspend a young person's right to liberty must be taken in a court. The court also acts as guarantor of young people's rights in ensuring that the appropriate services are made available to them and by requiring health boards to account for the care offered to vulnerable young people. On the other hand, young people cannot be reintegrated into the community unless allowed contact with it. Some discretion needs to be given to professionals about how much contact they should have and when, if only to ensure that care plans are implemented and young people detained for the shortest possible length of time.

The Ballydowd policy document states that the Child Care Regulations 1995 stipulate that the placement plan of a child in residential care must be reviewed within two months of the placement and every 6 months after that (page 15). This is not correct. The Regulations refer to reviews of care plans, not placement plans. If there is no care plan it cannot be reviewed. Even in those cases where care plans were in place, it was clear to inspectors and acknowledged by social workers, that these were not being reviewed. Social work departments are not meeting their statutory obligations in relation to the review of the care plans of the young people in Ballydowd. This is not acceptable and must be rectified.

#### *4.3.4 Contact with families*

There is a clear commitment, evident both in policy and practice, to promoting contact with families. Young people and their parents visit the unit prior to admission and meet with the young person's key worker and a member of the management team. The health boards assist family members with transport to enable them to visit the young people. There is a room set aside for family meetings. Staff members can observe such meetings from outside the family room as there are windows and a door with a glass panel separating this room from the rest of the residential unit. Sometimes they sit in on family visits if supervision is deemed necessary.

Parents spoke to inspectors of being made feel welcome in Ballydowd, of staff members making them tea and snacks and so on. One parent had experienced some difficulty in relation to transport. This seemed to have more to do with the taxi company and the availability of taxis at a particularly busy time of the year than anything over which Ballydowd or the health board had any direct control.

One parent spoke with inspectors of the experience of having her visits supervised. It was not an experience she enjoyed. The reason for the visits being supervised had to do with difficulties in the relationship between parent and child. However, the manner in which these difficulties were managed differed depending on which member of staff was supervising the visit. When visits became difficult some staff intervened and brought the visit to an end. Others, however, sought to communicate through eye contact, appearing to indicate that the parent should leave. On some occasions she did as indicated but, at others, she decided that it would not be appropriate to do so and stayed.

Supervision of family visits can set up a situation that is fraught with tension for all involved. In the situation just described the parent was unclear what was expected of her and what role staff would play if things became difficult. Inspectors suggest that such situations could be better handled if there was an opportunity for parents to consult with the supervising staff member in advance of the meeting. This would provide an opportunity to anticipate difficulties and agree strategies for dealing with them. This would be all the more useful if similar preparation was done with the young person. In particular, it is important that all involved understand what kinds of behaviour will give rise to a decision to bring a visit to a premature end.

One parent spoke of difficulties in relation to telephone contact at the weekend. These difficulties had been brought to the attention of managers and corrective action was taken which improved the situation.

Despite the difficulties referred to above, parents displayed confidence in the staff team. They saw the staff as competent and committed to the care of the young people. The staff were available to the parents and the parents welcomed their observations and suggestions.

#### *4.3.5 Legal and court work*

All of the young people were placed in Ballydowd by order of the High Court. Most of these cases originated in proceedings initiated by solicitors representing young people suing the health boards for failure to provide adequate services. Once a place became available the relevant health board submitted an application to the High Court to have the young person detained in Ballydowd.

One young person who had no previous care placement was placed in Ballydowd. A decision had been taken by the professionals involved that the young person would not be suitable for placement in a non secure residential centre. The board initiated the proceedings which led to his detention. He had no legal representation at the hearing. Though there was a care plan in place the decision to seek a High Court order detaining the child in Ballydowd had been taken without consideration of the

views and wishes of the young person. This was due to the fact that the young person refused to engage with the social worker. Inspectors do not doubt that efforts were made to engage this young person in a discussion about care options but a social worker initiating proceedings to have a young person detained may not be the most appropriate person to do this work. Inspectors believe that guardians ad litem should be appointed for all young people where orders detaining them in special care units are being considered at hearings where they do not have their own legal representation.

In two cases guardians ad litem had been appointed. The guardians played a positive and constructive role in the cases they were involved in. They had a fairly high level of contact with the young people concerned, especially coming up to court hearings. The guardians had access to unit records, attended review meetings and articulated the wishes of the young people to the Court.

One of the guardians was working with the young person whose case was discussed earlier in this report. She began working with the young person at a time when the young person was locked in the bedroom for much of the day. The guardian was advised not to go into the young person's room on the grounds that being alone with a young person is not good child protection practice. However, she decided that she could not discharge her responsibility to her client unless she could talk with the young person alone. Though initially reluctant to engage, the young person developed a very positive relationship with the guardian. By the time of inspection the situation had improved. The young person was not being locked in the bedroom but was circulating freely within the unit and was relating well to the agency staff. One of the factors which had led to this improvement, according to the young person and some of those working with her, had been the role of the guardian ad litem.

#### *4.3.6 Supervision and visiting of young people*

The Ballydowd policy document states that no young person will be admitted unless there is an allocated social worker. At the time of inspection, two of the young people's social workers had left the employment of the board. The social work team in question had 8.5 posts vacant out of a complement of 15. A social work team leader was effectively carrying these cases: visiting the young people fortnightly and attending their reviews. Inspectors commend this person for doing so given her very considerable workload.

Social workers visit the young people in Ballydowd every 2 to 3 weeks on average. This combined with frequent attendance at reviews and associated work represents a considerable investment of time for the social workers involved. Given the demands on social workers time it is commendable that the needs of the young people in special care have been prioritised in this way.

Social workers receive weekly progress reports from Ballydowd and these include details of physical restraints and single separations.

The social workers spoke in positive terms of their working relationship with staff in Ballydowd. The acting director held a meeting in April of this year with social workers of the young people to explore issues to do with their working relationships.

This appears to have been a constructive exercise and inspectors commend Ballydowd for taking this initiative.

#### *4.3.7 Preparation for moving on*

A number of the older young people in Ballydowd have been involved in preparation for independence training covering issues such as money management, budgeting, cooking, menu planning, laundry and so on.

Staff in Ballydowd and the young people's social workers are actively engaged in the process of planning their post placement care. Young people are encouraged to engage in activities outside of the unit in preparation for reintegration in the community. One young person is involved in regular family sessions where the difficulties that led to admission to special care are explored in order to facilitate a return home. Another young person is moving to an open residential centre.

For some young people the lack of suitable post special care placements makes it very difficult for staff to prepare them for moving on. A proposal for a special project to be set up to meet the needs of one particular young person was under active consideration at the time of inspection. For another young person the future was very uncertain. The young person will leave Ballydowd soon but there is no clear plan around future care. This is not due to a lack of effort to identify a suitable placement. Rather it reflects a gap in the services. A step down facility is needed for those young people coming out of special care. A number of professionals working with the young people in Ballydowd expressed the view that the lack of such facilities has led to some young people being detained longer than they should. A new high support unit, Crannog Nua, is being built in north county Dublin. One of its functions will be to act as a step down facility for Ballydowd. However, it is unlikely to be in a position to accept referrals until February 2002.

#### *4.3.8 Emotional and specialist support*

Ballydowd was set up to provide a safe environment for young people whose needs cannot be met in open residential settings. It aims to provide the young people with an opportunity to address the issues that led to their detention and return them to the community as soon as possible. The needs of the young people are complex. They require a range of interventions. If the issues that led to their detention are to be addressed promptly they must have access to all the help they need, quickly and in a co-ordinated manner. In Ballydowd the young people's therapeutic needs are addressed in a variety of ways: through the relationships formed with members of staff, through the interventions of specialist team members and through accessing specialist services from outside the unit.

In Ballydowd there is an emphasis on developing therapeutic relationships between staff and young people. This implies a staff team capable of responding to the young people in a way that recognises their difficulties and conveys a message of informed concern even in the face of unacceptable behaviour.

Ballydowd has a full time speech and language therapist. Her role is to facilitate communication. She works individually with each of the young people to help them to develop their communication skills. She is currently exploring with a colleague the possibility of doing some joint group work with the young people. The speech and language therapist also has a role in relation to staff in helping them to understand and overcome difficulties in their communication with the young people. Given the importance of communication in relationship building, this is a key role and SWAHB are commended for this appointment.

Reference has been made earlier in this report to the staff consultant. This person does not work directly with the young people. However she has a key role in helping staff to understand and respond appropriately to the behaviour of the young people. The impact of these supports, taken together with induction and in service training of staff enhances the capacity of Ballydowd to respond to the very particular needs of the young people placed there.

Prior to admission, the young people undergo a psychiatric assessment so that, if they have particular needs that require psychiatric intervention, this should be known at the time that they are placed. Recently it was agreed that a consultant child psychiatrist from SWAHB will be available on a sessional basis, once a week, in Ballydowd. This person will conduct assessments and consult with staff but will not treat or engage in therapeutic work with the young people. This would appear to duplicate the psychiatric assessment that was done prior to admission. However, if a young person has failed to engage with the psychiatric services prior to admission, more information is likely to be available post admission and this will facilitate a more accurate assessment. In addition, the staff are likely to welcome an opportunity to discuss issues with a consultant psychiatrist. A similar arrangement has been made with the adult psychiatric service. (Note: young people aged 16 and over are the responsibility of the adult psychiatric services). These arrangements form another layer of support for staff, will enhance their capacity to care for the young people and are to be welcomed as such.

If, following assessment by the consultant child psychiatrist, a need for a service from the psychiatric services has been identified, it becomes the responsibility of the Director of Ballydowd to access this service. In future specialist services for the young people will, if unavailable in the public sector, be accessed and paid for in the private sector, though the preference is for them to be treated by their local service.

Two of the young people in Ballydowd have had very different experiences with the same voluntary agency. Both attended child psychiatric clinics run by this agency. One continues to be offered a service from this agency, the other does not though a service has been requested.

One young person required a specialised risk assessment. At the time of inspection 12 different agencies and professionals had been approached to carry out this assessment, without success. An agency in the voluntary sector then expressed a willingness to work with the young person. However, plans for this young person had been put on hold while this assessment has been sought.

Accessing a psychiatric service is time consuming and cumbersome. A young person is assessed prior to admission, post admission and if a need for a service is identified responsibility for accessing it reverts to the Director who may or may not be able to access the required service from the young person's local area. This is not consistent with addressing the issues which led to the young person's detention and returning him or her to the community as quickly as possible. Inspectors commend the efforts of managers to access the services that the young people in Ballydowd need. The problem has to do with the fact that the services are fragmented and unco-ordinated.

#### *4.3.9 Young people's case files*

Each young person in Ballydowd has a case file which comprises 4 folders. The first contains weekly reports and old placement plans, the second is a record of visits, calls and letters, along with TCI records, the third contains the application form and various professional reports and the fourth is for care plans, reviews, High Court orders and reports.

The young people's case files are comprehensive and maintained to a high standard. Inspectors suggest that a summary sheet be inserted at the front of each young person's file for ease of access to the most frequently sought information: name, date of birth, home address, date of admission, family details, personal and professional contacts, access arrangements, special health needs and so on. Files should also contain originals or copies of the young people's birth certificates.

#### **Recommendations**

- The referrals committee should not process referrals to Ballydowd that are not accompanied by a comprehensive care plan.
- Social work managers should ensure that statutory reviews are carried out in relation to young people placed in Ballydowd in accordance with the Child Care Regulations (1995).
- The health boards should apply to the court for the appointment of guardians ad litem for all young people who do not have separate legal representation at hearings where orders are being made for their detention.

### **4.4 Care of young people**

#### *4.4.1 Relationships between staff and young people*

**Young people are cared for by staff who can relate effectively to them.**

The young people in Ballydowd spoke positively for the most part of their relationships with members of staff. Staff interviewed by inspectors were positive about their work and focused on the needs of the young people. There was a relaxed atmosphere in the unit during inspection and a lot of purposeful activity.

Clearly the staff in a Ballydowd have a difficult task in trying to convey a message of care and concern within the context of a carefully controlled environment. Staff approach this in various ways. They repeatedly explain to the young people the

reasons for their detention. They convey concern for the young people. Inspectors were pleased to observe an acceptance of the young people's need for physical proximity and appropriate contact with staff members. A balance is struck between the need for security and the young people's need to exercise some control over their environment. For instance, all the young people's bedroom doors can be locked. However, the doors are not locked routinely. They are locked for reasons of safety when circumstances demand and then only for short periods of time.

The admissions process is approached with sensitivity. There is an admissions suite in the administration building. The young people are encouraged to shower there and change clothes before going down to the residential unit. However, they are not subjected to personal searching and are not forced to shower or change their clothes. To date, all have co-operated in the admissions process.

#### *4.4.2 Quality of care*

**Day to day care is of good quality and provided in a way that takes account of the individual needs of young people in relation to age, race, culture, religion, gender and disability.**

The individual needs of the young people were taken into account in the routines and practices of the unit. This was particularly apparent in relation to education where programmes were developed around the ability levels of each of the young people. There were some areas where changes need to be considered.

All of the young people had the same bed time. This was despite the fact that they ranged in age from 11 to 17 years. One manager acknowledged that this was not appropriate and is in need to review.

One girl was in a unit with 4 boys. While there was lots of activity in the unit, much of it appeared male rather than female orientated. The girl herself expressed a desire for female companionship and her social worker also identified this as an important issue.

Inspectors were informed that a relatively small number of girls have been referred to Ballydowd. This makes it difficult to achieve a good gender balance. The referrals committee should try as far as possible to avoid a situation where one boy or one girl is placed in a unit of peers of the opposite sex.

#### *4.4.3 Rights of young people*

**Young people are cared for in a manner that safeguards and actively promotes their legal and civil rights.**

Concern has been expressed earlier in this report about the rights of the young people at the point where a decision is being made to admit them to Ballydowd. However, once they are admitted practice in the area of young people's rights is generally of a

good standard. The guardian ad litem for one of the young people remarked that Ballydowd had given her client a voice.

#### *4.4.3.1 Access to information*

An information folder has been prepared for the young people. They receive this when they come for a pre placement visit. On this occasion they also meet with their keyworker. The information folder is well laid out with colour photographs of various parts of Ballydowd. It contains information about the unit and its routines. There is a welcome emphasis on the choices and options available to young people. The right to be heard is asserted and means by which this can be expressed explained. There is a section on complaints procedures.

Staff in Ballydowd and social workers have been proactive in getting information for the young people in relation to services, recreational as well as professional, available to the young people.

One of the folders which makes up the young person's case file is kept on the residential unit, the others are in the administration building. This folder consists of daily reports, contact lists and placement plans. The young people are encouraged to look at this folder and to make and sign any amendments they consider necessary. If they wish to see the other parts of their case file they must make a formal freedom of information request. This is a rather cumbersome and un-child friendly approach and one young person expressed a strong desire to inspectors to know the contents of his file. A pro- active approach to facilitating the young people's access to their files would be appropriate.

#### *4.4.3.2 Consultation*

The information folder suggests various ways in which the young people can exercise their right to be heard. They can talk to various members of staff, including teaching staff, raise issues at their reviews and participate in the young people's meetings.

The young people's meetings are held weekly and attended by the unit manager or deputy unit manager. Occasionally, a deputy director attends. Young people are encouraged to raise whatever concerns they have. These are brought to the staff team meeting, discussed and considered. The outcome of the team's deliberations is conveyed to the young people immediately after the meeting.

#### *4.4.3.3 Complaints*

There is a well developed complaints procedure in Ballydowd. When a young person wishes to make a complaint, it is entered into a complaints book by a member of staff in the company of the complainant who signs it. The young person is asked what action he or she would like taken in relation to the complaint. An attempt is made to resolve the matter within the particular unit in which it arises but, if this is not successful, the matter is referred to one of the deputy directors. The matter is investigated, action taken as appropriate and the outcome recorded in the complaints

book and the complainant again asked to sign the book, along with the member of staff who dealt with it. The complaints book is reviewed regularly by the child protection officer who is the acting director. The young people are also encouraged to talk to someone outside the unit, their social worker or another trusted adult, if they wish to do so. They are given contact cards which can be sent to someone outside the unit alerting them to the young people's need to see them.

The young people expressed some dissatisfaction with the complaints procedure. Some said that there were delays in getting access to the complaints book or that nothing was done on foot of complaints. However, one young person described a complaint where he felt that his concerns were addressed and responded to appropriately. The complaints book recorded actions taken by staff on foot of complaints. Inspectors were impressed with the willingness of staff to acknowledge mistakes and, where appropriate, apologise to young people. Most dissatisfaction was expressed in relation to complaints that young people made about each other's behaviour. The complainants in these situations sometimes expected staff to respond punitively to the behaviour complained of and staff members were unable to comply with their wishes. While inspectors concur with the non punitive approach, complaints made by young people about assaults by peers should be seen as child protection issues and dealt with accordingly.

The complaints procedure lacks an independent element. In effect, Ballydowd staff are adjudicating in relation to the actions of Ballydowd staff. While it is important to try to resolve things locally and speedily, there needs to be access to another or higher authority for young people dissatisfied with the way their complaint has been handled. The ERHA has a complaints and appeals department but no role is given to it in the Ballydowd complaints procedure. Inspectors consider that the right to appeal to the complaints and appeals section of ERHA or some other body or person external to the unit ought to be written into the Ballydowd complaints procedure.

#### *4.4.4 Discipline*

**Young people whose conduct is unacceptable are dealt with in accordance with positive disciplinary measures approved by the health board.**

##### *4.4.4.1 Promoting good order*

The general approach in Ballydowd is to work through the medium of relationships to win the co-operation of the young people. Sanctions are used but not routinely or excessively. Staff encourage the young people to make reparation for misdemeanours rather than impose a sanction, where possible. The policy document lists acceptable and unacceptable sanctions and with one exception, considered below, these are in accordance with acceptable practice.

##### *4.4.4.2 Restraint and single separation*

Physical restraint has been used 25 times since the unit opened. One of the young people had never been physically restrained and the majority had only been restrained on a handful of occasions. One young person had been restrained 9 times and the

other 10. Staff are trained in therapeutic crisis intervention (TCI). Incidents are recorded on standard TCI forms. Copies of completed forms are sent to the young person's solicitor, social worker and family. The forms are kept on the young person's file and are reviewed by one of the directors. Inspectors found evidence of close monitoring and review of the use of physical restraint. This is to be commended.

Single separation is listed as an acceptable sanction in the Ballydowd policy document. Inspectors do not consider that it should ever be used as a sanction. Staff, however, assured inspectors it is only used as a safety measure not as a sanction. This should be stated in the policy document.

It was apparent from discussions with staff in Ballydowd that different kinds of intervention were being described as single separation. During the inspection one young person was put on a special programme which involved the same activities as on any other day but with limited contact with the other young people. The young person was not locked in the bedroom but was kept separate from the other young people at particular times of the day, for example, at meal times.

Staff in Ballydowd described a situation where a young person was wrecking a bedroom. It was believed that staff attempting to enter the room would have been at grave risk of injury. The young person's bedroom door was locked for a short time as a safety measure. This involved a greater degree of separation than the situation described above. In the case of one young person already referred to this form of single separation was used extensively.

The policy document states that the use of single separation should be reported to the Assistant Chief Executive on a monthly basis. Inspectors believe that the policy document should distinguish between different types of single separation.

A member of the management advisory group suggested that the use of this form single separation (where a young person is locked in a room) should be subject to statutory regulation and guidelines. The suggestion was made in the context of offering a forum where the issues raised by this form of intervention could be considered in some depth. Inspectors endorse this suggestion. However, this may take some time. Inspectors do not believe it is acceptable to lock a young person in a room alone for long periods. Steps must be taken to ensure this does not happen again. The management advisory group must give clear guidelines and direction to staff on the use of single (locked room) separation.

#### *4.4.4.3 Unauthorised absences*

There have been just 2 unauthorised absences since Ballydowd opened. These occurred while the young people were involved in activities outside the unit. There is very detailed guidance for staff on dealing with situations where young people go absent without permission. A file contains lists of people, social workers, family members, managers that are to be contacted. There is a list of Garda stations to be notified and photographs for circulation to aid the Gardai in finding the young person concerned. These guidelines were followed in the two incidents.

Policy and practice in this area is good.

#### *4.4.5 Safeguarding and child protection*

Policy and practice in relation to safeguarding emphasise team work and staff members keeping each other in sight so their actions can be monitored by colleagues. Staff are encouraged and do question each other's practice if they have any concerns.

Ballydowd has its own child protection officer, currently the acting Director, to whom all matters relating to child protection are referred. The child protection officer deals with complaints, monitors the use of TCI, sanctions and single separation and is available to hear the concerns of staff members and young people.

The young people have various means to raise any worries that they may have as discussed above.

The management advisory group plays a safeguarding role. Its members have unrestricted access to the unit.

Allegations of abuse would be notified to the child care manager of the young person's local area and would be investigated externally. No such allegation has been made to date.

When the young people are first admitted the staff, in consultation with the young person and their social worker, draw up a contact list. The people on this list are those who may have contact with the young person while he or she is in the unit. No contact is allowed with or from people not on the contact list. While this is done to protect young people from others who may have a negative interest in or influence over them it may filter out people who could be a benign influence on the young people. Inspectors suggest that consideration be given to having a list of people with and from whom contact is prohibited.

Staff members have been given copies of Children First, the new child protection guidelines, but have not attended any briefing sessions yet.

Policy and practice in this area are good.

#### *4.4.6 Health*

Each young person sees a general practitioner within 24 hours of admission. The doctor completes a form, a copy of which is kept on the young person's file. He calls to the unit 4 times a week to check on the young people's health needs and to ensure that any medication is being administered as per prescription. All the G.P.s visits and his observations are separately recorded. A female doctor is available if requested by one of the girls in the unit.

The young people see a dentist as required.

Keyworkers discuss issues to do with sexuality, relationships and associated health issues with the young people. These topics are also covered in school.

#### *4.4.7 Privacy dignity and individuality*

Privacy is a key issue in a situation where young people are under constant supervision. In Ballydowd, the young people's need for privacy is recognised in various ways. The young people can phone anyone on their contact list outside of school hours. The staff member dial the calls but do not listen to them. The young people's letters are not read by staff. If there was a concern about a particular letter consideration would be given to how it should be opened. It might be opened by a member of staff in the presence of the young person or vice versa. Once it was clear it contained no contraband it would be handed over to the young person without being read by staff. There are viewing panels on each of the bedroom doors. These can be opened and closed but are normally put in the closed position. During the night the young people are checked every 15 minutes. However, the viewing panels are not opened, at least while the young people are still awake, until the young person confirms that the staff member can open it. The young people have en suite facilities in their rooms and they cannot be seen through the viewing panels while using these.

There are no personal body searches in Ballydowd. A metal detector is passed over the young person when first admitted and upon return from an unaccompanied visit out of the unit. Random room searches are carried out. The young people are invited to be present while their room is being searched for items that could endanger their health or safety. Inspectors understand the concern about safety but question the necessity for routine weekly searches. Consideration ought to be given to only searching rooms where a definite reason exists for doing so e.g. evidence of a young person taking drugs.

The young people wear their own clothes around the unit. They can decorate their rooms by putting up posters etc though there are restrictions on the things they are permitted to have in their rooms.

#### *4.4.8 Aspects of daily living*

Life in Ballydowd revolves around set routines for getting up, eating meals and going to bed which vary a little at weekends and are supplemented by school during the week and activities at the weekend.

Young people are encouraged to participate in various unit activities. Each has a chore to do after meals. If family members come to visit, the young people will be involved in preparing tea and snacks for them.

Christmas was celebrated with gifts for the young people, a traditional turkey dinner and a party. There was a celebration for a young person's Confirmation. The family went out for a meal with some members of staff and, later, there was a party back at the unit.

#### *4.4.9 Personal appearance*

The young people are allowed to express their own individuality in their appearance though there are restrictions in relation to the wearing of jewellery. Body piercing jewellery is not permitted.

While the young people can be involved in choosing their own clothes, inspectors were dismayed to learn that the board insists on the use of accounts or order books in the purchase of clothes. This means that when a young person and a member of staff go to buy clothes they must use a different method of payment from all other shoppers. This identifies the young people as in health board care. It is a stigmatising practice that can have no possible justification in child care terms.

#### *4.4.10 Leisure activities*

There are a range of leisure activities available to the young people within Ballydowd. This is very important since some of the young people have no access to the world outside. The school facilities are available outside of class times for recreation so that the young people can use the personal computers, books etc. There is a fully equipped gym and fitness suite and there are also outdoor playing areas.

Those who are allowed out of the unit are allowed an accompanied outing every week. There is a budget of £15 for this and the young people can decide how this is spent. Some opt to go to the cinema, others to have a meal in a fast food restaurant. Some young people are allowed out unaccompanied. For instance one young man went to night classes for a while. Others are involved in sporting activities.

There is good provision of leisure activities.

#### **Recommendations**

- The management advisory group should formulate an appropriate policy in relation to young people's access to their files.
- The complaints procedure should be amended to allow for appeal to a person or body outside of Ballydowd for young people dissatisfied with the handling of a complaint.
- Assaults by young people on other young people should be dealt with under child protection procedures, in accordance with Children First.
- The Department of Health and Children should identify an appropriate body to develop statutory guidelines on the use of single separation.
- The management advisory group should review the policy in relation to single separation to clarify what is meant by the term in Ballydowd and how the practice is to be recorded and monitored. There should be clear guidelines and strict time limits on the practice of locking young people alone in their bedrooms.
- The Assistant Chief Executive should authorise the use of cash for the purchase of the young people's clothes.

## ***4.5 Premises, safety and security***

**The premises and associated outdoor areas are designed to prevent unauthorised entry or exit. They should facilitate supervision and minimise opportunities for self harm while providing accommodation that is, in so far as practicable, appropriate to its designation as a children's home. It must also be properly maintained and furnished.**

### *4.5.1 Risk Assessment*

Each young person is required to stay in Ballydowd for the first 6 weeks post admission, except to go to appointments accompanied by members of staff. A risk assessment is then carried out at the young person's review in the context of deciding whether the young person can be allowed accompanied or unaccompanied trips from the unit. Plans made have to be submitted to the court for approval.

### *4.5.2 Location and design*

Ballydowd is located in south west Dublin, beside St Loman's psychiatric hospital. The buildings are arranged in a 'C' shape with the open space enclosed with a tall wire perimeter fence. The appearance of this is softened by a line of mature trees that run along the length but are higher than the fence.

The administration building houses the manager's and administration personnel's offices as well as a number of meeting rooms. It also has an admission suite and it is here that young people come when first admitted.

The 3 residential blocks are identical. They have a kitchen, a large kitchen cum dining area, a quiet room, a visitors room and single en-suite bedrooms for young people and, if required, sleep in staff.

The school room has 6 class rooms as well as offices for the principal and for the speech and language therapist.

A recreation block has a gym and a fitness suite, together with showers and changing rooms. Inspectors understand, however, that the young people will be encouraged to shower in their own rooms as, for safeguarding reasons, this is considered preferable to young people showering and changing together.

All the buildings are single storey and there is no access to the roof space from the young people's living, school or recreation areas.

#### *4.5.3 Accommodation – general*

The accommodation seemed adequate, indeed generous, in terms of the amount of space available. However, account must be taken of the fact that the unit was only partially operational during the inspection. Some concern was expressed to inspectors about the amount of space available in the education block and the feasibility of having classes for 24 young people simultaneously there.

The school, living and recreation areas are brightly and pleasantly decorated.

#### *4.5.4 Accommodation for individual young people*

Each young person has their own en suite bedroom. The rooms are adequately, if sparsely, furnished. The furniture is fitted so that it cannot be moved, for instance, to barricade the door.

#### *4.5.5 Maintenance and repairs*

A private contractor is responsible for the maintenance of the building. This arrangement is working to the satisfaction of managers at Ballydowd.

#### *4.5.6 Safety and fire precautions*

There is a fire alarm system and fire extinguishers are in plentiful supply throughout the unit.

Two members of staff act as fire and safety officers. Fire equipment training has been given to some staff. Fire safety equipment is checked regularly. Fire drills are carried out approximately once a month. All staff are trained in basic first aid as part of induction training.

Medicines and cleaning materials are safely stored.

On 5/1/1999 fire certificates were issued by South Dublin County Council in relation to all 6 buildings on the Ballydowd campus, that is, the 3 residential units, the administration unit, education and recreational unit. These certificates were issued subject to the buildings being completed as per plans and specifications submitted to the Council. In order to confirm that the conditions have been met a large amount of documentation has to be gathered and submitted to the Council. Inspectors were given a copy of a letter from a firm of architects stating that they will issue the necessary documentation once it is all completed.

A safety audit was carried out in Ballydowd on 6/3/2001 by the Health and Safety Adviser of Eastern Health Shared Services. She concluded that the management of health and safety is generally good but made a number of recommendations. Four issues were highlighted in her report. All of these have received attention as have a majority of the other matters mentioned in her report.

#### 4.5.7 Security

Visitors to the unit announce themselves at an outer entrance that is closed after them before the door of the administration building is opened to allow them into the centre. They are given the key to a locker and asked to put in it any objects that are not required for the visit. Access to all the buildings in the unit is through the administration building and, again, once someone enters the administration building en route to another part of the unit the door they have entered through is closed before the door to other parts of the unit is opened.

Each of the residential buildings in the unit has an inner door and an outer door. One door is always locked while the other is open. The walls and perimeter fence are high enough to ensure that a young person could not easily get over them.

There is an internal alarm system called 'pinpoint' which can be activated by any member of staff in an emergency. It alerts staff and managers that a colleague is dealing with a difficult situation and requires assistance.

Inspectors believe that a reasonable balance has been struck between the needs of security and the right of the young people and those visiting them to be treated with respect and dignity. This may be harder to achieve, but is no less important, when Ballydowd has 24 residents. Managers and staff ought to give consideration to how this balance can be maintained in the future.

#### 4.5.8 Insurance

Ballydowd is insured through the Eastern Regional Health Authority's insurers.

### 4.6. Education

**Education should be seen as an integral part of the care of the young person. The education of all young people should be actively promoted by all involved. In so far as it is practicable, units should aim to provide for those of school age, a broad and balanced curriculum appropriate to their age, ability and level of attainment with a view to continuing in open conditions or a return to mainstream school. Where appropriate young people over the age of sixteen should be offered a programme of vocational preparation, training and work experience or transition to further education.**

#### 4.6.1 Attainment and progress

The principal of the school sits on the referrals committee. This allows for the educational needs of the young person to be assessed, at least provisionally, at the point of referral.

Once a decision is taken to admit a young person, the principal contacts previous schools to get reports. This has proved useful with a number of the young people

though others were out of the school system for a considerable time prior to admission.

After admission the school conducts its own assessment focusing on numeracy, literacy, computer skills and sports. The speech and language therapist is involved in these assessments.

A programme is then designed to meet the educational needs of each young person. Extensive use is made of National Council for Vocational Awards (NCVA) modules. These are an alternative to the junior certificate curriculum but allow the young people reach a recognised level of attainment. There are no examinations but the work of the young people is assessed. If a young person completes 8 modules, this is equivalent to a pass junior certificate. There are two opportunities for work to be assessed each year. Even young people placed in Ballydowd for a relatively short period can thus leave with a sense of having achieved something educationally. One young person has completed 2 modules to date, another 6 and a former resident completed 7 during his time in Ballydowd.

Other young people study at a more advanced level and, during the inspection, two of them were sitting junior certificate examinations.

#### *4.6.2 Attitudes, behaviour and personal development*

All of the young people spoke positively of the school. This is remarkable, given that many, if not most, had very negative experiences of school or had hardly attended at all prior to admission.

The day is structured to reflect the capacity of the young people to deal with what is presented to them. It starts with academic type subjects, then there is work on NCVA modules and in the afternoon, subjects such as art and music are done. Within that framework, there is a fine tuning to accommodate particular needs. For instance, the youngest resident gets 10 minutes on the swings at the end of some 30 minute learning periods.

The young people have a choice in the subjects they study and there is a great variety as discussed below.

The approach to dealing with behaviour management is to try to promote appropriate behaviour. The young people are given the opportunity to earn points for good behaviour. These can then be exchanged for a gift voucher when a certain number have been accumulated. In addition, the young people can do the subject of their choice on Friday afternoons, the end of the school week. If behaviour problems arise each teacher tries to deal with them in class. If difficulties persist there is a system whereby an 'on call' teacher is available and takes the young person from the classroom. Alternatively, the principal intervenes. If a teacher requests assistance it usually means that a young person is about to lose control and needs to go back to the residential unit for some time. The time back at the unit is kept to a minimum and the young person returns to school when the issue is resolved.

#### *4.6.3 Attendance*

All the young people attend every day, even those over the school leaving age. A record of attendance is kept in the school's day book. Inspectors were informed that it was sometimes difficult to persuade young people who are unwell not to come to school. Teachers will work with young people in the residential units if they are not well enough to come to the school.

#### *4.6.4 Quality of education provided*

The quality of the education offered is of a very high standard. The education block provides a pleasant physical environment in which to learn. There are individualised learning programmes and the relationships between staff and young people are encouraging and supportive.

#### *4.6.5 Curriculum*

A very wide ranging curriculum is offered. NCVA modules are available in basic numeracy and literacy but also in subjects such as art and cookery. A wide range of junior certificate subjects is available. The youngest young person is pursuing the primary curriculum and has one to one tuition every morning. With an older resident, the emphasis is on social skills, preparation for work and computer skills. Another young person is very able academically and teaching staff are encouraging him to think in terms of leaving certificate and third level education.

There are classes in music and drama and one young person with no previous experience of music has become proficient at guitar and drums.

The school year is as per a primary school and runs to the end of June. A summer project is planned for July and the school will close for August. The young people can continue to work on some NCVA modules, such as music and video production, over the summer if they wish.

#### *4.6.6 Support, guidance and welfare*

The teaching staff are very attentive to the young people's emotional state. In the morning one teacher goes to the residential unit to get a handover from care staff.

The whole thrust of the educational programme is about supporting the young people's learning in a facilitative and responsive environment.

Work is done with the young people to help them prepare for re entering the mainstream school system and / or the work force. The principal identifies suitable school, training and/ or work placements for the young people so that, on discharge, there is something arranged for the young person. He has, for instance, visited the school attended by one of the young people prior to admission. The school has expressed a willingness to have the young person back again when he leaves Ballydowd..

#### *4.6.7 The educational management of the unit*

##### *4.6.7.1 Management and leadership*

Currently the Assistant Chief Executive, SWAHB, is the patron of the school and the principal reports to her. An appropriate model for the board of management is under consideration. The model of a primary school board of management is not appropriate because it requires a number of parents to sit on the board. The principal would value having a board of management to discuss issues to do with the curriculum and related matters.

The day to day running of the school is the responsibility of the principal. He reports to the Assistant Chief Executive of SWAHB. The principal is part of the management team of Ballydowd and meets with the other managers weekly. He is also a member of the referrals committee and the management advisory group.

The school team meets on the last session of each Friday. Once a month they have a longer meeting which might involve some of the care staff or one of the managers of Ballydowd. Members of the teaching staff attend care staff meetings in rotation. Care staff are in the education unit on a daily basis.

There is good co-operation and communication between care staff and teachers at formal and informal levels. There is mutual understanding and respect for the respective roles. An effective integration of care and education at management level has been achieved in Ballydowd.

##### *4.6.7.2 Staffing, accommodation and learning resources*

The school has an administrative principal, a deputy principal, 2 other full time permanent and one full time temporary teachers. In addition, the principal has available a number of teaching hours from the local VEC which he uses to bring in 4 teachers on a part time basis to do subjects such as music and drama.

The principal identified a need for a full time PE teacher. This would allow fuller use to be made of the gym and fitness suite. For instance, though there is a trampoline in the gym it cannot be used at present because there is no PE teacher. It would also help in terms of use of accommodation when the unit is fully operational as using the gym more extensively would relieve pressure on classroom space.

There are 6 classrooms which allows 4 to a classroom when the unit is fully operational. While generous by ordinary standards, the school in Ballydowd operates a mixture of group work and individual learning so there may be difficulties in relation to accommodation in the future. There is no dedicated craft room though there is an art room with a kiln for firing pottery. A lack of storage space for materials was identified. On the other hand, money for materials and resources is adequate and easily accessed.

#### 4.6.7.3 *Efficiency of unit*

The unit is very well run and delivers a quality service to the young people.

#### **Recommendation**

- The Department of Education should approve the employment of a full time Physical Education teacher at Ballydowd.

### **5. Summary of recommendations**

1. The management advisory group should reconsider the policy on the role of Ballydowd.
2. SWAHB should expedite the process of arranging for the monitoring of standards in Ballydowd.
3. The referrals committee should not process referrals to Ballydowd that are not accompanied by a comprehensive care plan.
4. Social work managers should ensure that statutory reviews are carried out in relation to young people placed in Ballydowd in accordance with the Child Care Regulations (1995).
5. The health boards should apply to the court for the appointment of guardians ad litem for all young people who do not have separate legal representation at hearings where orders are being made for their detention.
6. The management advisory group should formulate an appropriate policy in relation to young people's access to their files.
7. The complaints procedure should be amended to allow for appeal to a person or body outside of Ballydowd for young people dissatisfied with the handling of a complaint.
8. Assaults by young people on other young people should be dealt with under child protection procedures, in accordance with Children First.
9. The Department of Health and Children should identify an appropriate body to develop statutory guidelines on the use of single separation.
10. The management advisory group should review the policy in relation to single separation to clarify what is meant by the term in Ballydowd and how the practice is to be recorded and monitored. There should be clear guidelines and strict time limits on the practice of locking young people alone in their bedrooms.
11. The Assistant Chief Executive should authorise the use of cash for the purchase of the young people's clothes.
12. The Department of Education should approve the employment of a full time Physical Education teacher at Ballydowd.