

**Child Care
(Standards in Children's
Residential Centres)
Regulations, 1996**

and

*Guide to
Good Practice in Children's
Residential Centres*



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CHILD CARE (STANDARDS IN CHILDREN'S RESIDENTIAL
CENTRES) REGULATIONS, 1996

AND

*GUIDE TO GOOD PRACTICE IN CHILDREN'S RESIDENTIAL
CENTRES*



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Residential Centres)
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and
*Guide to
Good Practice in Children's
Residential Centres*

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PART I

**CHILD CARE (STANDARDS IN CHILDREN'S
RESIDENTIAL CENTRES) REGULATIONS,
1996.**

S.I. No. 397 of 1996.

CHILD CARE (STANDARDS IN CHILDREN'S RESIDENTIAL CENTRES) REGULATIONS, 1996.

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S.I. No. 397 of 1996.

CHILD CARE (STANDARDS IN CHILDREN'S RESIDENTIAL CENTRES) REGULATIONS, 1996.

In exercise of the powers conferred on the Minister for Health by sections 61, 63 and 68 of the Child Care Act, 1991 (No. 17 of 1991), which said powers are delegated to me by the Health (Delegation of Ministerial Functions) Order, 1995 (S.I. No. 130 of 1995), I, AUSTIN CURRIE, Minister of State at the Department of Health, hereby make the following Regulations:—

PART I

Preliminary Provisions

Citation

1. These Regulations may be cited as the Child Care (Standards in Children's Residential Centres) Regulations, 1996.

Commencement

2. These Regulations shall come into operation on the 31st day of December, 1996.

Definitions

3. In these Regulations—

"designated person" means a person authorised by the chief executive officer or the deputy chief executive officer of a health board to carry out functions under these Regulations;

"children's residential centre" means any home or other institution for the residential care of children in the care of health boards or other children who are not receiving adequate care and protection excluding—

(a) an institution managed by or on behalf of a Minister of the Government or a health board,

- (b) an institution in which a majority of the children being maintained are being treated for acute illnesses,
- (c) an institution for the care and maintenance of physically or mentally handicapped children,
- (d) a mental institution within the meaning of the Mental Treatment Acts, 1945 to 1966,
- (e) an institution which is a "certified school" within the meaning of Part IV of the Children Act, 1908, functions in relation to which stand vested in the Minister for Education;

"centre" means a children's residential centre;

"medical practitioner" means a person registered in the general register of medical practitioners established under section 26 of the Medical Practitioners Act, 1978 (No. 4 of 1978);

"person in charge", in relation to a registered children's residential centre, means the person whose name is entered in the register as the person in charge of the centre;

"register" means a register of children's residential centres established under section 61 of the Child Care Act, 1991 and, in relation to a particular health board, means the register established by that board and cognate words shall be construed accordingly;

"registered proprietor", in relation to a registered children's residential centre, means the person whose name is entered in the register as person carrying on the centre;

"relevant health board" means a health board within whose function area a children's residential centre is located.

PART II

Application for Registration

4. An application for registration pursuant to Part VIII of the Child Care Act, 1991 shall be in the form set out in the Schedule to these Regulations, or in a form to the like effect.

PART III

Standards in Residential Centres

Care Practices and Operation Policies

5. The registered proprietor and person in charge of a centre shall satisfy the relevant health board that appropriate and suitable care practices and operational policies are in place, having regard to the number of children residing in the centre and the nature of their needs.

Person in Charge

6. (1) There shall be a person in charge of a centre.

(2) The registered proprietor shall notify the health board in writing if the person in charge on the date of registration ceases to be the person in charge during the period of registration and shall notify the health board in writing of the name of the new person in charge, within one month of the appointment.

Staffing

7. The registered proprietor and a person in charge of a centre shall satisfy the relevant health board that the number, qualifications, experience and availability of members of the staff of the centre are adequate, having regard to the number of children residing in the centre and the nature of their needs.

Accommodation

8. The registered proprietor and person in charge of a centre shall satisfy the relevant health board that adequate and suitable accommodation is provided, having regard to the number of children residing in the centre and the nature of their needs and, in particular, that:—

- (a) adequate and suitable furniture, bedding and furnishings are provided,
- (b) a sufficient number of lavatories, wash basins, baths and showers, supplied with hot and cold running water, and which ensure privacy as far as is practicable, are provided,
- (c) adequate laundering facilities are provided,

- (d) the premises are adequately lit, heated and ventilated,
- (e) the premises are clean, appropriately decorated and maintained in good structural condition, and
- (f) adequate recreational facilities are provided.

Access Arrangements

9. The registered proprietor and person in charge of a centre shall satisfy the relevant health board that appropriate arrangements are in place to facilitate reasonable access to children residing in the centre by parents, relatives, friends, or any other persons who, in the opinion of the person in charge of a centre, have a *bona fide* interest in the children.

Health Care

10. The registered proprietor and person in charge of a centre shall satisfy the relevant health board that adequate arrangements are in place for access by children being maintained in the centre to general practitioner services and for their referral to medical, psychological, dental, ophthalmic or other specialist services as required.

Religion

11. The registered proprietor and person in charge of a centre shall satisfy the relevant health board that appropriate arrangements are in place to enable children residing in the centre, in so far as is reasonably practicable, to practice their religion.

Provision of Food and Cooking Facilities

12. (1) The registered proprietor and person in charge of a centre shall satisfy the relevant health board that children residing in the centre are provided with food in quantities adequate for their needs which is properly prepared, wholesome and nutritious, involves an element of choice and takes account of any special dietary requirements.

(2) For the purpose of this article the registered proprietor and person in charge of a centre shall satisfy the relevant health board that:-

- (a) suitable and sufficient catering equipment, crockery and cutlery are provided,

- (b) there are proper facilities for the refrigeration and storage of food, and
- (c) a high standard of hygiene is maintained in relation to the storage and preparation of food and the disposal of domestic refuse.

Fire Precautions

13. (1) A registered proprietor and person in charge of a centre shall furnish to the relevant health board written confirmation from a chartered engineer or a properly and suitably qualified architect with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with and that:—

- (a) adequate precautions have been taken by the centre against the risk of fire, including the provision of adequate means of escape in the event of fire,
- (b) adequate arrangements are in place for detecting, containing and extinguishing fires, and for the maintenance of fire fighting equipment, and
- (c) all reasonable measures have been taken by the centre to ensure that materials contained in bedding and the internal furnishings of the centre have adequate fire retardancy properties and have low levels of toxicity in the event of a fire.

(2) A registered proprietor and person in charge of a centre shall notify the relevant health board where any structural alterations to a centre have been carried out and, if so requested, shall furnish the relevant health board with a new written confirmation and the provisions of sub-article (1) of this article shall apply with any necessary modifications.

(3) A registered proprietor and person in charge of a centre shall ensure that adequate arrangements are in place, by means of fire drills and practices, to ensure that the staff, and so far as is practicable, the children, know the evacuation and other procedures to be followed in the event of a fire.

Safety Precautions

14. (1) A registered proprietor and person in charge of a centre shall satisfy the relevant health board that adequate arrangements exist to guard against the risk of injury occurring on the premises, particularly with regard to stairways, electrical and gas appliances and fittings, windows, glazing and doors, and the storage of medicines, cleaning and other material.

(2) A registered proprietor and person in charge of a centre shall satisfy the relevant health board that adequate arrangements are in place for the reporting and recording of accidents and injuries affecting children being maintained in the centre.

(3) The provisions of this article are without prejudice to the provisions of the Health, Safety and Welfare at Work Act, 1989.

Insurance

15. A registered proprietor and person in charge of a centre shall satisfy the relevant health board that there is adequate insurance against accidents or injury to children being maintained in the centre.

Notification of Significant Events

16. A registered proprietor and person in charge of a centre shall satisfy the relevant health board that procedures are in place for the prompt notification by the centre to the relevant health board of any significant event occurring in relation to a child being maintained in the centre.

Records

17. A registered proprietor and person in charge of a centre shall satisfy the relevant health board that appropriate records are kept by the centre in relation to children being maintained in the centre.

PART IV

Inspection of Premises and Enforcement of Regulations

Inspection

18. (1) The registered proprietor and any member of staff of a centre shall:—

- (a) permit designated persons to enter and inspect the centre and shall afford the said persons such facilities and information as they require for that purpose, and
- (b) subject to sub-article (2) of this article, permit designated persons to examine records kept by the centre and to obtain copies of any such records or of extracts therefrom.

(2) Nothing in sub-article (1) of this article authorises any person other than a designated person who is a medical practitioner to inspect any medical record relating to a child in a centre.

Enforcement

19. These Regulations shall be enforced and executed by each health board in respect of each children's residential centre in its functional area.

Dated this 18th day of December, 1996.

AUSTIN CURRIE,
Minister of State at the Department of
Health.

EXPLANATORY NOTE.

(This note is not part of the Instrument and does not purport to be a legal interpretation.)

These Regulations prescribe various requirements to be complied with by voluntary children's residential centres for the proper conduct of such centres pursuant to Part VIII of the Child Care Act, 1991. Provision is also made for the inspection of such centres by health boards to ensure the enforcement and execution of these Regulations.

SCHEDULE

Application for Registration of a Children's Residential Centre

1. Name and Address of Centre

Name or Title of the Centre
Address of the Centre
Date (or proposed date) of establishment

2. Aims, Objectives and Organisational Structure of Centre

Brief Statement of the Main Aims, Objectives and Organisational Structure of the Centre:- (to include the age range of residents catered for and the criteria for admission)

3. (a) Proprietor(s) of Centre

Full Name of Proprietor(s)		Date of Birth (if proprietor an individual)
Full Name of Proprietor(s)		Date of Birth (if proprietor an individual)
Address of Proprietor(s) (if other than above)		

3 (b)

If the Centre is to be owned on a partnership basis, please give details of other partners (i.e. full name, address, date of birth and telephone number)

Please attach an example of any brochure or advertisement to be used for the Centre

4. Person in Charge

Particulars of the Person in Charge of the Centre

Full Name and
Date of Birth

Private Address and
Telephone Number

5. Qualifications and Employment Record of Person in Charge

Details of the Qualifications, Related Experience and Employment Record of the Person in Charge (Please include details of present and past employers which will include the name, address and nature of business together with the dates of employment and details of posts held)

(continue on reverse where necessary)

6. Staffing

A: Resident Staff (full-time)

Position Held	Date Appointed	Qualifications	Weekly Hours	Male	Female

B: Resident Staff (part-time)

Position Held	Date Appointed	Qualifications	Weekly Hours	Male	Female

C: Non-Resident Staff (full-time)

Position Held	Date Appointed	Qualifications	Weekly Hours	Male	Female

D: Non-Resident Staff (part-time)

Position Held	Date Appointed	Qualifications	Weekly Hours	Male	Female

Note: Proprietors and persons in charge should be able to provide the relevant health board with samples of job descriptions-contracts and written statements to staff on Health and Safety at Work.

7. Premises

A.

Description of Premises: (Please attach plans of the interior design of property giving details of the dimensions of all rooms intended for residents use, also indicating owner/staff rooms)
A: Type of Property: (e.g. detached/semi-detached/terraced/date of construction)
B: Description of Property: (e.g. type of roof/facilities/wiring)

B: Details of Accommodation for use of Residents

Number of	Ground Floor	First Floor	Second Floor
Bathrooms			
Separate WCs			
Showers			
Single Bedrooms			
Double Bedrooms			
Other Bedrooms			
Lounge and Sitting Rooms			
Dining Rooms			

C: Other Accommodation

Please detail other accommodation (e.g. Office/interview rooms, workshops, sick room, quiet room, utility, guest room)

Please detail any additional outdoor facilities (e.g. lawned area, patio, playing field)

8. Education

Please detail arrangements for the education of residents

9. Health and Social Care

What arrangements have been made for health care provision (e.g. G.P., dentist, optician, psychologist, speech therapist)

Please detail arrangements for the administration and handling of medicines

Please detail arrangements to meet the spiritual needs of residents

10. Insurance

Please detail arrangements for insurance cover of the centre: (include the name and address of the Insurance Company)

--

11. Other amenities

Please detail any other amenities provided

--

12. Meals

Please detail facilities for the provision of meals and special diets (please attach a two week menu plan to cover breakfast, lunch and dinner and indicate when these meals will be served)

--

13. Fire Precautions

Does the centre have a written confirmation as required by article 13 of the Child Care (Standards in Children's Residential Centres) Regulations, 1996.

Yes

No

Is the procedure to be followed in the event of a fire displayed in a prominent position in the centre?

Yes

No

How frequently are fire drills held in the centre?

Please include confirmation from a chartered engineer or a properly and suitably qualified architect with experience in fire safety design and management that all the requirements of the statutory fire authority have been complied with.

14. Declaration

I, the applicant, hereby declare that the information given by me in this application is correct to the best of my knowledge.

Signature of applicant:

Date:

Information to be enclosed with application form

1. Please attach an example of any brochure or advertisement to be used for the centre.
2. Please attach plans of the interior design of the centre giving details of the dimensions of all rooms intended for residents use, also indicating owners/staff rooms.
3. Please supply the name and address of the G.P./medical officer who will be responsible for the medical examination of residents.
4. Please attach a two week menu plan to cover breakfast, lunch and dinner.
5. Please attach written confirmation from a chartered engineer or a properly and suitably qualified architect with experience in fire safety design and management.

Additional information may be requested in support of application.

Proprietors should be able to provide the relevant health board with:

- (i) a copy of the certificate of planning permission for the centre, and
- (ii) samples of job description/contracts of staff and written statements to staff on Health and Safety at Work.

PART II

GUIDE TO GOOD PRACTICE IN CHILDREN'S RESIDENTIAL CENTRES

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Introduction

1. Residential care forms an integral part of the continuum of child care and family support services being developed under the Child Care Act, 1991. It offers a variety of approaches aimed at meeting the needs of individual children and their families. These include the provision of emergency care, assessment, short term and respite care, support to families or foster families in difficulty, hostels as well as medium to long term care.
2. Part VIII of the Child Care Act, 1991, provides for the introduction of a statutory scheme for the registration and inspection by health boards of children's residential centres operated by voluntary bodies. It required the Minister for Health to make Regulations for the purpose of ensuring proper standards in such centres, including adequate and suitable accommodation, food and care for children while being accommodated in centres, and the proper conduct of centres and provides for the enforcement of these Regulations by health boards. Part VIII of the Child Care Act was brought into effect in December, 1996. The statutory obligations in respect of the standards to be maintained in children's residential centres operated by voluntary bodies are now contained in the Child Care (Standards in Children's Residential Centres) Regulations, 1996.
3. In preparation for the introduction of these Regulations, the Minister established a Working Group to prepare guidelines on standards in children's residential centres. The Working Group included representatives of the following bodies:—
 - Department of Health
 - Health Boards
 - Resident Managers Association

- Irish Association of Care Workers
- Conference of Religious of Ireland

A list of the members of the Group is at Appendix A.

4. The Working Group prepared a draft Guide to Standards in Children's Residential Centres, which was published in January, 1995. It was circulated for comments to all Children's Residential Centres, health boards, appropriate management and staff bodies and other relevant interests. The Draft Guide to Standards reflected the latest thinking in the child care field and the best practice in place both within the State and in neighbouring jurisdictions. It was broadly welcomed and a number of minor revisions have been incorporated following the receipt of comments from the relevant interested parties.
5. As stated earlier the **Child Care (Standards in Children's Residential Centres) Regulations, 1996** set out the statutory obligations in relation to the standards to be maintained in children's residential centres run by voluntary agencies. These reflect the standards which a health board shall satisfy itself are being maintained before placing a child in residential care under the **Child Care (Placement of Children in Residential Care) Regulations, 1995**.
6. The Report on the Inquiry into the Operation of Madonna House was published in May, 1996. It was not possible to publish the full text of the report for legal reasons. In accordance with a commitment given to Dail Eireann that as much as possible of the report be put into the public domain, an abridged report was published containing the recommendations in full of the Inquiry Team. These are important recommendations for protecting the welfare of children in residential care and for improving standards in the sector generally. In view of the importance of the Report on the Inquiry into the Operation of Madonna House to the provision of residential child care services the recommendations in full are set out at Appendix B of the Guide.
7. The purpose of the Guide to Good Practice is to serve as an aid to good practice in the provision of child care in a residential setting. The Guide does not purport to be a detailed operational manual

or to specify the practice that should obtain in all aspects of residential care. Rather it seeks to focus attention on a number of key aspects of care within a residential setting. While the Guide is intended to have general application, the detailed provisions may need to be modified having regard to the particular circumstances of different services. It is also envisaged that the guidelines will evolve to reflect changes in practice over time.

1. Statement of Purpose and Function

A clear definition of purpose and function is fundamental to the successful management and operation of a children's residential centre.

Each children's residential centre should, in conjunction with the relevant health board, prepare a written statement which:—

- clearly defines the purpose and function of the centre;
- specifies the population it caters for and the services it aims to provide.

2. Respect for Child's Dignity and Individuality

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

Each children's residential centre should ensure that:-

- a care plan is prepared for each child which is tailored to their particular needs and which is reviewed regularly;
- each child's social, personal and practical skills are continuously assessed and any deficits are addressed in the care plan;
- children's views and opinions are sought and help to inform care practices and care planning;
- the daily living arrangements respect children's privacy and dignity, having regard to their age and understanding;
- children are facilitated in the pursuit of interests appropriate to their age, hobbies etc and are encouraged across a range of interests;
- each child has a designated staff member or key worker with whom they identify and can communicate;
- children are facilitated to exercise choice across a range of daily living skills, eg buying clothes, use of pocket money, menus, furnishing of the home etc;
- children have opportunities to be alone or undisturbed as appropriate;

- children have reasonable access to a telephone and privacy when using it;
- information is available to parents and children regarding the services and facilities provided by the centre.

3. Preserving the Child's Sense of Identity

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

Each children's residential centre should ensure that:-

- arrangements are in place to facilitate contact with family, friends and community, subject to any court orders with regard to access;
- children are encouraged to exercise the religious, cultural or ethnic practices of their family, where such practices are not detrimental to the welfare of the child;
- staff have knowledge of the child's background which assists with the promotion of a positive sense of identity;
- the collection of information about the child's past and details about parents, siblings, extended family and community is facilitated;
- school reports, certificates of achievement etc are preserved.

4. The Child's Right to be Heard

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

Each children's residential centre should ensure that:—

- a complaints procedure is in place which is known to all concerned, i.e. children, parents and staff, and such procedures are easily accessed;
- children who are unhappy or complain are listened to and their concerns are taken seriously;
- care staff know how to facilitate children in articulating a complaint;
- procedures are in place for the prompt investigation of any complaints, whether made by children or parents, and for recording their outcome;
- all serious complaints are notified promptly to the relevant health board.

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- care staff know how to facilitate children in articulating a complaint;
- procedures are in place for the prompt investigation of any complaints, whether made by children or parents, and for recording their outcome;
- all serious complaints are notified promptly to the relevant health board.

5. Education

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

Each children's residential centre should ensure that:—

- care plans address the child's educational needs;
- liaison is in place between the school and staff;
- children are assisted with homework and encouraged in all aspects of their school life;
- disruption in schooling is minimised as far as possible;
- deficits in educational attainment are actively addressed, for example, through the provision of tuition or additional assistance with homework;
- suitable areas are available within the centre where homework can be undertaken;
- older children are encouraged to participate in job training programmes and other educational opportunities, as appropriate to their abilities and aspirations.

6. Health Care

The provision of appropriate health care and advice is a necessary element in the arrangements for the care of children in residential centres.

Each children's residential centre should ensure that:—

- staff are alert to early signs and symptoms of illness, developmental delay, dietary disorders or substance abuse;
- there are arrangements in place for access to General Practitioner services;
- children are referred for medical, psychological, dental, ophthalmic or other specialist services as required;
- all medication prescribed is correctly administered and recorded;
- adequate arrangements are made for the safe-keeping and disposal of drugs and medicines;
- the health board is notified without delay of any significant problem relating to a child's health and there are agreed arrangements in place for notifying the child's parents;
- children are offered a nutritious and varied diet which involves an element of choice and which takes account of medical or religious requirements;
- children have opportunities for physical activity on a regular basis;
- a first aid kit is available and staff are competent to administer first aid;

- staff are sensitive to the particular health care needs of adolescents;
- a policy on smoking is in place which safeguards the health of children and staff.

7. Living Skills

The acquisition of living skills is an integral part of the care process and should be individually tailored to meet the needs of each child in a structured and planned way.

Each children's residential centre should ensure that:—

- children are assisted to be as independent as possible in relation to daily living, within a supportive environment;
- children are appropriately involved in the daily routines of the home, e.g. the purchase and preparation of food;
- children are given an opportunity to handle money, to save and to engage in budgeting tasks;
- children are taught home safety skills and know what to do in event of an accident and/or emergency;
- children are encouraged to use community facilities and to form and maintain friendships with children living outside the centre;
- children are given the opportunity to acquire skills in the care of their own clothing.

8. Child Protection

The previous life experiences of some children in care may have exposed them to various forms of abuse. Every effort must be made to ensure that children are not exposed to any such risks within the residential setting.

Each children's residential centre should ensure that:-

- a child protection procedure is agreed with the relevant health board which defines policy in relation to the prompt reporting and investigation of any suspicions or allegations of abuse or neglect of children while in residential care;
- there are agreed arrangements in place for notifying a child's parents and the relevant health board without delay of any significant or untoward event relating to a child;
- care staff are familiar with the signs, symptoms and behaviour associated with bullying, scapegoating, harassment or abuse and there are strategies in place to address these difficulties;
- staff are facilitated to express concern about the practices of colleagues where appropriate;
- the mix of children within the group is such that it will not adversely impair the social, emotional, physical and personal well-being of individual group members.

9. Sanctions Policy

The emphasis in residential care is on care and positive relationships and an integral part of that is the need for a child to understand the relationship between actions and their consequences in a way which enables them to develop self control.

Each children's residential centre should, in conjunction with the relevant health board, develop policies and procedures regarding sanctions which:—

- ensure that the consequences of actions are explained to children;
- ensure that sanctions are reasonable, humane and age appropriate;
- outline the sanctions that may be applied and those correction measures that are not acceptable;
- ensure that sanctions employed are recorded;
- provide support systems to assist staff to deal with challenging behaviour.

10. Personnel Policies

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

Each children's residential centres should ensure that:-

- staff possess the relevant qualifications, skills, experience and qualities required to undertake their duties;
- all staff, students and volunteers in contact with children are appropriately vetted;
- staff are supported in their duties by explicit policies and procedures, regular supervision, regular staff meetings and ongoing training;
- newly appointed staff receive induction training;
- there is appropriate liaison between shifts to facilitate continuity of approach;
- staff recognise that their behaviour and attitudes are role « els for children;
- staff know how a complaint against them will be processed
- employment practices ensure equality of opportunity;
- clear lines of communication and accountability exist b staff and the management of the home.

11. Staffing

The numbers and types of staff employed in children's residential centres will be a matter for discussion and agreement between the management of the children's residential centre and the relevant health board.

The health board and the children's residential centre should ensure that:-

- the number and type of staff are appropriate to the purpose and function of the home and are sufficient to provide quality care to residents;
- appropriate staffing cover is provided at night time and weekends;
- close working relationships are maintained with the relevant health board staff.

12. Physical Aspects of the Residential Centre

Children should experience their living environment as "ordinary" and similar in terms of furnishings and facilities to the homes of their peers.

Each children's residential centre should ensure that:

- furnishings and facilities are adequate, as domestic as possible and care is taken to create a homely environment;
- bathroom and toilet facilities are sufficient in number, as domestic as possible in design and ensure privacy as far as is practicable;
- suitable and sufficient heating is provided;
- cooking and laundry facilities are as domestic as possible;
- children have adequate recreational facilities within the home and its environment;
- facilities exist to enable children to receive visits from family or friends;
- children's personal belongings are safely stored;
- a high standard of hygiene is maintained in relation to the storage and preparation of food and the disposal of domestic refuse;
- the premises are clean and comply with fire and safety regulations and all defects are promptly reported and repaired;
- adequate precautions are taken against the risk of fire, including adequate means of escape, arrangements for detecting,

containing and extinguishing fires, and maintenance of fire fighting equipment;

- staff and children participate in regular fire drills which are properly recorded.

13. Records

Each children's residential centre should ensure that:-

- a file is maintained which contains all relevant documentation in relation to each child;
- files are stored in secure cabinets and confidentiality is protected;
- records are in a format which assists with the review of care plans;
- there are agreed arrangements in relation to children's access to information from their personal files;
- a detailed record is kept of any significant or untoward event in relation to a child, including accidents, absconding etc;
- information provided for research purposes preserves client anonymity.

14. Preparation for Leaving Care

Preparation for leaving care, whether to return to the family home or to move into an independent living arrangement, should be an integral part of the care process.

Each children's residential centre, in conjunction with the relevant health board, should ensure that:—

- there is a programme in place to assist children to make a smooth transition when they leave residential care;
- children and where appropriate their parent(s), are fully involved in planning their departure from residential care and their subsequent care arrangements;
- older children are taught how to access assistance from other agencies after they leave care;
- financial and material assistance is sought for young people undertaking further training or education.

APPENDICES

Appendix A

MEMBERSHIP OF WORKING GROUP

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Health Boards

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Resident Managers Association

Sr. Phyllis Moynihan
Sr. Sheila Murphy

Irish Association of Care Workers

Ms. Catherine Carty

Mr. Pat Dolan

Conference of Religious of Ireland

Sr. Angela Fahy

Secretary

Ms. Angela Good, Department of Health

Appendix B

RECOMMENDATIONS OF THE REPORT ON THE INQUIRY INTO THE OPERATION OF MADONNA HOUSE

12.1 Introduction

Madonna House can only be viewed in the broader context in which it operated. The various components which contributed to the service provided were inter-related and inter-dependent. A comprehensive and wide-ranging approach, addressing all elements of residential care, is needed to ensure the provision of such care in the safest possible manner for both children and staff. Specific personnel will need to be assigned by the Department of Health and health boards if substantial development is to occur.

The Inquiry Team's recommendations as a contribution towards the current debate on the future development of childrens' residential services are set out under the following headings:—

- (1) Statement of Children's Rights,
- (2) National Child Care Policy Statement,
- (3) Regulations - Child Care Act, 1991,
- (4) Family Support Services,
- (5) Regional Child Care Policy Statement,

- (6) Service Contracts,
- (7) Boards of Management,
- (8) Resident Manager,
- (9) Garda Reports,
- (10) Personnel,
- (11) Information for Children and Parents,
- (12) Care Planning and Review,
- (13) Services to Children in Care,
- (14) Education,
- (15) Health,
- (16) Records,
- (17) Child Protection,
- (18) Complaints Procedure,
- (19) After Care,
- (20) Inspection,
- (21) Children's Rights Officer,
- (22) Evaluation and Research,
- (23) Training in Child Care,
- (24) Professional Associations.

12.2 Statement of Children's rights

In the context of Ireland's ratification of the United Nations Convention on the Rights of the Child, a statement of children's rights in should be developed. This should include:

- recognition of children's rights to personalised and fair care;
- to education and opportunities to develop their potential;
- to involvement in decision making;

- to knowledge of their own and their families history and circumstances;
- to make contact with their families;
- to the maintenance of their interests and culture;
- to privacy and to freedom from all forms of abuse;
- to access to complaints procedures.

The Department of Health and the relevant professional bodies should initiate a process leading to the development of a comprehensive statement of children's rights in care. This process should include representation from current and former residents and their families.

The process of producing statements is a primary and fundamental step in ensuring that children receive safe and appropriate care. It lays the foundation for the development of child centred policies and practices and of a framework for the development of a positive culture within child care organisations.

12.3 National Child Care Policy Statement

A national child care policy statement should be drawn up by the Department of Health, in partnership with the relevant service providers and consumers of the child care services. Based on the needs and rights of children, this policy statement should identify the principles on which services should be developed and managed.

This statement should explicitly address the respective roles of foster and residential care and ensure that these services are viewed as complementary parts of the care continuum:—

Particular regard should be given to the following:

- Deficits exist in service provision for older children and **adolescents**.
- Children in care **are** especially vulnerable to abuse.
- Continued contact **between** children in care and their **birth** family is strongly associated with positive outcomes.

- Considerable barriers exist which inhibit families' contact and relationships with their children in care.
- Most children return to live with their families or relatives.
- Adolescents and young adults in aftercare are especially vulnerable and isolated.

A framework should be developed which outlines the different types of residential facilities which exist or should exist.

12.4 Regulations - Child Care Act, 1991

Regulations dealing with residential child care services, as provided for in the Child Care Act, 1991, should be brought into effect at the earliest possible date.

The Inquiry Team recommends caution regarding over-reliance on the effectiveness of regulations unless a range of other determining measures regarding the quality of care are put in place.

12.5 Family Support Services

Comprehensive family support services should be developed to promote good parenting and to reduce as far as possible the need for reception of children into care. Substitute care services should have a family support orientation and form an integral part of the family support services in the local community.

Family support services for vulnerable families should be developed in consultation with local communities and should involve consumers in the management and operation of services in a non-stigmatising manner.

Section 41 of the Child Care Act, 1991, which requires the Minister for Health to make regulations in relation to the placement by health boards of children with relatives, should be brought into operation at the earliest possible date. Every possible support should be provided by health boards and other agencies to facilitate the extended family in caring for children who cannot live with their own parent/parents.

Decisions to place children in care should take into account the impact of such a radical intervention on the lives of children and their families. Placement in care may solve or appear to solve some problems but in many cases creates further difficulties for a child and his/her family.

Parents and relatives of children in care should receive special support services to enable them to resume care and/or maintain maximum possible appropriate involvement with their children.

Each health board should develop a written policy on the services available to parents and relatives of children in care, and this document should be widely available.

12.6 Regional Child Care Policy Statement

Each health board should develop a policy statement in relation to services for children in care.

Regional plans for residential care services should be developed based on an objective assessment of needs. Health boards should ensure that the required range of care options is available. The regional plans should outline the range of children's residential centres in each health board area, their respective purpose and function and the relationships between these centres.

Each health board should play a lead role in establishing a regional forum which involves and connects the key providers of care services for children. This forum should create a framework for consultation and participation and should:

- contribute to the development of regional policies and guidelines,
- identify issues of concern regarding the quality and operation of the care services,
- identify inadequacies in service provision,
- identify regional training needs and develop and implement in-service training strategies.

12.7 Services Contracts

Each children's residential centre should have a time-limited service contract with the health board which specifies:

- The services to be provided.
- Standards of care.
- Policy and procedures regarding admission, care planning and discharge.
- Staffing levels.
- Recruitment policy.
- Involvement of health board representatives in the operation of the service.
- Training and consultancy budget.
- Services to be provided by the health board.
- Funding arrangements.
- Monitoring and evaluation mechanisms.
- Arrangements for review of contract.

The internal audit department of the health board should ensure proper finance systems in children's homes supported by public funds.

12.8 Boards of Management

Each children's residential centre should have a Board of Management with defined functions and responsibilities. National guidelines should be developed by the Department of Health with the relevant representative bodies. The respective roles and responsibilities of Trustees, Boards of Management and Resident Manager should be clearly defined.

The composition of Boards of Management should include representatives of owners/trustees, health boards/funding agency, professional staff, the local community and a relevant child care professional. Consideration should be given to the involvement of former residents and their families.

The Boards of Management should approve and periodically review the policy and procedures of the centre in relation to issues such as recruitment and promotion of staff, sanctions, restraint, discipline and complaints.

Minutes of meetings of Board of Management should be maintained and available for inspection.

Boards of Management should be responsible for the production and publication of an annual report in a standard format.

12.9 Resident Manager

The post of Resident Manager should be advertised and appointments made by open competition. Candidates should have appropriate professional qualifications.

Resident Managers should receive training in management.

The Resident Manager should be responsible for the implementation of the service contract and the use of all resources available to the centre.

The Resident Manager should have explicit primary responsibility to ensure that a safe environment exists for children and staff, be accountable for care standards and maintain effective working relationships with relevant agencies.

The Resident Manager should ensure that staff support, care and supervision and training mechanisms exist which enhance and develop staff performance.

The Resident Manager should develop, implement and continuously review appropriate care policies and practices.

12.10 Garda Reports

Residential child care workers are involved with the most vulnerable children in society and residential child care positions are qualitatively different from other positions which involve working with children.

Consequently, securing Garda reports on potential staff should be compulsory prior to appointment of all grades of staff in children's residential centres.

Garda reports should not be seen as a substitute for comprehensive recruitment procedures.

Delay has been experienced in other jurisdictions in obtaining police reports. A specified time period for processing of Garda reports should be agreed.

Applications forms for all positions in children's residential centres should provide for applicants to list convictions and give permission for the securing of all relevant information from the Gardai in Ireland and police forces in other countries.

12.11 Personnel

The recruitment of all grades of staff for children's residential centres should be the subject of regulation.

The filling of permanent and promotional posts should be the subject of open competition following advertisement with detailed job specifications available.

The Department of Health should develop a specimen application form.

Detailed records covering the composition of interview boards and arrangements for short-listing of candidates should be maintained.

Interview boards should include a nominee of the funding agency and an appropriately qualified person from outside the children's residential centre.

References should be obtained directly by the Resident Manager from previous employers. Specific inquiries should be made as to whether there is any impediment or concern regarding the applicant's capacity to provide care for vulnerable children.

The educational and employment background of candidates should be checked and verified prior to employment.

All candidates for appointment to permanent positions should undergo a comprehensive medical examination.

Employment of staff without appropriate professional qualification should require the approval of the Board of Management and the specific sanction of the health board. The appointment of unqualified staff should be subject to their acquiring professional qualifications within an agreed period of time.

Programmes of staff induction and standard staff appraisal procedures should be developed.

Staff on appointment should receive the Department of Health Guidelines on Child Abuse and a handbook which includes the following:

- Statements of the centre's ethos, policies and procedure.
- The centre's contract and relationship with the funding agency.
- Safety and Health Statement.
- Statement of the rights of children in care.
- Guidelines on safe child care practice.
- Induction programme.
- In-service training programme.
- Arrangements for supervision.
- Protocol on child protection within the centre.
- Acceptable and unacceptable discipline.
- Appropriate and inappropriate restraint procedures.
- Complaints procedures.
- Arrangements for care planning and reviews.

12.12 Information for Children and Parents

On placement in residential care children and parents should receive in writing, or have effective steps taken to communicate:

- An explanation of the general organisation of the centre including house rules.
- The name of the child's key worker.
- A statement of the rights of children in care.
- A copy of the complaints procedure.
- Contact name, address and phone number of the child's social worker and social work manager.
- Procedure for parents to contact the residential centre both on a routine basis and in the case of an emergency.
- Details of relevant family support services in the community.
- Arrangements for care planning and reviews.

Each children's residential centre, or Community Care Area should have a designated "Access" facility, appropriately designed and furnished, in which children in care and their families can meet.

12.13 Care Planning and Review

A written care plan should be devised for each child in residential care, which identifies the child's needs and the tasks to be undertaken by named individuals to meet those needs. The care plan should be developed with the participation of all parties, including the child, and his/her parents and extended family, as appropriate, together with the professionals involved, i.e. social workers, teachers and psychologists

Regulations should specify the minimum frequency of reviews of the placement and the care plan for each child in care.

Children in care and their families should normally attend review meetings and have the right to seek a special review if they have serious concerns.

Within the framework of the overall care plan, the children's residential centre should have its own care programmes with identified goals in relation to issues such as relationship with their family, health, education, hobbies, friendships, preparation for after care and development of life skills.

Consideration should be given by health boards to the appointment of independent reviewing officers of children's residential centres. These officers could carry out annual reviews of children in long-term care and of particularly difficult placements where serious disagreements exist between the parties. Independent reviewing officers should receive appropriate training, and should be drawn from other sections of the health board or from other health boards. Each health board should nominate and train the appropriate number of reviewing officers.

Formal records of care plans and reviews should be maintained indefinitely.

The provision of the necessary administrative personnel will be essential to ensure adequate maintenance of records.

In preparing children for reviews the responsible social worker should seek to establish if the children are suspected of experiencing any form of abusive or unsafe behaviour.

The Resident Manager of a residential centre should appoint a key worker for each child from the care staff, having due regard to the wishes of the child.

The key worker should have lead responsibility within the residential centre for ensuring that the personal needs of the child are met. This arrangement should not, however, restrict the development by the child of relationships with other staff.

In respect of children in long term residential care, if a situation exists or develops whereby no functioning guardian/parent is available, the health board should consider making a guardianship application to the Courts. This application should be for the appointment of a specific individual with established maturity and common sense whose role

wouia De limited to specific purposes. This "children's friend" who would not represent a child care or related discipline, would not act in a professional role, but would take a special interest in the child and be consulted and involved in child care planning. Each health board could approve and maintain a panel of suitable people to act as "children's friends".

12.14 Services to Children in Care

Health boards should ensure that children in care receive all the health board services to which they are entitled. Existing arrangements for referral to specialist services should be reviewed and specific written procedures developed.

The relevant health board should co-ordinate the involvement of professionals such as teachers, psychologists, speech and language therapists and child guidance personnel with the social work service to ensure that the special needs of children in care are adequately met.

Consideration should be given to the appointment of specialised staff having responsibility for children in long-term care. In addition, social work staff involved with a child in long term care should ensure that such a child has regular and confidential access to a social worker who is fully aware of all aspects of the child's welfare and circumstances.

12.15 Education

The Departments of Education and Health Boards should immediately review current arrangements for meeting the educational needs of children in care. A commitment from the education authorities to the special needs of children in care is needed.

A co-ordinated approach is necessary to remedy the educational disadvantage of children being admitted to care. Care and education authorities should regularly review such arrangements.

Where possible children in care should be educated with their peers in schools within the community.

Special educational services within children's residential centres should meet all the requirements of schools in the community.

Personal files should contain comprehensive educational histories and assessments of educational needs. The progress of each child's education should be considered at each review meeting.

Each children's residential centre should have an agreed procedure with its health board for securing appropriate psycho-educational services.

12.16 Health

The arrangements for identifying and meeting the health needs of children in care should be reviewed by the medical staff of the health board in whose area the residential centre is located.

A comprehensive system of health records should be developed nationally and adopted in each children's residential centre.

The Health Promotion Services of the relevant health board should be available to every children's residential centre.

12.17 Records

Children's residential centres should have guidelines on recording of information. Information systems should be ethical, accessible and facilitate high standards of practice and management review.

The issues to be dealt with include:

- admission procedures
- discharge procedures
- children's files
- unit logs
- complaints and incident reports.

An individual file should be maintained on each child, and should be updated on at least a weekly basis.

Unit logs should be completed at the end of each shift, should be signed clearly, dated and identify the staff on duty.

Unit logs should be reviewed by supervisory staff.

12.18 Child Protection in Residential Centres

A specific statute should be enacted which would designate certain professionals as being legally obliged to report allegations of child abuse. Actual reporting will be substantially influenced by confidence in the outcome of such reports.

The relevant professional associations and the Department of Health should immediately develop comprehensive definitions of all forms of child abuse, and include these in future guidelines.

An officer of each health board should have specific responsibility for systematic and on-going dissemination of the national child abuse guidelines throughout the voluntary sector.

Professional and other persons reporting child protection concerns in good faith to an appropriate authority should enjoy the benefit of a statutory defence of qualified privilege in legal proceedings.

Professional and in-service training should address the issues effecting inter-agency and inter-disciplinary co-operation in child protection.

Each children's residential centre should have a written policy on the protection of children in their care from all forms of abuse. This declaration should specify the responsibility of all members of staff to an unambiguous commitment to the centre's child protection policy.

Abuse prevention programmes suitable for children and adolescents in care should be developed and implemented.

Specific protocols and procedures dealing with reporting child care protection concerns or children's disclosures should be prescribed for child care staff. Such protocols and procedures should give specific consideration to the vulnerability of children who have suffered sexual

abuse and consequently exhibit sexualised behaviour. In addition, they must address the vulnerability of such children to further abuse by adults, and the possibility of their molesting other children in care.

In-service training and staff appraisal procedures should inform and reinforce the implementation of the centre's child protection policy.

Serious consideration should be given to the formulation of statutory criteria, concerning the commencement of an investigation into an allegation of child sexual abuse by An Garda Síochána.

12.19 Complaints Procedure

Health boards and children's residential centres should develop procedures for the investigation of complaints against child care services and personnel. A senior member of management of the relevant health board should have responsibility for the designation of the officer to conduct such investigations and to consider and approve the outcome.

Such procedures should be accessible to children in care and their parents, who should have the opportunity of making a confidential complaint without the immediate involvement of the staff of the centre.

The responsibility for maintaining a record of complaints should rest with two named staff members in each children's residential centre, and a named officer of the health board.

Complaints made directly by children in care, should be notified to their parents immediately, and parents should be formally informed of the outcome of any investigation.

Managers of residential homes should seek to develop a culture which encourages and supports staff in listening to children and acknowledges the difficulties that children may have in disclosing concerns. Staff should be encouraged to question and challenge practices which concern them, and to report their concerns without fear of reprisal. Sensitive and skilled management will be necessary to ensure that a culture of openness is fostered which respects and appreciates the value of the 'whistle blower'.

The learning from this is:

- An investigation of a complaint is complex and time consuming.
- The investigation of such complaints must be conducted by independent and experienced professionals.
- When the complainant is a child who has experienced separation and trauma, inconsistencies and confusion must be anticipated and credibility will be easy to undermine.
- Extensive interviews with other children may be necessary as their understanding of what is normal and acceptable behaviour as opposed to abusive behaviour may be blurred.
- The investigation of one complaint of abusive behaviour may represent an opportunity to uncover and investigate a range of practices and related incidents that would not otherwise come to light.

12.20 After Care

The principles underlying preparation for after care should have regard to the lengthy process of transition from childhood to adulthood, and after care planning should incorporate contingency arrangements for the breakdowns which inevitably arise.

Care plans for children should be directed towards their eventual self-sufficiency as adults, and preparation for independent living should be a main focus of work with adolescents.

Children's residential centres should develop specific programmes to prepare children for after care and designated members of staff should be given responsibilities for after care services. Residential centres should have an after care policy which will ensure appropriate contact and follow-up for children, especially for those who have been in residential care for an extended period.

Former care residents should be provided with specific support services in their adult lives by the health board, and consideration should be given to developing special services with designated teams.

12.21 Inspections

The Child Care Act, 1991 makes provision for inspection of children's residential centres by an authorised officer of the relevant health board or of the Minister of Health.

National standards should be developed to guide the inspection process. Inspections should take the form of an organisational audit and review the quality standards and assess the outcome of the services provided by the residential centre.

The inspection process should be independent, competent, credible and acceptable. The process should include contact with children and staff and inspection of records of the centre and of the relevant health board. Care should be taken to ensure that the inspection process supports the staff of the centre without losing its independence and objectivity.

The specific purpose of inspection should be to ensure:—

- that statutory standards are met,
- that good management and care practices are in place,
- that the care provided is safe, nurturing and appropriate to the needs of the children,
- that the necessary remedial actions are identified and communicated.

Persons carrying out inspections should receive special training, including training in understanding the complex dynamics which may exist in residential centres.

The Department of Health and health boards should consider the setting up of an inter-disciplinary panel from which health boards and the Department of Health could draw to assist them in this inspection processes.

Such a panel could also be drawn on for advice and consultancy services.

12.22 Children's Rights Officer

Each health board should appoint a Children's Rights Officer at senior level whose main focus should be on the systems and procedures of child care services.

The Children's Rights Officer should have a major advocacy function in the context of the statement of children's rights. He/she should ensure that the policies and procedures of the health board, child care services and associated agencies are appropriate to the needs and rights of children in care.

The Children's Rights Officer should be advised of all complaints regarding children in care and should maintain records which assist in the identification of pattern of complaints and the coordination of information on complaints.

The Children's Rights Officer could have a function in the investigation complaints on referral by Health Board Management.

The Children's Rights Officer should receive reports of 'exit' reviews for children who have been in long-term care.

The Children's Rights Officer should monitor and review the operation of the review and care planning system.

12.23 Evaluation and Research on Children in Care

A comprehensive review of National Child Care Information Systems should be undertaken. Specific issues to be addressed should include data collection with standardisation and uniform interpretation mechanisms, analysis and dissemination.

On-going service audits should form an integral part of the operation of residential care services.

A minimum data set should be defined nationally and maintained in each residential centre.

Children's residential centres should prepare Annual Reports which should outline and comment on activity levels, staff development and training, staff turnover, finance and should identify key issues of concern.

A systematic procedure should be established for the conduct of 'exit reviews' with children who have been in long term residential care.

Comprehensive research programmes should be developed and should include longitudinal and qualitative studies. These programmes should seek to illuminate the child's experience of care and should include research on:—

- relationships of social workers and children in care,
- research into family support services,
- role of men in child care.

An important aim of research should be to establish methods of monitoring the quality of care and children's progress.

12.24 Offender Response

Serious and immediate consideration should be given to developing a comprehensive counselling and treatment programme for persons found to have committed abusive behaviour. This programme should have a statutory legal framework and be incorporated as a component part of the sentencing options in the criminal justice system.

12.25 Training in Child Care

Special arrangements should be made to provide basic training for existing permanent untrained child care staff. Specific time limited contracts with educational establishments should be considered whereby such training could be achieved over a specific period.

A comprehensive review of professional and in-service child care training should be undertaken. The current practice of student placements being supervised by unqualified child care staff should be immediately prohibited.

The curriculum of professional training courses should include:

- human sexuality;
- the dynamics of child abuse, and disclosure process;
- the vulnerability of children in care to abuse;
- knowledge and skill in caring for children exhibiting challenging and sexualised behaviour;
- the special needs of children with disabilities;
- appropriate boundaries of professional relationships;
- reporting requirements;
- guidance in relation to drug, alcohol and solvent abuse;
- recognition of dangerous child care practices;
- Child Care Planning.

All staff should be given induction training on recruitment.

Continuing in-service training strategy should give priority to training in management and supervision skills.

Mechanisms should be developed to facilitate the communication of concerns of institutions providing professional training courses to the management of children's residential homes and the relevant health boards.

A specific proportion of a centre's budget should be designated for in-service training, including training in child protection and child abuse.

12.26 Professional Associations

The Irish Association of Care Workers and the Resident Managers' Association should appoint a panel of officers from their associations, with whom individuals could consult if they have concerns regarding child care standards and practices. The panel should consist of at least two officers.

This process of consultation should not be a substitute for proper management reporting.

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