SOCIAL SERVICES
INSPECTORATE

A HIGH SUPPORT UNIT
IN THE
HEALTH SERVICES EXECUTIVE
SOUTH EASTERN AREA

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1 Executive summary

The Social Services Inspectorate (SSI) carried out an inspection of a High Support Unit (HSU) in the Health Services Executive: South Eastern Area (HSESEA) in April 2005. This was one part of an inspection of all 13 HSUs in the country on the theme of management of behaviour. The inspection was against five of the ten standards of the National Standards for Children's Residential Centres. These concern the unit's purpose, the management and staffing arrangements, the approach to children's rights, care planning, and care practices in the unit. These are the issues that most directly affect the unit's capacity to manage, safely and well, the behaviour of the young people placed there.

The unit provided a service to adolescent boys who presented with problematic behaviour. There was a statement of purpose and function that was, for the most part, reflected in practice. The statement was accompanied by a range of policies and procedures that described a distinctive model of care and these policies underpinned the approach of the staff team to the care of the young people. However, the policies were accompanied by other, general community care area policies and these tended to obscure what was distinctive about the unit. Inspectors recommend some clarification and editing of the policy and procedures document so that it includes only what is required to inform and describe practice in the unit.

There was a multi-disciplinary team on site, made up of teachers, a part-time psychotherapist and care staff, as well as ancillary staff. Working in partnership was strongly emphasised within the unit and this was reflected in the internal operation of the unit and in working relationships with social workers and other external professionals.

The manager of the unit provided leadership and direction to the care staff team. He also provided a sense of security to the young people and the staff. He was well supported by a management advisory group, his line manager and an external supervisor. There were a range of supports available to the staff team including supervision, team facilitation and access to a child and adolescent psychiatrist for consultation. The team delivered a quality service.

Practice in relation to children's rights was good and inspectors were particularly impressed by the high level of consultation with the young people over a whole range of issues. This was one of the defining characteristics of the unit.

The young people told inspectors that they liked living in the unit. Some did not like the fact that it was based in hospital grounds but otherwise the comments of the young people were overwhelmingly positive. There were three aspects of the care regime that were particularly noteworthy: the young people's experience of being respected and liked, their enjoyment of the company of staff and of each other, and the encouragement they received to engage in a range of expressive activities such as music, art and poetry.

The approach to behaviour management within the unit was rooted within the model of care. The behavioural expectations were explicit but they were negotiated with the young people. The young people were challenged and supported to manage their own behaviour. There was no resort to single separation or physical restraint and sanctions were used only in moderation. The Gardai were sometimes called to help manage potentially dangerous situations and one young person had been found guilty in court of an offence committed in the unit. This was not routine practice but inspectors nevertheless had some concerns about it. If young people are to be charged, this must be done in consultation with their social workers and there needs to be a greater understanding of, and willingness to advocate for the young people within, the criminal justice system.

SSI carried out an inspection of this unit in 2002 and found that it provided a very good service. This was confirmed by this inspection. High support units that aspire to excellence have much to learn from this one.

2. Introduction

The Social Services Inspectorate (SSI) carried out an announced inspection of a High Support Unit (HSU) in the Health Services Executive: South Eastern Area (HSESEA) as part of a themed inspection of all 13 designated high support units throughout the country. The aim of these inspections is to examine the approach to the management of behaviour across the various units and to draw some general conclusions in relation to good practice. There will be a report of each individual inspection. When all the inspections have been completed a composite report will be published and SSI will issue guidance notes on good practice in relation to behaviour management.

The inspection was carried out under Section 69(2) of the Child Care Act 1991. It was a themed inspection against selected standards taken from the National Standards for Children's Residential Centres. These concern the statement of purpose and function (Standard 1), the management and staffing of the unit (Standard 2), children's rights (Standard 4), care planning (Standard 5) and care practices (Standard 6). The overall aim of the inspection was to evaluate the unit's capacity to manage the behaviour of the young people placed there safely and well.

This inspection was conducted by Kieran O'Connor (lead inspector) and Andrew Fagan over three days from the 12th to the 14th of April 2005.

2.1 Methodology

During the course of the inspection, inspectors interviewed the unit manager, a child care leader with management responsibilities and six other members of the care staff team, the housekeeper, the psychotherapist attached to the unit, the child care manager and general manager for the community care area, and the monitoring officer for HSESEA. Inspectors also interviewed all four young people resident at the time of inspection, their social workers and members of the foster family of one of them. Inspectors participated in unit meals and spent some time observing practice in the unit. They examined documentation and records relating to the work of the unit.

2.2 Acknowledgements

Inspectors wish to acknowledge the assistance of the manager and staff of the unit, the young people, the foster carers, social workers and the other professionals and managers who contributed to the work of this inspection.

3 Setting the scene:

3.1 Background

The unit was one of four high support units that had been set up in the [then] South Eastern Health Board. This unit had its origins in a special arrangement for one young person but in 1999 it was established on a permanent basis with a particular remit to work with adolescent boys who presented with particular sorts of problematic behaviour.

3.2 Data on young people

Young person	Age	Length of time in the unit	Legal status	Number of previous placements
#1	17	4 years, 5 months	Care Order	2 residential, 1 foster care placement
#2	16	18 months	Care Order	5 foster placements
#3	15	16 months	Care Order	9 placements
#4	15	2 months	Care Order	4 foster placements
#5*	16	3 months	Care Order	10 placements including one in special care unit

* This young person was not living in the unit at the time of inspection but, at the request of the social work department, his name was being kept on the unit register, pending clarification of future plans.

4. Standards: the findings

4.1 Statement of purpose and function

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

There was a written statement of purpose and function. It described the unit as providing a service for adolescent boys aged 13 to 18 with particular behaviour problems. This was reflected in the admissions policy of the unit. However, an analysis of patterns of referral had revealed that there was insufficient demand for this particular service to fill the five beds in the unit in the future. At the same time, there was a gap identified in the availability of high support residential care for boys from the south east who had others sorts of behaviour problems. It had been decided, therefore, to amend the statement of purpose and function somewhat. An amendment to the statement, agreed at the time of inspection, stated that priority would be given to young people who fitted within the original remit of the unit but, where places were not filled, consideration would be given to other young people in need of high support residential care. It had been further agreed to retain four places for young people who needed a residential service, to work with two more on an outreach basis and to put greater emphasis on working with the families of the young people. It was proposed to expand the team at the unit by recruiting a part time social worker. Two high support foster carers were also to be recruited to provide a step-down service. Such a service was already being provided by one set of foster carers, one of whom worked in the unit but, at the time of inspection, these foster carers were not formally part of the service provided by the unit.

The unit admitted young people from the south eastern, southern and mid western areas. Priority was given to young people from the south east, but, at the time of inspection, there were two young people from the mid-western area and none from the southern area.

The unit did not accept emergency admissions.

At the time of inspection, there were five young people on the unit's register. Four were living in the unit. The other young person had come to the unit as a step down from special care but had not spent more than a few hours in it. His name was still on the unit's register at the time of inspection, pending his official discharge. There had been 17 young people placed in the unit since it opened. Five young people had been discharged during 2003 and 2004. Two had returned to parental care, one to foster care, one to supported lodgings and one to a residential unit run by a private company. This pattern of discharges suggests that the unit was providing the service it was set up to provide. One concern expressed to inspectors was that it was difficult to secure timely follow on placements for the young people placed in the unit. Of the five whose discharges were analysed, their placements lasted an average of 17 months. However, one young person had been placed in the unit at the end of 2000 and was still there at the time of inspection, nearly five years later. Most of those involved in the care of this young person considered this unsatisfactory. However, there was nothing in the policies and procedures document to state how long young people should stay in the unit.

There were two young people on a waiting list for admission during this inspection. Neither fitted the original criteria for admission.

The demand for the service provided by the unit was insufficient to fill all the places likely to become available within the foreseeable future. The unit, however, had clearly developed an expertise in dealing with certain sorts of problems and this expertise ought not to be lost. Some consideration ought to be given to making the service available to a wider catchment area.

The purpose and function of the unit was well understood by those interviewed by inspectors. The statement was supported by a policies and procedures document and staff members were expected to sign at the end of it to confirm that they had read it and were familiar with its contents. Some of the policy and procedures were specific to the unit. They described a model of care that emphasised the following features: relationship building, especially between the young people and their keyworkers; role modelling by staff members; the use of everyday interactions to promote learning; the provision of opportunities for new experiences; and assessment, therapy and education delivered on site. In addition a number of aspects of the model were particularly relevant to behaviour management. These were: the importance of clear boundaries combined with encouragement of appropriate autonomy and responsibility taking for the young people (discussed further in 4.5.2). Taken together, all of these described a coherent and well thought out approach to the care of the young people. There were other parts to the policies and procedures document. Some of these were South Eastern Area policies. Some were written for all of the children's residential centres in the community care area. While the content of the latter was not inappropriate, these policies tended to dilute the impact of those written specifically for the unit, as they were not written from the perspective of the specific model of care that gave the unit its distinctive identity.

There was some confusion evident in relation to the aim of the unit. In one version of the statement of purpose and function, near the beginning of the policies and procedures document, the first aim of the unit was given as protecting the community. This was followed by a mission statement where the focus was on providing a service to the young people and no mention was made of protecting the community. This was, in turn, reflected in a re-statement of the purpose and function of the unit later in the document. The need to protect members of the community from young people who behave in inappropriate ways by providing assistance to these young people was central to the concerns of those who worked

in the unit, and those outside of it who supported its work. This is as it ought to be. It focused the work of the unit and allowed it to develop an expertise in this area. Staff members interviewed referred to this specific purpose of the unit but stated that the unit operated in a holistic way in addressing all of the needs of the young people and in understanding their inappropriate behaviour as one among a number of problems with which the young people had to deal. The practice of the unit reflected an understanding that helping the young people and protecting the community were two sides of the same coin; that the interests of the young people in the unit were best served by helping them to give up patterns of behaviour that inflicted pain and hurt on others. These two elements: helping the young people and protecting the community were not integrated in the written documentation.

The service provided to the young people was of a good standard. The written documentation was of a lesser standard. The latter is less important than the former. However, precisely because the unit had a good model of care that was reflected in practice, it is worth the effort to provide the documentation to support it. There are at least two reasons for this. One is that essential elements of practice can be lost if and when key personnel leave the service. This is less likely to happen where the model is explicit, is understood by everyone and can be communicated to new staff. The second reason is that there are many aspects of the approach of this unit that other units could emulate to their benefit. They can most easily do this if there is a written account of the work of the unit.

Recommendations

1. **The general manager, in consultation with the management advisory committee, should consider the option of making the service provided in the unit available to a wider catchment area.**

2. **The unit manager should amend the statement of purpose and function to indicate a time span for placements.**

3. **The unit manager should edit and revise the unit's policies and procedures document so that it more accurately reflects the distinctive model of care practiced in the unit.**

4.2 Management and care staffing

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

The team in the unit consisted of the unit manager, care staff, teachers, psychotherapist, housekeeper and administrator. The teachers worked as part of a regional school with classes in each of the HSESEA's high support units.

4.2.1 Management

The unit manager reported to the general manager for the community care area. He liaised closely with the child care manager who also chaired the management advisory committee. This committee provided advice to both the unit manager and the general manager in the management of the unit. A sub group of this committee decided on admissions and discharges. It operated independently of the management advisory committee and took seriously its responsibility not to compromise the purpose and function of the unit by

accepting inappropriate referrals. The unit manager met with an external supervisor every three weeks for professional consultation and development. The external management of the unit worked well. The manager felt supported and was given the resources he required to provide a quality service.

The unit manager had been in post four years and had previous management experience. He was the second manager of the unit.

The manager provided leadership and direction for the care staff team. He maintained a presence in the young people's lives by, for example, participating in unit meals. He was readily available to both staff and young people and both derived a sense of security from his presence and his leadership of the unit. There were two child care leader (with responsibility) posts. The post holders carried certain management responsibilities and deputised for the manager in his absence. At the time of inspection, these two posts were being shared between three people because one of them was attending college. There was agreement to appoint a deputy manager from within the existing complement of staff but this had not happened.

There was no official on call out of hours management support for the care staff team. The manager was willing to take calls at home but it was understood that he should only be contacted when absolutely necessary and that, when contacted, it was for advice only. There was no expectation that he would come to the unit outside of his normal working hours. He told inspectors that he was rarely contacted.

The unit was well managed.

4.2.2 Supervision and support

There was regular formal supervision of staff. Inspectors learned of some resistance to this on the part of some members of the care staff team in the past and welcome the fact that this resistance was at an end and that supervision was well established at the time of inspection. The manager, child care leaders (with responsibility) and some other members of the care staff team provided supervision and the unit manager supervised the other supervisors. All but one of the supervisors had undergone training in it and the other supervisor was half way through the training course. Supervision followed a standard format. An agenda was agreed between the supervisor and supervisee and an agreed written record was kept of the sessions. Sessions took place at intervals of between four and six weeks.

There were weekly team meetings and staff were expected to attend them. Every third week there was a session with an external facilitator. Four times a year the facilitator met with the team for a day long session. The facilitator focused on the work of the team, rather than the needs of the young people. In describing their approach to inspectors, members of the care staff team repeatedly referred to reflecting on how the team's approach to their work impacted on the service provided to the young people. In this context, the contribution of the team facilitator was crucial.

The care staff team also had access to a child and adolescent psychiatrist for consultations in relation to the care of the young people.

The standard on supervision and support was met.

4.2.3 *Care staffing*

The unit statement of purpose and function referred to 15 whole time equivalent child care worker posts, apart from the post of unit manager.

At the time of inspection these posts were filled by 24 people, some of whom were part-time and some of whom were temporary relief workers who worked in a number of children's residential centres in HSESEA to cover for annual and sick leave. This number was sufficient for the staffing requirements of the unit.

STAFF EXPERIENCE, STATUS AND QUALIFICATIONS

	TITLE	LENGTH OF SERVICE IN THE UNIT	EMPLOYMENT STATUS	QUALIFICATIONS
#1	Unit Manager	4 years	Permanent, Full Time	Registered Mental Handicap Nurse
#2	Child Care Leader (with responsibility)	7.5 years	Permanent, Full Time	Registered General Nurse Registered Psychiatric Nurse
#3	Acting Child Care Leader (with responsibility)	7.5 years	Permanent, Full Time	B. Comm
#4	Acting Child Care Leader (with responsibility)	5 years	Permanent, Full Time	Dip. Social Studies
#5	Child Care Leader	3 years	Permanent, Full Time	BA Applied Social Studies
#6	Child Care Leader	2 years	Permanent, Full Time	Registered General Nurse
#7	Child Care Worker	7.5 years	Permanent, Full Time	Dip. Applied Social Studies
#8	Child Care Worker	7.5 years	Permanent, Full Time	Dip. Applied Social Studies*
#9	Child Care Worker	7.5 years	Permanent, Full Time	Dip. Applied Social Studies*
#10	Child Care Worker	7 years	Permanent, Full Time	Dip. Applied Social Studies*
#11	Child Care Worker	7 years	Permanent, Full Time	Dip. Applied Social Studies
#12	Child Care Worker	7 years	Permanent, Full Time	Cert. Pre-school Childcare
#13	Child Care Worker	7 years	Permanent, Full Time	Studying for Dip. Social Studies
#14	Child Care Worker	6 years	Permanent, Full Time	Dip. Youth and Community Work
#15	Child Care Worker	4 years	Temporary, Full Time	B.A. Applied Social Studies
#16	Child Care Worker	5 years	Temporary, Full Time	Dip. Applied Social Studies
#17	Child Care Worker	5 years	Temporary, Part Time	BA Applied Social Studies**
#18	Child Care Worker	7 years	Temporary, Part Time	None
#19	Child Care Worker	3 years	Temporary, Part Time	Dip. Applied Social Studies*
#20	Child Care Worker	3 years	Temporary, Part Time	Registered General Nurse
#21	Child Care Worker	4 years	Temporary, Part Time	Dip. Applied Social Studies
#22	Child Care Worker	2 years	Temporary, Part Time	Dip. Social Care
#23	Child Care Worker	4 years	Temporary, Part Time	Dip. Applied Social Studies
#24	Child Care Worker	2 years	Temporary, Part Time	Dip. Applied Social Studies
#25	Child Care Worker	7 years	Temporary, Part Time	Studying for Dip. Applied Social Studies

* Studying for Bachelors degree
** Studying for Masters degree

A majority of the care staff team held qualifications in social care and most of the rest held related qualifications. Two were being seconded at the time of inspection. The policy within the community care area was to second people to diploma level and to offer a lesser level of support for staff members who wished to upgrade their qualification from diploma to degree level. This was reasonable.

Members of the care staff team worked 12.5 hour shifts, with two changeovers daily. Staff worked through the night as, given the profile of the young people, this level of supervision was deemed necessary. There were at least four staff on duty during the day and two at night. There were some dedicated night staff and other members of the team did night duty in rotation.

There was low turnover of staff. A core of team members had been with the unit since it was established. This provided stability and continuity.

The team presented as united and mutually supportive. It had experienced difficulties in the past and there had been periods when quite a lot of sick leave had been taken but this was no longer so. Staff interviewed by inspectors stated that morale in the team was high. It was noteworthy that many staff saw a connection between the leadership provided by the manager and the high level of morale.

There was a good care staff team at the centre.

4.2.4 Training and development

As outlined in the previous section the HSESEA provided support to team members to pursue professional qualification. The [then] South Eastern Health Board had entered into an arrangement with Carlow College to provide training for child care workers in its children's residential centres. Many of the staff of the unit had acquired professional qualifications by this means.

The unit had regular team facilitation sessions and consultations with a child and adolescent psychiatrist (4.2.2).

There was a range of in-service training courses that had been attended by members of the care staff team over the previous year. All of the team had received training in therapeutic crisis intervention (TCI). Five people had participated in the initial training and another 24 had undertaken refresher training. Training was also provided in staff supervision, child abuse and protection, and other areas.

The standard on training and development was met.

4.3 Children's rights

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

4.3.1 Access to information

The [then] South Eastern Health Board had produced an information booklet for the young people in its children's residential centres. It contained a section on children's rights. It referred to the right of young people to access to their care files. This right was promoted in the unit. The young people were encouraged to participate in the writing of their daily logs. Staff members told inspectors that the young people had done so for a time but that enthusiasm for the practice had waned somewhat by the time of inspection. Some sections of the care files were not shared with the young people either because they contained information that it was not deemed appropriate to share with the young people at that time or in order to protect third parties.

The young people had a clear understanding of the purpose and function of the unit and of the reasons for their placement in it. They understood the plans being made for their future and, where these plans were not definite, the options that were being explored.

Practice in relation to freedom of information was good.

4.3.2 Consultation

There was a high level of consultation with the young people.

There were meetings with the young people every second week. They were chaired by a young person and another took minutes. One of the young people told inspectors he liked to draw up an agenda "to put a bit of order on things". The unit manager attended the meetings, and whatever other staff members were on duty at the time. The minutes of the last meeting that took place before the inspection listed the items discussed: choice of DVDs, personal hygiene, the inspection and activities. There was evidence of mature consideration of these issues. It was notable that the minutes book had been in use for a number of years. This was evidence of the seriousness the young people attached to it. Two of the young people made particular reference to these meetings. They clearly understood that, by their participation in these meetings, they exercised a real influence over the life of the unit.

The young people were encouraged and facilitated to participate in their placement and care plan reviews.

Consultation with the young people was a key element in the approach to behaviour management in the unit. The young people had internalised the ethos and rules of the unit. They regarded them as their own because they were instrumental in defining them. The manager instanced the approach to the use of mobile phones in the unit. The team asked the young people to come up with guidelines on their use. They did so and the team were happy to implement them. They were, if anything, somewhat more restrictive than anything the team would have come up but they were accepted by the young people and the rules had not been broken.

The approach to consultation in the unit was exemplary.

4.3.3 Complaints

The written procedure for dealing with complaints that was contained both in the policy and procedure document and the information booklet given to young people failed to distinguish between complaints and child protection procedures. The discussion of those complaints that involve a child protection issue described an approach in which the child protection procedure took precedence over the complaints procedure. When this approach is adopted, the child protection system comes into operation and, appropriately, protective measures are taken. However, what often gets lost is the fact that a young person has made a complaint that requires a resolution. The written documentation needs to be changed so that it is clearly understood that when a young person makes a complaint that the matter is brought to a satisfactory conclusion through the operation of the complaints procedure. Where the complaint indicates a current or potential risk to the safety of the young person or other young people, a child protection assessment should take places as well as, rather than instead of, the operation of the complaints procedure.

Practice in relation to the resolution of complaints in the unit was good. The emphasis was on early, local and informal means of resolving expressions of dissatisfaction by the young people. The young people confirmed to inspectors that their complaints were sorted out quickly and well. There was provision for young people's complaints to be written down and formally referred to the unit manager for resolution. These complaints were recorded in a

complaints register. The register contained details of five complaints for the year leading up to inspection. Four of these were resolved by the manager and the records indicated that the complainants were, in every instance, satisfied with the outcome. The longest time taken by the manager to resolve a complaint was nine days. One of the complaints had, however, been referred outside of the unit for investigation. It involved an alleged breach of confidentiality on the part of a social worker. The complaint was upheld and the young person was offered an apology. This complaint took a lot longer to resolve. It was nearly one year after the complaint was made that the young person was informed of its outcome. By that time the young person had moved to another placement in another part of the country. There were reasons given for the delay in bringing the matter to a conclusion but it nonetheless seemed unsatisfactory that it took nearly 12 months. On the other hand, the matter was not closed until the young person was informed of the outcome, given an apology and offered the opportunity to appeal the outcome. This was done by the child care manager and unit manager travelling to meet him in his new placement in the mid west. Given the experience of so many young people, that their complaints are not pursued once they leave the place where they made them, this has to be commended.

As evidenced by the example just given, there was provision to refer complaints outside of the unit for resolution. Complainants could also appeal to the HSESEA monitoring officer if unhappy with the outcome of their complaint. This is good but was not referred to in any of the documentation given to inspectors.

Recommendations

4. **The unit manager should amend the complaints procedure to ensure that complaints that involve a child protection issue are dealt with through the child protection procedure as well as, rather than instead of, the complaints procedure.**

5. **The unit manager should ensure that the right of young people to appeal the outcome of a complaint to the monitoring officer is stated in the policies and procedures document and in the written information given to the young people.**

4.4 Planning for children and young people

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

4.4.1 Social work role

All of the young people had allocated social workers and the social workers visited them regularly at a frequency that exceeded the statutory requirements. The young people were generally positive about their social workers. They saw them as helpful and as having their best interests as their priority.

The social workers stated that they were kept informed of the progress of the young people and one, in particular, commented on the fact that care staff notified him of significant

achievements as well as problems. This social worker read the unit records but the others did not and inspectors urged them to do so, at least on some of their visits.

4.4.2 Care planning and review

All of the young people had care plans that had been prepared at or around the time of their admission to the unit. The preparation of the care plans showed evidence of wide ranging consultations and careful consideration of the young people's needs. The care plans were reviewed regularly and the participation of the young people in these reviews was encouraged and facilitated. At the time of inspection, three of the four social workers were actively involved in identifying follow on placements for the young people. The fourth young person had been recently admitted and, while there was a plan for him it was subject to the outcome of an assessment. It was clear that the social workers were working to the care plans and there was little sense that the young people were being allowed to drift in care. One young person had been in the unit nearly five years and most of those interviewed agreed that this was too long. At the time of inspection, options for his future were being actively pursued. This was made more difficult, however, by virtue of the fact that he was resistant to accept the services that were best suited to his needs.

There was one aspect of care planning about which inspectors had concerns. One young person was found guilty in court of an offence committed in the unit. The issue of making complaints to the Gardai in relation to incidents that occur in the unit is considered later in this report (4.5.3). The issue of concern here is that most of those interviewed, including the young person's social worker, were unaware that the court had found the young person guilty of the offence. Most thought the judge was still considering the matter. There was little awareness of the operation of the criminal justice system, for example, of the possibility that the young person's criminal record could be erased under certain circumstances. This was unsatisfactory. The care planning process ought to take account of a young person's status within the criminal justice system and his social worker should be an advocate for him within it in order to secure the best possible outcome for her client.

The standard of care planning was generally good. However, it appeared to falter when a young person passed into a different system, the criminal justice system. The Health Services Executive (HSE) has the same responsibility for the children and young people in its care who are involved in the criminal justice system as it does for those children and young people who are not. Some guidance for social workers to inform them of the operation of the criminal justice system is required.

Recommendation

6. **The National Care Group Manager for Children, Adolescents and Family Services in the HSE should issue guidance for social workers with clients who are involved in the criminal justice system on the operation of that system and on how best to assist and advocate for their clients within it.**

4.4.3 Emotional and specialist support

The unit operated a model of care within which the importance of relationship building was emphasised. Particular importance was placed on the role of keyworkers. Each of the young people had two and sometimes three keyworkers so that they had ready access to at least one of them most of the time. The keyworkers were seen as the co-ordinators of the care of the young people within the unit. They undertook planned pieces of work with the young people,

for example, life story work. The young people confirmed to inspectors that their keyworkers were important figures in their lives. One, referring to the staff in general, stated that "they mean a lot to me".

The unit had its own in house psychotherapist who did individual therapeutic work with the young people. The psychotherapist was part of the team and liaised closely with others on the staff team to ensure coordination of his interventions with those of the care staff team. This applied to the teaching staff as well. Inspectors were told that, though the various professionals operated to different schedules and that this could make it hard to find a suitable time to meet, there was a willingness to cooperate and there was no rigidity in people's definitions of their professional roles.

Managers told inspectors that there were good links with the local psychology and child psychiatric services and access to these and other specialist services was good. As stated earlier one of the HSESEA'a child and adolescent psychiatrists made himself available to the care staff team for consultations.

The standard on emotional and specialist support was met.

4.5 Care of young people

Care staff relate to young people in an open, positive and respectful manner. Care practices take account of young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities and leisure experiences to their peers and have opportunities to develop talents and pursue interests. Care staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

4.5.1 Individual care in group living

The standard of primary care was generally very good and some aspects of it were particularly noteworthy.

The relationships between the young people and the care staff team were very positive. As stated earlier, one of the young people remarked that the staff meant a lot to him and it was clear from discussions with the young people and their social workers that the young people felt respected and, perhaps more importantly, liked by the staff.

One of the young people struggled to find superlatives to adequately describe the food in the unit. He offered "delicious", "gorgeous" and "fantastic". Inspectors shared a number of meals with staff and young people. All of the staff in the unit at the time participated including the manager and the unit psychotherapist. The atmosphere was warm and relaxed. The young people enjoyed the company as much as the food. They interacted well with the staff and, more significantly, with each other even to the extent of serving each other.

The housekeeper played an important role in the unit. Apart from cooking, shopping and related activities she was available as someone the young people could look to for emotional sustenance. This role was understood and respected by the care staff team.

The young people attended the on-site school (the oldest young person on a limited basis) and spoke highly of it. Three of them were following a fairly standard curriculum and were being prepared for public examinations. In addition to the work they did at school, two hours were set aside each evening for homework and study. A young person told inspectors that one of

the things he had gained from his placement was the stability he needed to progress with his education.

The young people were involved in a range of activities both within the unit and in the community. One of the young people, although he attended school in the unit, was in a homework club run by a local youth organisation. He and others were also involved in various sporting activities in the community. One had attended an international conference for young people in care. He did a presentation at this conference through the medium of drama. He and another boy from the unit were involved in an exchange programme with young people from Sweden.

Staff members encouraged the young people's families and friends to visit the unit. Though families did so, friends generally did not. This was, partly at least, to do with the location of the unit within a hospital complex. This was a particular difficulty for one young person who did not want people to know he lived in the unit and objected that it did not look like a family home.

The unit had a rich cultural life. Young people's art work decorated the walls. All of the young people were interested in music and two of them were learning how to play musical instruments. Others were growing flowers and developing a garden in the unit grounds. The manager had a regular poetry session with the young people where he read poems to them for a half hour at the end of his working day.

Staff attended to the health needs of the young people. One of the young people was being helped to reduce his weight through a programme of healthy eating and regular exercise. The reduction in his weight had a beneficial impact on his self confidence and self esteem.

The young people and their parents were consulted in the matter of religious observance and one of the young people attended weekly Mass, accompanied by a member of the staff team

The young people were looked after very well.

4.5.2 Managing behaviour

The staff team understood behaviour management as one among a number of issues with which they had to deal. It was not a pre-occupation. Staff time and energy were directed towards the provision of the quality service that has been described throughout this report. The young people responded to this. They valued the service. They liked the staff. They understood, or at least most of them did, that their interests were best served through the continued success of the unit.

Three of the four young people interviewed by inspectors were very positive about the unit. The fourth was somewhat ambivalent. He had positive and negative feelings about it. He knew that the staff were trying to help him but he disliked the premises and was not happy to be living away from his place of birth. He had, by general agreement, spent too long in the unit and was uncertain about the future. Of all of the young people, his behaviour was the most difficult with which the staff had to deal. This young person's difficult behaviour was clearly related to his doubts about the value to him of his placement in the unit.

One of the young people came from a mainstream residential placement where his behaviour could not be contained and he regularly assaulted members of staff. From the time he was placed in the unit his behaviour improved and he had not assaulted anyone in it. This was

despite the fact that, as he told inspectors, he still struggled to deal with his anger. He said that being in the unit had helped him to control his behaviour. In his previous placement, he explained, he had been aggressive. He had too much power there, he said, and there was nobody to say 'no'. By contrast, when he came to this unit there were clear boundaries. He said that he preferred to have limits. For this young person, the boundaries existed before he came to the unit. This, however, was only partly true for a key to the success of the unit in relation to behaviour management was the high level of consultation with the young people, discussed earlier in this report (4.3.2). One external professional told inspectors that the young people managed their own behaviour. The young people had internalised the ethos (which emphasised, for example, responsibility taking by the young people) and rules of the unit so that they did not experience them as an imposition from outside. One young person, albeit relatively new to the unit at the time of inspection, was not familiar with the term 'sanction'. However, he understood that if he broke something he would be asked to pay for it. He considered that reasonable. Another young person clarified that young people were only asked to pay for damage deliberately, rather than accidentally, caused. He said that the Garda would be called if one of the young people became violent in the unit but added that this was 'okay by me'.

The staff team were trained in therapeutic crisis intervention (TCI) and used the de-escalation techniques associated with that model in defusing volatile situations. TCI was understood by staff as making a major beneficial impact on the team's approach to behaviour management. There were three TCI trainers on the staff team and this was seen as a major asset.

The staff team in the unit were successful in managing the young people's behaviour safely and well most of the time. This is a considerable achievement. It came about by providing a very good service that the young people valued and by enlisting their cooperation through high levels of consultation.

4.5.3 Physical restraint

Staff members were, as stated trained in TCI. However, there had been no physical restraints used in the unit for about two and a half years prior to inspection. The manager stated that situations that previously would have led to young people being restrained, were being dealt with without resort to restraint.

4.5.4 Other interventions to manage behaviour

None of the young people were on medication to control behaviour.

None of the young people were singly separated in the unit.

The unit had used a children's residential centre run by a private company for time limited respite placements.

In certain situations, the Garda were called upon to assist the staff at the unit. This happened on four occasions in the year leading up to this inspection on occasions when staff believed they were not in a position to maintain the safety of everyone in the unit. In addition, complaints were sometimes made to the Garda in relation to such incidents and, as stated earlier (4.4.2), one young person had been found guilty in court of an offence committed in the unit.

The unit's approach to the use of the Garda and the making of complaints to them was informed by a number of considerations. The manager explained that the safety of all was a key element of the ethos of the unit. The young people in the unit were told that if they were assaulted in the unit, they would be supported by the staff team in making a complaint to the Garda. The same applied to members of staff. One young person had done so. The manager did not believe that the unit could survive and continue to provide a quality service in the context of high levels of assaults on staff, with all the attendant problems of high levels of sick leave and staff turnover. The model of care operated within the unit emphasised the importance of clarity in relation to rules and limits. This related to the responsibility of the unit for the protection of the community.

The decision to initiate a prosecution against the young person in the unit followed careful consideration by the staff and the management advisory committee. It took account of the particular circumstances of the situation. The staff had developed close links with the Garda and the complaints were processed, in the first instance, through the juvenile liaison scheme. The involvement of the Garda was in addition to, rather than instead of, ongoing work by the staff team to help the young person to address his behaviour. His social worker told inspectors that the staff continued to provide him with support.

The making of complaints to the Garda was seen as a preventive measure, a sort of 'wake up call' for the young person concerned. Inspectors are satisfied that it was not part of routine behaviour management in the unit. However, in the event of an assault on a staff member or a young person, the decision as to whether or not to make a complaint should not be left entirely with the individual. It places too much responsibility on a young person and there is too much scope for inconsistencies as between the attitude of different staff members. The unit needs a policy in relation to the making of complaints to the Garda. The policy should require that the decision about charging a particular young person is only taken after consultation with the young person's social worker.

Recommendation

7. **The unit manager should ensure that there is a unit policy in relation to the making of complaints to the Garda in relation to incidents that occur in the unit. The policy should include the requirement that the young person's social worker is consulted before a decision is taken to charge him.**

4.5.5 Unauthorised absences

There had been no unauthorised absences from the unit in the year leading up to inspection.

5. *Summary of Recommendations*

1. **The general manager, in consultation with the management advisory committee, should consider the option of making the service provided in the unit available to a wider catchment area.**

2. **The unit manager should amend the statement of purpose and function to indicate a time span for placements.**

3. **The unit manager should edit and revise the unit's policies and procedures document so that it more accurately reflects the distinctive model of care practiced in the unit.**

4. **The unit manager should amend the complaints procedure to ensure that complaints that involve a child protection issue are dealt with through the child protection procedure as well as, rather than instead of, the complaints procedure.**

5. **The unit manager should ensure that the right of young people to appeal the outcome of a complaint to the monitoring officer is stated in the policies and procedures document and in the written information given to the young people.**

6. **The National Care Group Manager for Children, Adolescents and Family Services in the HSE should issue guidance for social workers with clients who are involved in the criminal justice system on the operation of that system and on how best to assist and advocate for their clients within it.**

7. **The unit manager should ensure that there is a unit policy in relation to the making of complaints to the Garda in relation to incidents that occur in the unit. The policy should include the requirement that the young person's social worker is consulted before a decision is taken to charge him.**