SOCIAL SERVICES
INSPECTORATE

A CHILDREN'S RESIDENTIAL CENTRE IN THE NORTHERN AREA HEALTH BOARD COMMUNITY CARE AREA 7

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1. Executive summary

1.1 The centre is located within Community Care Area 7 of the Northern Area Health Board. It is well integrated within the community, and many people from the local neighbourhood identify with the centre.

1.2 The inspection took place on the 22nd, 23rd, and 24th May 2001.

1.3 This is a positive inspection report. Whilst it includes areas for improvement, inspectors are impressed with many aspects of the centre's work.

1.4 Children at the centre are well looked after, and their positive life experiences are relatively unencumbered by their status of being in care. Inspectors observed a high quality of interaction between project staff and children.

1.5 The centre provides an excellent model of practice for involving families in the daily lives of children. In this regard, the work of the centre stands out as being quite exceptional, a view endorsed by families themselves.

1.6 The centre currently cares for four children of mixed gender, whose ages range from between 9 and 14 years old. The centre does not specify whether it functions as a short, medium or long stay centre. In practice, the centre is multi-functional, providing flexible packages of care according to the individually assessed needs of each child.

1.7 The building is in good physical condition, having recently benefited from significant refurbishment and redecoration.

1.8 The centre operates within a highly defined catchment area, which crucially assists the centre in maintaining its strong community-based approach.

1.9 The purpose and function of the centre is clear and well supported by community care managers.

1.10 There is a staffing complement of eleven and the centre benefits from having a dedicated, experienced and well-skilled workforce.

1.11 Children's rights to be consulted on decisions affecting their lives and future need to be given more attention.

1.12 There is scope for greater accountability, fairness and transparency within the formal procedures for dealing with children's complaints. The existence of a number of different procedures operating concurrently is confusing and unhelpful.

1.13 Two children do not have social workers and are not consistently supported in their placements by care plans, regular statutory reviews or social work supervision and visiting.

2 Introduction

The inspection of the Children's Residential Centre was carried out by the Social Services Inspectorate under the provisions of Section 69(2) of the Child Care Act 1991. It formed part of a series of inspections, by the Inspectorate, of children's residential centres run by the health boards.

The inspection was carried out by Mike Lindsay and Ann Ryan. A pre-inspection meeting took place with the staff team on 21st May 2001 to explain the approach being taken, and included a preliminary meeting with the children living at the centre.

2.9 Methodology

Inspectors analysed information received prior to the commencement of the inspection. Census forms relating to the care staff and young people had been completed and returned. The centre completed forms relating to statistical information about unauthorised absences or uses of physical restraints. Questionnaires sent out to social workers, GP's, parents and schools were not returned.

Inspectors further examined the following documentation:

- The centre's mission statement (undated)
- The centre's policies and procedures (undated)
- A general safety statement (from the Eastern Health Board)
- A safety audit report (dated 17/5/01)
- A policy and procedures document on fire safety (dated January 2001)
- Policy guidelines on Therapeutic Crisis Intervention (from the Eastern Health Board, dated June 1999)
- A health board complaints procedure (undated)
- Draft booklets for children and parents
- A report on financial arrangements for children's residential centres (dated 27/2/01)

Inspectors observed the daily practices at the centre, consulted children's files and administrative records and sat in on a team meeting.

Inspectors conducted interviews with four children, four family members, five project workers, a social worker, the general manager, child care manager, principal social worker and the project leader.

2.10 Acknowledgements

The Social Services Inspectorate wishes to express its gratitude for the co-operation received from everyone concerned.

Inspectors reserve special thanks for the young people for the generous way in which they put up with our intrusion into their lives.

3 Setting the scene: background, the centre and its population

The centre was established in 1981 by the Society of St. Vincent De Paul (a charitable, voluntary organisation), to provide for pre-teenage children within the area considered to be in need of residential care. The Society of St. Vincent De Paul, in looking to find better ways of meeting the needs of children requiring residential care, placed great emphasis upon a community-based approach. It entered into partnership with the Eastern Health Board to jointly provide the service now at the centre. This partnership prevailed until 1996, when the Eastern Health Board assumed sole responsibility for managing the centre.

Finally, the centre transferred to the management of the Northern Area Health Board when, in March 2000, it became one of three area health boards replacing the Eastern Health Board. However, in practice, this resulted in no actual changes in line management arrangements and the centre remained a service managed by Community Care Area 7.

The centre is an attractive, terraced residence. It is well situated for public transport and within easy reach of Dublin's inner city.

3.1 Data on children / young people

There are two boys and two girls at the centre. The children are 9, 11, 12 and 14 years old. One young person has been at the centre for nearly seven years, whereas a brother and sister have been residents for just over two years. The fourth young person was admitted three months ago. The centre is also working with an 18 year old young man, on an aftercare programme.

3.2 Details of placement

The centre has six places. The children admitted to the centre are all from the immediate area and the service demonstrates local community involvement. Recent admissions have had family involved with the centre over a number of years. Notably, all current residents were placed by voluntary parental agreements, and some of the centre's previous residents were admitted as self-referrals.

A critical factor characterising the centre is the close proximity of the children's own family homes.

The centre is distinctive in that most children's placements are directly the result of positive choices made by service users. A high incidence of admissions take place at the behest of parents, and occasionally children themselves.

3.3 Management structure and support

A project leader is responsible for the day-to-day running of the centre and supervising the work of the staff team. He reports to the principal social worker for community care area 7, who, in turn, is line-managed by the area's general manager. The principal social worker acts as line manager to all six children's residential centres currently provided within the area. She also manages two social work teams and three other projects.

The project leader does not receive formal supervision. Part of the reason for this is that the principal social worker is relatively new in post and she carries many responsibilities. This is compounded by the amount of time that she is required to spend in the high court. However, inspectors were advised that the community care area are arranging for the appointment of an 'alternative care manager' with the intention of having a specialist management role for children in care. Consultations are ongoing about the exact nature of this new post-holder's responsibilities. In the meantime, the project leader is able to meet together with other centre managers on a monthly basis and this provides an effective means of peer support.

It has been a challenging time for the project leader, with the centre having to come to terms with the management of change. This is reflected in changes of staff, administrative structures, petty cash systems and new admissions. However, the process has been most stressful in respect of the centre having to re-assert its sense of purpose. At one point, the centre's long-held policy of being a service for the local community came in for reconsideration. Community care area managers, in having to look to meeting the needs of all children within the area, referred two children from outside of the centre's catchment area. This involved all concerned having to address the centre's role, through a process of discussion and consultation. This was facilitated considerably by a day's seminar on the future direction of the service provided at the centre. This brought together community care area managers, social workers, neighbourhood projects, youth workers and the staff team. The seminar lead to a general improvement in understanding, and parties felt clearer about what the centre's role should be.

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 centre's statement of purpose and function is contained within its mission statement. This stipulates that the service is intended for up to six children, both boys and girls, aged between 7 and 12 years upon admission, who are

from Dublin's north inner city. The statement makes clear that children admitted should have good links with their family, and provides a strong emphasis on continued parental and community involvement.

The centre has a very good, clear statement setting out its purpose and function. This is largely grounded in the origins of the service. The statement is well understood by care staff, and excels by the extent to which it reflects what happens in practice. This is due to the commitment of the staff group to the centre's mission and guiding principles. However, the centre's strength also owes much to the fact that it is permitted to operate within a highly defined catchment area. The support shown by community care area managers, enabling the centre to continue this, has been critical and is highly commended.

4.2 Working in partnership

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

The centre maintains good working relationships, and this is backed by written policy statements. The social worker interviewed provided some evidence for this, emphasising that project workers are helpful and work in partnership with her. There are good exchanges of information and the social worker maintains regular contact by telephone and monthly visits. There is a clear sense of both professions working together, towards meeting the same objectives. Decisions are reached jointly and there is some clarity in defining responsibility for carrying out tasks. Inspectors found evidence of mutual professional regard and project workers valuing the input from social work.

The excellence of professional relationships is mirrored in respect of close links formed with neighbourhood and community workers. The service provided by the centre is an integral part of the local community, and this has benefited the children.

4.3 Admissions criteria and policy

The centre has an established policy, setting out how young people are referred and admitted.

The centre has written admission procedures. This indicates that the project leader, in conjunction with the staff team, initially process all referrals. A detailed referral form has to be completed and submitted by a social worker. Following this, a referral meeting is arranged to which team leaders, social workers, family members and other agencies professionally involved are invited. An admissions committee, comprising of the project leader, an experienced project worker and the principal social worker, decide on whether to offer a place. The centre's procedures require a high level of commitment

to the placement on the part of children and their parents. Particular emphasis is put on parents maintaining a high level of contact with children during the course of their placement at the centre. In so far as these elements apply, they represent a good set of admission procedures.

However, other aspects of the admission procedures require improvement, better implementation and, in places, updating. First, they refer to the Eastern Health Board, which suggests that they are in need of updating to reflect existing organisational structures. Second, the procedures omit to emphasise the significance of catchment area, especially as the childrens' family homes are in very close proximity to the centre. Third, children admitted are not consistently assigned a social worker as required. Fourth, the procedure requiring the drawing up of a care plan prior to admission is not being observed. Fifth, written procedure stating that children are admitted on, *" … a strictly three month review basis"* no longer applies.

Recommendations

- The centre should update its admission procedures and ensure more consistent practice.

4.4 Care planning and review

4.4.1 Care plans

Each young person's care is subject to a formal, systematic and written plan to promote the welfare of the child in compliance with Article 23 of the Child Care Regulations 1995.

None of the four children have a written care plan. In respect of young people placed at the centre, the health board is failing to act in compliance with Article 23 of the Child Care Regulations 1995. This is partly explained by a shortage of social workers in the area. However, there is also evidence indicating that care planning requires more attention.

Project workers at the centre produce placement plans to a high standard and these guide care staff in their work with children. These placement plans are drawn up in partnership with families and, consequently, are well informed with essential background details about family composition and circumstances. Project workers at the centre are able to form an excellent pen picture of the children they work with. Placement plans set out the aims of the placement, outline the current situation and identify specific tasks and objectives in relation to family, education, social development, health and emotional and behavioural development. Each of these objectives is internally reviewed, by project workers, on a monthly basis. Placement plans represent impressive pieces of work in their own right; however, they do not provide an adequate substitute for the existence of written care plans. Project workers do an exceptional job in filling the void, performing many care planning duties that are ordinarily assigned to social workers. However, essential tasks designed to

reduce the impact of drift in care are not always clearly identified, and work with families lacks effective co-ordination. Care plans are needed to clarify the respective roles of project staff and social workers. Even in the event of the health board being unable to allocate social workers, contingency arrangements must be put in place to ensure that children's care is informed by a written care plan. Effective care planning will reduce the risk of drift in care and help improve co-ordination in work done with families.

Recommendations

- The health board should ensure that there are written care plans, for all children at the centre. These should be produced in accordance with requirements set out in Article 23 of the Child Care Regulations 1995.

4.4.2 Review of care plans

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

Regulations concerning statutory care reviews require that these are intended for the particular purpose of reviewing each child's written care plan. They should take place at regular intervals, varying according to the duration each child has been in a residential centre and, the frequency of reviews should be informed by the care plan. Article 25 (5) of the Child Care Regulations provides details of matters that reviews should have regard to and consider.

Reviews of children at the centre should, according to the centre's own policy, take place annually. However, evidence shows that this is not consistently the case. Also, many reviews are not being conducted in accordance with the requirements set out in Article 25 of the Child Care Regulations 1995. A lack of social workers was cited as a main reason for this.

The project leader usually convenes reviews, setting dates and inviting parents and social workers to attend. Parents invariably attend, but the centre's policy is that children do not. Senior managers within the health board and the centre are encouraged to re-think the policy on children attending reviews, in the light of current thinking and practice nationally. The conduct of reviews needs to be structured in a way that encourages and facilitates children's involvement. At present, two children do not have social workers and the project leader asks the relevant team leaders to attend in their absence, which they do. Reviews are usually held in the social work department offices in Mountjoy Square, and social work staff generally take and circulate minutes. Parents confirm that they receive these.

Project workers, acting in a key-working capacity, write a report for each child's review. This practice is not matched by social workers. Reviews

should be supported by written social work reports; addressing issues that reviews are required to have regard to.

Regulations make clear the statutory requirement that there should be a review of each child's care plan. This is not happening. However, in the absence of care plans the meetings do focus upon setting short and long term goals; taking account of the child's relationships with family and community and the progress they are making.

Recommendations

- Reviews should take place on a regular basis, in accordance with the needs of each child, and the requirements of Article 25 of the Child Care Regulations 1995.

4.4.3 Family involvement

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

Parents play an integral part in the life of children at the centre. This is supported by written policy entitled; "Focus of working with families". The emphasis of policy is to retain links between the child and his/her family; develop more positive relations between them; assist the family in finding ways of functioning; support the child and family with a view to the child returning home; and, assessing alternative care arrangements where an immediate return home is not viable. Whilst the policy statement is impressive, the centre's practice of involving families is quite exceptional. All parents interviewed conveyed a strong sense of caring for their children in partnership with project staff. They enthused about the level of support offered to themselves, and confirmed that their views are taken seriously. Parents are consulted on all major decisions affecting their children, including the placement, access arrangements and schooling. This is supported by project workers, who offer good advice and information to families. Parents participate in review meetings, and are also encouraged to give their views on how the centre is run. In both respects, their views are listened to. The family is encouraged to be actively involved in children's lives. Parents, and other significant family members, are daily visitors to the centre. In short, families feel very welcome at the centre, and a keen sense that they have both a right and a responsibility to be there. Many expressed their relationship in terms that project staff could not do enough for them. However, they are also impressed with the relaxed, informality that characterises their relationships with the centre. Many indicated that the centre's approach had done much to reduce the stigma of their children being in care.

The fact that all families of children at the centre live within a short distance of the centre facilitates regular contact, and much of this happens both in and out

of the centre. Families often involve themselves in whatever is going on in the centre, although right to privacy by children and families is fully respected.

In addition to supporting high levels of contact, the centre does important work with families. Inspectors are impressed with the practical help and advice the centre provides on parenting skills. Much of this work gives parents the enabling skills and confidence to take on increasing levels of responsibility for their child's care.

The quality of children's lives is considerably enhanced by the contact they have with their families. Commendably, this contact is frequent, informal, low key and inclusive.

The standard of family involvement at the centre is exceptional, and stands out as one of the best examples inspectors have observed to date.

4.5 Staff recruitment & support

4.5.1 Staff Recruitment

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

The personnel section of the Eastern Regional Health Authority shared services processes all applications for permanent posts. All staff recruited are subject to Gardai vetting and employment reference checks. The procedure for recruiting permanent posts requires a formal application, sometimes supported by curriculum vitae.

The project leader and health board deal with the recruitment of temporary and relief staff. The project leader checks for references and interviews, generally accompanied by another residential manager. Garda clearances and reference checks had been appropriately completed, prior to care staff taking up their duties.

The project manager and community care area managers confirmed that there is currently a recruitment drive. The first wave of this is to be a closed competition, intended to provide existing temporary staff with the opportunity of gaining permanent contracts. There is a consensus view from the project staff, social workers and senior health board managers that see this as essential to creating a workforce capable of offering children long-term stability.

4.5.2 Staffing and staff rota

The care staff team at the centre comprises of;

- a permanent, full-time project leader;
- three permanent, full-time, project workers;
- five temporary, full-time project workers; and,
- two relief, full-time assistant houseparents (one maternity cover).

4.5.3 Length of service, status and qualifications of staff

Staff	Length of service in the centre	Employment Status	Qualifications
Project Leader (M)	17 years	Permanent, Full-time	Advanced Diploma in Child Protection and Welfare
Project Worker #1 (F)	5 years, 6 months	Permanent, Full-time	
Project Worker #2 (F)	5 years	Permanent, Full-time	Diploma in Applied Social Studies in Social Care (NCEA)
Project Worker #3 (F)	15 years	Permanent, Full-time	Certificate in Residential Care (UK) & Diploma in Developmental Studies (NCEA)
Project Worker #4 (F)	1 month	Temporary, Full-time	Diploma in Applied Social Studies in Social Care (NCEA)
Project Worker #5 (F)	1 year, 7 months	Temporary, Full-time	Certificate in Early Childhood Care & Education
Project Worker #6 (M)	4 years, 2 months	Temporary, Full-time	
Project Worker #7 (F)	1 year, 8 months	Temporary, Full-time	BA in Applied Care in Social Care (NCEA) & Diploma in Applied Social Studies in Social Care (NCEA)
Project Worker #8 (F)	2 months	Temporary, Full-time	Diploma in Applied Social Studies in Social Care (NCEA) & Certificate in Family Therapy & Certificate in Child Development
Assistant Houseparent #9 (F)	1 year, 3 months	Relief, Full-time	Certificate in Applied Social Studies
Assistant Houseparent #10 (F)	1 month	Relief, Full-time	Certificate in Youth Studies

There is a balance of experienced and relatively new staff at the centre.

Some of the newer members also bring experience from other children's residential settings. Balance is lacking in terms of gender. The centre would benefit from attracting more male project workers to the service. Most project workers have completed at least one course of training relevant to working with children. Four project workers currently hold qualifications recognised by the Department of Health and Children for staff employed on 'houseparent' grades. Collectively, the staff team offers an impressive range of skills, experience and competencies. That said, the health board should set itself targets for increasing the proportion of staff having completed recognised professional child care training. Inspectors note the positive measures being taken by the health board to increase the numbers of permanent care staff.

4.5.4 Staff support and supervision

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

Project staff are supported in their work with a detailed, written job description. This sets out the objectives of the centre and their general responsibilities. The job description is thorough, well constructed and assists project workers in the performance of their duties. This is complemented by an excellent draft code of conduct. This advises project staff on the centre's core principles, relationships with children, safe care practices, and staff's own personal behaviour and attitudes. There is also a detailed guide for good practice and on the general routines of the house. This advises all project workers of the centre's policy in relation to smoking; absconding; privacy; keeping pets; use of television, video and play station; use of the van; children's meetings and bullying. It also provides useful guidance on report-writing; use of life story work; bullying and basic food hygiene. Collectively, this information makes clear what is expected of project staff working at the centre.

There is a prevailing culture at the centre of project workers taking care of each other. All project staff interviewed commented on colleagues being available for advice, support and looking out for each other. Newer members of staff said that they felt more supported at the centre than at previous places they had worked. It is evident that project workers at the centre value their colleagues and treat them with respect.

There is written policy which emphasises supervision as an integral part of support structures for staff, in assisting them in maintaining high professional standards. It provides good guidance on the purpose of supervision. In practice, formal supervision is not taking place consistently and, on occasions, not at all. However, project staff confirmed that they are able to talk with the project leader at any time and occasionally ring him at home. Project workers interviewed said that the project leader was *"… unconditionally there for them"*. They value the support given and appreciate the extent to which the project leader is accessible. The project leader accepted that formal supervision was an important element in supporting staff and regretted not being able to ensure that it happened. He explained that a lot of changes had been occurring at the centre, all of which had been time consuming. This including changes of staff, administration, petty cash systems and new admissions. The project leader feels that having an official deputy in post or administrative support, attached to the centre, would enable him to more effectively provide support for staff. Without regular formal supervision, practice and professional development are not being systematically appraised. The project leader denies himself an essential instrument for monitoring staff performance and progress.

Project staff are well supported through facilitation sessions, which are lead by an external consultant. Through these they have explored topics such as freedom of information, working with families, sexuality and interventions with individual children. Project workers regretted that these sessions had come to an end, due to personal commitments of the consultant, and were looking forward to these recommencing when a new facilitator is found.

The health board has recently addressed the matter of releasing staff to undertake full-time professional training. It is an initiative that inspectors encourage and commend. A training officer has recently been employed who is particularly addressing the issue of qualifications.

Practically all staff have completed initial training in therapeutic crisis intervention (TCI). Most of the team did this two years ago. However, follow up training, which is integral to the course, has not yet taken place.

Until recently, new staff benefited from participating in a health board induction week, but this too was temporarily interrupted pending the recruitment of the training officer. In the absence of formal induction programmes, new recruits to the centre are given a gentle introduction for the first two to three weeks. During this period they are able to observe practice, consult the policies and procedures book, and meet with the project leader to discuss how they are getting on. It is a good introduction, but this could be significantly enhanced with a formal induction programme.

Recommendations

- The project leader should ensure that all project workers benefit from receiving formal supervision on a regular basis.

4.6 Children's Rights

4.6.1 Consultation

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

There is evidence that children's views are consulted. However, professionals tend to be selective when seeking children's opinions. There are some important decisions over which children have little say.

Children's meetings take place weekly and discuss issues brought by both children and project staff. Project workers follow up the discussions by bringing issues to the staff meetings. Examples of recent issues raised by children include decoration of bedrooms, freedom of movement around the local vicinity and holiday arrangements. Each were considered by the staff team and whilst children's views have not always prevailed, they were given due consideration. The centre has a good practice of consulting children about things that are going on in the house.

In contrast, children are less consulted on decisions affecting their lives and future, and review meetings are conspicuous by their absence. This is partly explained by children's own ambivalence towards attending reviews. However, their involvement in review meetings is neither actively encouraged nor well facilitated. Considerable emphasis is placed upon working in partnership with parents. This can be very challenging, given the intensity of involvement and complexity of unresolved and potentially distressing issues that arise. However, the commendable work that is being done with families masks the fact that children themselves are not given an effective voice. Children's contribution to the review process is mainly by means of a completed review form, which, by design, pre-empts the issues upon which the child's views are sought. The practice of relying upon forms, keyworkers and social workers to advise reviews about what children want is generally a poor substitute for hearing it first hand from the child. Consistent with developing best child care practice, the centre could promote an increasing range of opportunities for children to express their own views. In particular the centre, together with social work colleagues, are encouraged to look at review meetings to see how these might better facilitate children's involvement, having due regard for their age, understanding and level of interest.

Recommendations

- The centre and senior managers within the health board should issue guidance to child care and social work staff on children's consultation, having regard to the standard set by Article 12 of the United Nations Convention on the Rights of the Child (1989).

4.6.2 Complaints procedure

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

Inspectors were advised that the centre has not received any formal complaints; nor has the health board received any in respect of the service the centre provides. This, in part, is attributable to the high standards of child care.

The centre provide an open, accessible and helpful service to children and families in which, ordinarily, day-to-day problems are satisfactorily resolved long before they ever become expressed as formal complaints. Best practice, in respect of handling children's complaints, endorses the centre's approach of trying to resolve dissatisfaction speedily, locally and amicably. There is evidence of good practice in this regard at the centre. However, evidence for good practice in the centre's informal handling of complaints does not absolve external management from providing a more effective formal procedure for responding to complaints by, or on behalf of, children.

The centre has its own written complaints procedure, which starts with a statement of general principles. The procedure is then divided into two

distinctive parts. The first deals with how complaints against staff should be handled. The second part sets out how allegations of misconduct against a member of staff should be responded to. The procedure, as stands, contains out of date references to the Eastern Health Board.

Inspectors were advised of four different complaints systems being in operation at the same time. In addition to the procedure referred to above, the centre is producing a booklet for children, which indicates a different approach in the centre's thinking about how complaints should be dealt with. The health board also operate separate complaints procedures, one through the Eastern Regional Health Authority shared services. Service users, whether children or adults, are likely to be confused about the purpose of each complaints procedure and unclear about which they are entitled to use. Arrangements for handling complaints requires proper integration with any other procedures, including those being operated by the Eastern Regional Health Authority shared services. Literature explaining more precisely how the complaints procedure works needs to be provided for children and parents. Training would support project staff, social workers and community care area managers in handling complaints.

Recommendations

- The health board should develop and adopt one single, clear complaints procedure, which should be modelled on known best practice in children's complaints work. This should be in operation at the centre.

4.6.3 Access to information

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

Project workers confirmed that they consider children have a right to see information that has been written about them. They explained that they had sometimes shared what they had written with children. However, there is no written policy and children wanting access to information often need to take the initiative in asking for this. A social worker advised that children are not generally considered able to see the files that she keeps about them. Inspectors would like to see more proactive practice, by project workers and social workers, in facilitating children's access to information. The centre and social workers could be more proactive in encouraging and facilitating children in seeing information which is about them.

A draft children's booklet is being worked on, and this is intended to advise about life in the centre. This is set out in a detailed question and answer format, which makes the draft booklet relevant to issues children using the service are interested in. For example, it informs children about all aspects of their care, including sleeping arrangements, school, activities, rights, responsibilities, safeguarding, house rules, complaints, access to files, review meetings and contact with family. It is an informative draft booklet, but let

down by occasionally contradicting the established written policies operating within the centre. If the booklet is to have complete credibility, then the written policies and procedures need revising to reflect current thinking and practice. The "rights" section of the draft booklet can be improved further by including definitive statements of children's rights to be consulted about decisions affecting their lives, to have access to personal information and to be supported in their education.

A similarly impressive draft information booklet has been devised for parents.

Recommendations

- The health board should ensure that its policy statements relating to freedom of information are implemented in respect of children's residential care and social work services.

4.7 Child protection and safeguarding issues

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

Various policy and procedure documents make strong references to providing children at the centre with safe care and protection. Much of this is concerned with stating key principles of "safeguarding" and "whistle-blowing" (i.e. care staff speaking out against poor and abusive practices). These documents generally provide good practical guidelines and, where appropriate, direct project workers as to courses of action they are required to take. These make project staff aware of the essential components for keeping children safe. However, there are inherent weaknesses in that the policy and procedure documents are not sufficiently integrated within health board arrangements for dealing with child protection concerns. Also, the centre's policy and procedure documents require updating to take account of the *"Children First: National Guidelines for the Protection and Welfare of Children"* (Department of Health and Children, September 1999).

The centre and the health board are conscious of safe care issues and this is reflected within recruitment procedures (including Garda vetting).

The centre promotes good quality care and a culture of openness. There is evidence that project workers form good, close relationships with children in their care. Children themselves confirm this perception. This is further reinforced by the positive manner with which the centre engages with families and supports them in maintaining contact with their children. Children at the centre are relaxed and comfortable in the company of their carers. These factors are all symptomatic of an environment that is conspicuous about providing children with safe care. However, there are more precise and assured ways that the centre and senior managers in the health board could

support evidence for children being provided with safe care. These include procedures for joint-working in responding to any allegations of abuse in care; independent complaints systems; advocacy services for children; "whistle-blowing" support for staff (e.g. a non-victimisation policy, counselling etc.); staff supervision and appraisal; allocation of social workers; quality of social work visits; monitoring of standards of care and children's participation rights (including how their views will be consulted). The centre and senior managers within the health board need to be considering a wider range of factors, which are known to contribute towards making children's lives in care safer. In addressing these factors senior managers in the health board and the centre should appreciate that there is no one single factor that assures adequate safeguards for children. It is the connectivity of them all that contributes towards making children in care less vulnerable.

Recommendations

- The centre should ensure that its policies and procedures for responding to allegations of abuse against project staff are fully integrated with health board child protection procedures**.**

- The centre and senior managers within the health board should ensure that these procedures and policies are informed by requirements set out in *"Children First: National Guidelines for the Protection and Welfare of Children"* (Department of Health and Children, September 1999).

4.8 Sanctions policy

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

The centre has a written statement of the "rules of the house". The rules include the main requirements for encouraging children to respect the house, the people within it and other people's property. The rules are intended to help make the centre a safe place for both children to live and the staff team to work.

The rules are well supported by a written sanctions policy, the stated intention of which is to modify inappropriate or unacceptable behaviour. Permitted sanctions consist of loss of pocket money (n.b. which can include the whole amount); extra chores; early bed-times; loss of treats or outings; being separated from the group (n.b. specifies that this is usually for 10-15 minutes); and, grounding. The policy stipulates, as prohibited sanctions, physical punishment; denial of family access; being made to wear inappropriate clothing; and, stopping of meals. There are other sanctions which could be included as prohibited; such as use or deprivation of medication, restriction of liberty (i.e. keeping in physical detention) or discharging a child from placement. Whilst the centre do not use any of these as punishments, it can do

no harm for its sanctions policy to say so. This would provide an element of completeness and consistency with comparable policy statements on use of sanctions in residential child care.

Generally, the centre's rules and sanctions policy provides children with clear boundaries in which to understand the behaviour expected of them. However, both observation and recording suggests that practice at the centre has progressed beyond existing policy. Project workers are competent at explaining to children what they require, and with reasonable expectations that this will achieve the desired outcome. Project staff do not rely excessively on use of sanctions, but generally use them as a back up when children are not co-operating. Also, inspectors found that some applications of particular sanctions had been modified by practice. Project workers stated that children rarely, if ever, lose all of their pocket money anymore. Also, separating children from the group is not a common sanction. Current approaches tend to emphasise the encouragement of positive behaviour in children, through recognition, praise and rewards. There is much evidence of this approach flourishing at the centre, and to good effect.

4.9 Unauthorised absences of young people

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

There is a written procedure for project workers to follow in the event of a child going missing from the centre's care, without permission. The first requirement is for staff to inform the child's parents. This aspect of the procedure is recognition of the genuine partnership which exists between the centre and parents, in the care of children at the centre. In practice, the centre find that the child's family can play a constructive role in locating and returning a missing child. Project workers are then guided, by procedure, to contact the Gardai to advise them of the situation and, provide a description and relevant details of the child. Finally, the procedure encourages staff to keep in contact with family and Gardai throughout and to inform them in the event of the child's return. It is a straightforward, sensible procedure that enables project workers to apply their own professional discretion when a child runs off but remains close to the house.

In practice, there a few episodes of unauthorised absences by children from the centre. There were four such occasions within the last year and only involved children being absence for short periods of time.

The centre has good procedures in place and project workers apply these with commonsense.

4.10 Ethos and quality of care

4.10.1 Living skills

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

Providing children with positive life skills and experiences is the very essence of what the centre does. Commendably, it does so as part of an inclusive partnership with parents. In consequence, when children are ready to move on not only are they generally well prepared for the transition, so are their parents.

Children lead healthy and active lives, commensurate with their ages, needs and development. Project workers provide appropriate structure, but within a regime in which this is understated. The centre provides children with safe care but, crucially, is not over-protective. Children are allowed space in which to have fun, discover their world and make their own mistakes. Care practices at the centre enable children to enjoy lifestyles comparable to those of their peers.

Children's days are typified by playing out, having friends call round, outside trips and activities. For example, project workers take children to the cinema, to the swimming pool, out on picnics, out for a meal, to the beach and, the centre takes a holiday each year, for which it is allocated a budget of £554 per child. In addition, the children have their own clubs that they go to. Children have plenty of opportunities for socialising in the community. They receive weekly pocket money, the rates of which are determined by age. Project staff encourage children to save, with varying degrees of success.

The centre supports children in developing social skills, individually tailored to commence from each child's own starting point. Some examples include having meals at the table, cooking, going shopping, regular washing and showering routines, personal hygiene and children dressing themselves. Again, the work is characterised by the involvement of parents. They, in turn, are empowered through learning practical parenting skills, and their confidence and authority as parents is reinforced.

Life story work is one of the methods project workers use as a tool for helping children understand and reflect on important transitions in their lives, and make connections with who they are. This work is supported by written practice guidelines, which reinforce the role that families play as a vital source of information about the child's past and cultural heritage.

4.10.2 Psychological and emotional development

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

The centre operates a key-worker system, which assigns a project worker to each individual child. The role provides children with a named adult with special responsibility for providing them with support, guidance and a trusting relationship. Specific tasks typically include making any medical appointments for the child, writing reports, making sure clothing items are purchased, liaising with the child's family, school and social worker, and developing a close one-to-one relationship with their key-child. Neither project workers nor children become too possessive about their "special" key-worker/key-child relationship. Children show that they are comfortable in approaching any of the project workers. There are many adults at the centre who give children special attention. The system works well and, in practice, the key-working role ensures proper co-ordination of tasks that need attending to.

Project workers show children physical signs of affection, especially when a child is feeling upset or distressed about something. Project staff consider that it is very important and healthy to respond to children's emotional needs. In doing so, project workers are careful to ensure that their actions are completely transparent. Significantly, their outward signs of affection towards children and appropriate sharing of emotions are often observed, and learnt, by visiting parents.

The centre work in close partnership with the Mater Child Guidance Clinic, who provide assessments, therapeutic support and advice on a needs basis. The project leader obtains funding approval to access additional services needed. Children have benefited from art and play therapy sessions.

The centre does not subscribe to any particular therapeutic model. The project staff team identify strongly with a child-centred approach, in which children's needs are assessed and met on an individual basis.

4.10.3 Preparation for leaving care

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

According to a statement within the centre's written discharge procedures, children should ordinarily leave the centre as part of a planned process. This is an important principle, which perhaps deserves a more prominent place within the centre's policies.

Most children eventually return to their families from the centre, although recently one young person opted to leave care to live with his girlfriend's family. Preparation and planned support was available but the young person chose to move on before taking advantage of this.

The centre recognises that preparation for leaving care is important, whether this involves children returning home or young people setting up home on their own. There is evidence of the centre being supportive of children leaving care and young adults who have left. Project workers maintain good contacts with former residents and there is a warm welcome for them whenever they return.

However, the good practice that is taking place needs to be grounded in clear written policy statements. These should set out how children should be prepared for leaving care and the support they are entitled to from the health board when they do. This is to ensure that children receive a consistent service when leaving care, irrespective of whether a written care plan has been produced or social worker allocated.

Recommendations

- The health board should have a written leaving care and aftercare policy, which informs practice at the centre and outlines the preparation and services required to support care leavers.

4.10.4 Physical aspects of the residential centre

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

The centre has benefited from a recent upgrade in decoration and furnishings. The centre is an attractive, terraced house close to all local amenities and transport. The centre provides a nice, spacious residence for children, which they confirm is a good place to live.

The building fits in well with the local community. The children each have their own bedrooms at present, however, if the centre accommodated its full capacity of six children some sharing of bedrooms would be required.

There is good evidence of it being a home for children. There are lots of toys, children's books and videos. There are plenty of photographs on display and paintings done by the children. Bedrooms are large, colourful and personalised with the children's own effects. Children are consulted on how these are decorated. These are exceptional bedrooms, and amongst the nicest that inspectors have seen to date.

4.10.5 Respect of child's privacy, dignity and individuality

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

The quality of children's lives at the centre is enhanced by project workers who respect their individuality, dignity and privacy. Children are supported in pursuing personal hobbies and interests.

Special days are celebrated (e.g. Christmas, Easter, birthdays etc.). Children are facilitated in making some choices in their daily lives, typically on matters concerning buying clothes, use of pocket money, meals, decorations, trips out and holidays. Respect is shown for children's privacy, as reflected in the practice of project staff knocking on doors before entering children's bedrooms. Children are facilitated in meeting family members in private, where they wish. Project workers respect children's need, at times, to be alone and children have reasonable access to use of a telephone.

Project staff understand professional requirements to treat information about children and their families in confidence. They have good knowledge about children's backgrounds, which enables them to promote within each child a positive sense of who they are. Written information is kept safety stored and project workers avoid talking about children in front of others.

Children's positive sense of worth is enhanced by their seeing the respect shown to their families. At the centre the family is acknowledged as a significant source of the child's heritage and identity.

The centre is consistent in recognising and celebrating children's achievements. Project staff quite freely give praise and encouragement for their efforts.

4.10.6 Education

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

One child is in secondary education, whilst three children are in primary education. The centre maintains close links with the children's schools. Project workers reported that communication between them is good and the centre is informed of any difficulties that arise at school. Two of the children continue to attend the school they were at when admitted to the centre, even though this is outside the local area. The decision was in part taken because the children were very settled in that school. The children's own views were

taken into account in reaching the decision. Additionally, parents are encouraged to take an increasing interest in their children's education.

All four children are said to be doing well in school, with progress noted in academic performances, attendance records and behaviour. Project workers support children in other practical ways. They get schoolbooks, uniforms, and money for school trips; and regularly help children with their homework assignments. They transport the two children who attend school outside of the area.

4.10.7 Health Care

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

Children's healthcare needs are attended to. There is a general practitioner for the centre. All children receive medical examinations on admission. Records show that all of the children have regular medical and dental check-ups and access, as appropriate, to specialist medical care.

A neighbourhood youth project does some preventative work with the children on sexual health, sexuality and relationships. This is complemented by work that some project workers engage in, which also explores drugs issues with children.

Medicines are secured safely and project staff keep good records of all prescribed medication administered to children.

4.11 Administration

4.11.1 Fire precautions

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

The centre has benefited from having been brought up to fire certificate standard, with the installation of the L1 type fire alarm system, emergency lighting and fire doors. This was confirmed in a letter from the Eastern Regional Health Authority's Fire & Safety Officer, dated 19th July 2001.

The centre has recently introduced a fire safety register form, which is intended to assist in completing all necessary checks.

The house benefits from having fire escape routes clearly marked. However, inspectors did note one designated fire door was locked. There is uncertainty about whether this door is intended to be an escape route. Further advice on this is being sought from the Fire & Safety Officer. If this door is an escape route then people must have some reasonable means of opening it.

Conversely, if it is not then the "emergency exit" sign above it should be removed.

The project leader advised inspectors that fire extinguishers are being regularly maintained and, that seven fire drills have taken place in the last two years. Recording of fire drills; staff training in fire safety and evacuation procedures; and, maintenance of fire safety equipment are all evident.

A recent safety audit report (see paragraph 4.11.5) highlights some potential fire hazards, including failures in ensuring the servicing and maintenance of fire safety equipment.

Recommendations

- The centre should ensure fire drills, maintenance of fire safety equipment and staff training in evacuation procedures are all consistently recorded.

4.11.2 Insurance

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

The centre is covered under a fire combined policy, underwritten by the Irish Public Bodies Mutual Insurances Limited. The policy is applicable to all children's residential centres run by the health board. The policy provides adequate cover against employer's liability, public liability, accidents to children or staff resulting in injury and damage to property.

4.11.3 Young people's records

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

Young people's files are generally well organised, with the layout affording easy access to information sought. They are helpfully divided into sections, typically including legal documents, reviews, key-working, school and miscellaneous. Not all have a separate medical section and this is worth considering. All of the files have a completed referral form, which contains detailed family information and a social history. Consistency of practice here is helped by the centre making the completion of its referral form an integral part of its admissions procedure.

However, some inconsistencies and incompleteness were found. One file had relatively little content, and another contained a different child's referral form. The files do not show a consistent record of visits by family, although social work visits are recorded. The reasons for this are the numerous contacts with

their family, none of which are subject to formal access arrangements. Visits by family are not seen as a significant occurrence, but part of children's everyday life experience. Consequently, whilst these are noted in daily log books, project staff understandably do not feel compelled to make a separate record of family visits on children's files. The centre might consider the case for periodically doing so; taking account of the fact that children's files provide a permanent and transferable record of their lives in care.

4.11.4 Administrative records

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

There is general practice of recording all events in the daily log books. This provides a useful system of internal communication, enabling project workers to be kept informed of what is happening with children. However, the practice can make it difficult to form an overall picture of significant events, such as unauthorised absences, use of physical restraint, complaints, use of sanctions and accidents or injuries to children. Inspectors advise keeping a separate record of these, as doing so contributes towards making the centre more professionally accountable. To its credit, the centre has recently introduced a sanctions book, in the form of a diary.

The centre maintains a range of administrative recording systems, which generally contribute towards the efficient running of the centre. Difficulties are, however, being experienced in the operation of petty cash and funding systems. Some of these are highlighted in a report by residential managers from community care area 7 entitled; *"Report in relation to the financial arrangements for the operation of the residential units"*. The report includes constructive suggestions for ways of improving the present system.

Recommendations

- The centre should develop separate systems for recording unauthorised absences, use of physical restraint, complaints and accidents or injuries to children.

4.11.5 Safety

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

The centre has issued guidelines intended to making the living and working environment safe. These include a safety statement, which is specific to the centre. It is derived from the Health, Safety and Welfare at Work Act and sets out responsibilities incumbent upon project staff and the centre's manager. It was issued by the Eastern Health Board and, in this regard, would benefit from

being updated. The Northern Area Health board has issued informative statements outlining the basic food hygiene rules and, policy and procedures regarding fire safety.

Practice is in line with keeping the premises safe. Food in the refrigerator had been stored in accordance with the basic food hygiene rules. Safe work practices, such as secure storage of medicines, cleaning materials and potentially dangerous utensils, are observed. Repairs and damage are reported promptly to the health board's maintenance section. These are generally responded to quickly whenever there are health and safety concerns.

The centre has recently assigned a project worker the task of acting as the centre's health & safety officer and two members of staff are trained in first aid.

A safety audit was carried out on 17th May 2001, which highlights major improvements in the structural aspects of the building.

However, the safety audit also identifies twenty-four potential hazards. Some of these have received necessary attention, whilst others remain outstanding.

Recommendations

- The centre and the health board should ensure that all outstanding work, identified within the safety audit, is completed.

4.11.6 Maintenance of Register

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

Information on children admitted to the centre is not being recorded in a central register.

The previous practice of a register being maintained at the health board's administrative offices in Park House is no longer being consistently applied.

Recommendations

- The health board should keep a general register of all children admitted to the centre, and ensure that this records details as required under Section 21 of the Child Care Regulations 1995.

4.11.7 Supervision and visiting of young people

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

Two of the four children at the centre have no social worker.

A brother and sister have the same social worker. Project workers keep an excellent and discrete record of her visits, which show a pattern of visiting about every two months. The social worker is able to see the children in private and, on occasion, takes them out of the centre. The children look forward to these visits and feel that they can talk to their social worker. The quality of social work visits is good, but could be improved by the social worker occasionally seeing the records that the centre keeps in respect of the two children. The social worker would be more able to determine the extent to which the requirements of the Child Care Regulations 1995 were being met. Also, as an important safeguard, it would help corroborate other evidence the social worker has about the placement continuing to meet the needs of the child.

The two children without social workers have no authorised person to visit them. This is a significant omission and both children are being denied an essential aspect of their care.

Recommendations

- The health board should ensure that all children at the centre are allocated a social worker.

- Social workers should consistently examine the records kept, in order to satisfy themselves that children are being cared for in a manner consistent with the requirements set out in the Child Care Regulations 1995.

4.11.8 Monitoring of standards

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

There are no adequate arrangements in place for monitoring standards of care at the centre. Community care managers advised inspectors that this matter is receiving attention within the health board.

Recommendations

- The health board should put in place arrangements for monitoring, ensuring compliance with Article 17 of the Child Care Regulations 1995.

4.12 Physical Restraint

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

Project staff have received training in therapeutic crisis intervention (TCI), but are still to benefit from the follow-up training. Written policy guidelines have been issued, detailing how TCI is to be implemented. However, the project manager advised inspectors that the entire TCI programme of training is currently undergoing revision, by the health board, due to concerns about its adequacy.

In practice, there have been seven occasions within the past year where physical restraint has been used in the centre. These show that only one child has been restrained during this period. For the most part project workers successfully use de-escalating techniques to calm children down. Project staff explained that their reluctance to use physical restraint techniques was due to the gaps in training and an opinion that insufficient staffing levels make it difficult for them to apply those elements of TCI properly.

Uses of physical restraint are recorded in the children's individual log books. In consequence, recording materials specifically developed for TCI are not used.

Also, current records do not verify whether the child who has been physically restrained had any of them followed up with life space interviews. Project workers were not conclusive on this issue.

Recommendations

- Project workers should be supported in the completion of their training in therapeutic crisis intervention.

- Use of physical restraint should be recorded so as to assist monitoring, inspection and social work visits.

5. Summary of Recommendations

Admissions criteria and policy

- The centre should update its admission procedures and ensure more consistent practice.

Care plans

- The health board should ensure that there are written care plans, for all children at the centre. These should be produced in accordance with requirements set out in Article 23 of the Child Care Regulations 1995.

Review of care plans

- Reviews should take place on a regular basis, in accordance with the needs of each child, and the requirements of Article 25 of the Child Care Regulations 1995.

Staff support and supervision

- The project leader should ensure that all project workers benefit from receiving formal supervision on a regular basis.

Consultation

- The centre and senior managers within the health board should issue guidance to child care and social work staff on children's consultation, having regard to the standard set by Article 12 of the United Nations Convention on the Rights of the Child (1989).

Complaints

- The health board should develop and adopt one single, clear complaints procedure, which should be modelled on known best practice in children's complaints work. This should be in operation at the centre.

Access to information

- The health board should ensure that its policy statements relating to freedom of information are implemented in respect of children's residential care and social work services.

Child protection and safeguarding issues

- The centre should ensure that its policies and procedures for responding to allegations of abuse against project staff are fully integrated with health board child protection procedures.

- The centre and senior managers within the health board should ensure that these procedures and policies are informed by requirements set out in *"Children First: National Guidelines for the Protection and Welfare of Children"* (Department of Health and Children, September 1999).

Preparation for leaving care

- The health board should have a written leaving care and aftercare policy, which informs practice at the centre and outlines the preparation and services required to support care leavers.

Fire precautions

- The centre should ensure fire drills, maintenance of fire safety equipment and staff training in evacuation procedures are all consistently recorded**.**

Administrative records

- The centre should develop separate systems for recording unauthorised absences, use of physical restraint, complaints and accidents or injuries to children.

Safety

- The centre and the health board should ensure that all outstanding work, identified within the safety audit, is completed.

Maintenance of register

- The health board should keep a general register of all children admitted to the centre, and ensure that this records details as required under Section 21 of the Child Care Regulations 1995.

Supervision and visiting of young people

- The health board should ensure that all children at the centre are allocated a social worker.

- Social workers should consistently examine the records kept, in order to satisfy themselves that children are being cared for in a manner consistent with the requirements set out in the Child Care Regulations 1995.

Monitoring of standards

- The health board should put in place arrangements for monitoring, ensuring compliance with Article 17 of the Child Care Regulations 1995.

Physical restraint

- Project workers should be supported in the completion of their training in therapeutic crisis intervention.

- Use of physical restraint should be recorded so as to assist monitoring, inspection and social work visits.