



**SOCIAL SERVICES
INSPECTORATE**

A

CHILDREN'S RESIDENTIAL CENTRE

IN THE

HSE Dublin North Central

FINAL

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1. Analysis of Findings

The Social Services Inspectorate (SSI) carried out an announced inspection of a children's residential centre in the Health Service Executive Dublin North Central (HSE DNC) under the provision of Section 69(2) of the Child Care Act, 1991.

The centre, located in an attractive mid-terrace two-storey house with an attractive garden, was situated in the community it serves, close to the city centre. It provided a flexible medium to long term residential service for the HSE DNC catchment area for six boys and girls between the ages of 6 and 12 years. At the time of inspection there was one teenage boy aged 19 years, living there. The other children comprised two sibling groups comprising two sisters and one brother and two brothers respectively. Their ages ranged from 6 to 12 years. There was no waiting list.

The centre had previously been inspected by SSI in 2001. With the exception of the provision of formal staff supervision, all recommendations arising from that inspection had been implemented.

Practices that met the required standard

This centre provided a service of a high standard to the children. It had a unique and distinct identity understood by the children, parents and relatives, staff, other professionals and the local community. It accepted referrals only where the children had a direct connection to the north inner city. Its purpose and function stressed the critical importance of the children's involvement and connection to their family and the community to which they belong. The centre's objective was to strengthen and reinforce the child's relationship with their family to enable them to regain their place within their family or to exploring a suitable alternative if the objective of returning home proved unattainable.

There was a strong emphasis on partnership with statutory and voluntary agencies. In particular there was a commitment to continue community contact in relation to all aspects of the children's lives. The centre was outward looking. It was recognised that the area had suffered social disadvantage and isolation and there was a commitment to wider social justice. The staff team was flexible in its support to the local community, with for example, former residents dropping in for advice long after they had left the centre. As the centre ensured children attended either local school or their school prior to coming to live in the centre, any stigma associated with being in care was minimised. One parent told inspectors that before she agreed to her children coming to live in the centre she spoke with other parents whose children had lived in the centre in the past and they were positive about the experience. It was well integrated as a community service.

Inspectors found impressive, well qualified, dedicated and enthusiastic professionals who together formed a skilled team. They were committed to providing an excellent service to the children in their care and to providing as much support as possible to their families to whom they visited at home. There was a warm, caring and child centred atmosphere in the centre. As one young person expressed it "staff are nice people, and the place is very calm". One parent put it "the staff are very kind and helpful, they love the kids and the kids love the staff". The ability to inspire this level of trust is commendable.

There was a good balance of age and experience on the staff team. Some of the staff team had worked in the centre well over 10 years, in some cases over 20 years, yet there was a creative, vibrant freshness in their approach to their work with the children. Inspectors found the staff team were thoughtful and reflective in their care of the children. There was a good rapport and a sense of fun between staff and children.

There were only two male members of staff including the manager and inspectors urge the HSE to continue their efforts to increase the male/female ratio. The staff were respectful of each other and recognised each others different skills. The majority of centre staff were qualified. The HSE DNC had a policy of enabling all staff to obtain the required qualifications, and other training as needed. Inspectors commend the HSE DNC managers for supporting staff in this way. Newly appointed staff received formal induction training. All staff had received training in Therapeutic Crisis Intervention (TCI) and Children First Guidelines.

Inspectors found the centre management was of a high quality. The manager was highly respected by staff, parents, and children. He provided leadership and direction and inspired confidence among the staff team. He recognised individual staff talents and valued differences, capitalising on their strengths. He encouraged staff to be open about each others care practices. He was ably supported by a deputy centre manager. There was a management culture of consultation and inclusiveness, and consequently there was a strong cohesive team with high morale. The manager was available to the staff on a daily basis for consultation and staff found him strongly supportive of them. He worked shifts when it was needed. The children knew him very well. He was well informed on all aspects of the centre's care practices and on the needs of the individual children. He had the confidence of the children and they told inspectors that they could see him any time they wished. One child said that she "would talk to the manager if something was wrong and he would sort it out". He in turn was supported by the alternative care manager who had fortnightly meetings with him at the centre and was accessible as required. The centre was actively supported by HSE senior managers and the manager told inspectors that their response to requests about any aspect of the centre, whether service provision or resource issues was flexible and swift. This is commendable. The centre also had the services of an independent external consultant psychotherapist (who had a background in residential care), monthly. He helped staff explore alternative strategies in working with the children and their families. Team meetings occurred on a weekly basis. Staff interviewed by inspectors found these meetings supportive where all team members were explicitly encouraged to give their opinions and these were respected by all.

The centre had extensive written policies on all aspects of the care of children in the centre. These were in the process of being reviewed by the HSE DNC managers in consultation with staff at the time of inspection.

There was an awareness of children's rights at the centre. Practice in relation to consultation with the children was good. This was strongly emphasised in the children's booklet. The children told inspectors that they were consulted about all aspects of their lives. They were encouraged and facilitated in their care and placement reviews. They prepared written submissions for the reviews. They were asked about day to day things such as the weekly menu. They choose the colour scheme for their bedrooms. They were given a wide choice in relation to leisure activities. The children had their own meetings prior to staff meetings. Practice in relation to the children's right to information was also good. Some of them read their log books and files from time to time. There was a written policy on complaints understood by the young people and staff. One young person told inspectors that if he

made a complaint about bullying, for instance, it would be stopped. There was now a complaints register. There was a complaint in the past year made by a relation of one of the children and this was dealt with in a satisfactory manner.

Inspectors found that the children were well cared for and related well to the managers and the staff team. There was a high level of cooperation between the staff and the children. There was an air of affection and fun between them. The staff team told inspectors that a good relationship with the young people and an understanding of them and their families was the key factor in managing behaviour. The manager told inspectors that this was done through helping the children respect themselves; understand the needs of others, and promoting positive values such as a sense of fairness and justice. This was done through everyday normal interactions and discussions and creative flexible responses to situations as they emerged. For example, recently staff noticed some minor tensions between some of the children about their respective families at the centre. The manager called a meeting between two sets of parents and their 5 children and issues were talked through in a manner that was respectful and caring of each other. This was a very positive meeting with the constructive outcome of staff, children and their parents coming together and powerfully modelling and reinforcing a consistent attitude of respect for each other. There were three such meetings in the past year. This was excellent practice. There was an emphasis on giving the children the opportunity to develop positive relationships which assisted them in learning the skills of co-operation, sharing, negotiating, assertiveness and sensitivity to the needs of others. This was the common team approach and it was evident in practice.

There were no physical restraints in the past year. There was a strong emphasis on the therapeutic aspects of TCI and it was implemented in a thoughtful way within an overarching ethos of care. The children each had an individual crisis management plan understood by all and they knew what was expected of them. One parent interviewed told inspectors that since her children came to the centre their self esteem and self confidence had really improved and they had developed a relaxed self confidence.

Sanctions such as minor fines or a slightly earlier bedtime were used in a discretionary way and would often be withdrawn if behaviour improved. An apology was often enough. Sanctions did not feature as a concern to the children. The more common response to difficulties was talking to the children and teasing issues out. Inspectors commend the staff team for their approach in managing behaviour. There were no unauthorised absences in the past year.

The children were involved in leisure activities such as football with a local team, dancing and singing classes, homework clubs and local youth clubs. During the year some of the children had been to France and America. It was planned to get a cottage in the country by the sea for the summer holidays and the children were looking forward to this.

The children were facilitated to attend religious services and three of the children attended on a weekly basis. Two of the children sang in a church choir. The staff and one of the children told inspectors that they really enjoyed this as it further developed their self-confidence in music and reading skills. Consequently special efforts were made by staff to ensure that they didn't miss it if at all possible.

The centre had a progressive policy and modal of practice for involving families in the daily lives of their children. Practice was of an exemplary standard. Parents told

inspectors they were always welcomed and treated with respect. Relatives and friends could call in and often stayed for meals. The centre encouraged families to visit as often as possible and overnight stays at home were encouraged where feasible. There was a collaborative approach to the children's care between the parents and the centre. Inspectors had a meal with the children, their parents and some of the staff team and observed that a relaxed respectful atmosphere predominated. Parents and staff knew each other well and were very comfortable in each others company. One parent told inspectors that by and large they can visit any time and are welcomed. Another parent said that although he was not always in agreement with the centre staff, they were "sound and got on with things". One child told inspectors that the staff were always nice to his mum and dad. This level of collaboration is commended.

The standard on education was well met. The staff team placed a high value on education. There had been school attendance difficulties with some of the children prior to coming to the centre. All the children were now attending school. Questionnaires completed by the teachers were positive about the care of the children and the attention their education was receiving by the staff team. Key workers attended parent teacher meetings and assisted them with their homework. The children had educational programmes crafted to their individual needs. Individual tutoring was made available to some of the children in the centre and the children were making steady progress. One parent told inspectors the children loved getting this in the centre as it was private and now they enjoyed going to school because "they can do their school work as good as everyone else in the class". Parents obtained copies of school reports. The centre is commended for attaching such importance to the provision of education.

Inspectors found that young people in this centre received a good standard of primary care and their health needs were met. Access to emotional and specialist support was good. Where there was difficulties the manager could assess the required service privately. There was a high standard of key working. Inspectors saw evidence of focused work such as life story work with the children. There was a good degree of inter- professional work and inter-agency cooperation between the centre and other specialised services such as a local counselling centre and a child guidance clinic which offered counselling and advice to some of the young people and their families.

No children were discharged in the past year. Practice in relation to aftercare was good.

In general the filing system was excellent and information was easy to access. The centre had a register that contained all information required by regulation.

The centre had recently been refurbished to a high standard and was homely. There were four bedrooms. Two of the children had their own single room, two sisters shared a third bedroom and two brothers share the fourth bedroom. They personalised their rooms with family pictures and posters. The bedrooms were painted in colours chosen by the young people.

Practices that met the required standard in some respect only

Inspectors found that standards were partially met in relation to some aspects of the contact and communication between supervising social workers and the centre, care planning and review, notification of significant events, formal supervision, staffing, and vetting.

Although there was generally good relations between the social work department and the centre, inspectors found that there were some communication difficulties. This was mainly around contact between the social workers and the centre and some decisions in relation to the children. Greater communication at management level, with discussion and agreement about roles would facilitate cooperative working and dovetail their complementary services at practitioner level.

Generally the children got a good social work service. In some cases there was a professionals meeting every three weeks. However, in one case although meeting had taken place a sibling group had not been visited in seven months. Visits need to be increased in this case. At the time of inspection the HSE DNC was restructuring aspects of the social work service. One social worker for two of the children told inspectors that she was in the process of transferring to another part of the social work service because of this. This meant that at a very important time in the planning for their future care, the children have to adjust to a new social worker who in turn has to get to know them and their needs.

All the young people had care plans. Placement plans were informed by care plans. However, some of the goals of care plans needed to be clearer as these were very young children in residential care. More discussion was needed between the centre and the social worker. For example for one sibling group, foster care and reunification with family were both mentioned as a goal. There needed to be more details on the needs of the children in some cases. The children and their parents were consulted and their opinions were reflected in care planning decisions. Statutory reviews were also taking place in all cases. This informed the care plans. However, a statutory care review in relation to two children was adjourned pending a case conference and subsequently a family conference. A child care manager was on sick leave and the conference was adjourned pending his return. The proper forum for planning for the children in care is a statutory review and this should proceed without delay. Minutes of care plan reviews needed to be sent to the centre more expeditiously.

Although the manager was available for consultation on a daily basis, formal staff supervision was not occurring. The manager told inspectors that he valued supervision but given all his other responsibilities found it difficult to allocate time for it as there were no childcare leaders at present to share the supervision task with. HSE managers told inspectors that interviews for three child care leaders' posts with responsibility had taken place and appointments were imminent. Formal staff supervision would be part of these responsibilities.

There was a comprehensive written policy on safeguarding and child protection. All the staff interviewed by inspectors showed a high degree of awareness of child safety and protection issues. They were clear about what they would do if they had any concerns. There was a clear anti bullying policy and the children were clear that if it occurred the staff would stop it immediately. Inspectors were concerned, however, that a child protection concern was dealt with within the centre and, some time later, the social work department were informed about it. This is not consistent with Children First guidelines. The matter should have been immediately notified to the social work department and that department should have decided, preferably in consultation with the centre manager, on the appropriate course of action to take.

The vetting of staff members was incomplete. All staff employed at the centre now had garda clearance. However, one of the staff team employed in the past two years had not three references as required. Inspectors recommend that these are pursued and

in future three references are obtained prior to the commencement of employment. A combination of factors in the recent past including a staff member completing the required qualification, maternity leave and some staff opting for part time work meant that some agency staff had been required to support the permanent staff. However, a new service had been developed by a neighbouring child care agency whereby they employ agency staff directly and are responsible for all aspects of vetting. It was now practice wherever possible to contract experienced staff from this agency that were already known to the children.

A health and safety audit had been completed in 2004 but no report had been issued. Inspectors were told by HSE DNC managers that another audit was going to be commissioned shortly. Inspectors would recommend that this be completed as soon as possible.

Inspectors await written confirmation that all statutory requirements relating to fire safety and building control have been complied with.

Practices that did not meet the required standard

The HSE DNC did not have a monitor in place at the time of inspection. The HSE told inspectors that it was planned to expand this service to three staff. Interviews had taken place but as yet no suitable candidate has been found. Inspectors recommend that these posts be filled as soon as possible.

2. Introduction

The Social Services Inspectorate (SSI) carried out an announced inspection of a children's residential centre in the HSE DNC. Kieran O'Connor (lead inspector) and Andrew Fagan (support inspector) conducted the inspection over a three day period from the 27th to the 29th of June 2006.

2.1 Methodology

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

- The centre's mission statement of purpose and function
- The centre's policies and procedures
- The young people's care plans
- Questionnaires completed by social workers
- Questionnaires completed by teachers
- Questionnaires completed by the young people's parents
- The young people's care files
- Administrative records
- ICON: Young people at Risk Initiative: strategic plan

In the course of the inspection, inspectors interviewed:

1. The centre manager
2. Six social care workers
3. Four young people
4. Three social workers
5. The alternative manager
6. The general manager
7. Three parents of five of the young people.

2.2 Acknowledgements

Inspectors wish to acknowledge the co-operation of the young people, their parents, staff and all other professionals involved in this inspection.

2.3 Management structure

The centre manager reported to the alternative care manager who in turn reported to the child care manager who reported to the general manager. The centre manager was assisted by a deputy manager.

2.4 Data on young people

| Young Person | Age | Length of Placement | No. of previous placements |
|---------------------|------------|----------------------------|--|
| #1 (male) | 19yrs | 12 yrs | None |
| # 2 (female) | 12yrs | 1yr 3mths | None |
| 3(male) | 6yrs | 1yr 3mths | None |
| 4(female) | 12yrs | 1yr 3mths | none |
| 5(male) | 11yrs | 3yrs | 2 relative foster placement foster placements |
| 6(male) | 9yrs | 3yrs | 2 relative foster placements 2 foster placements |

3. Findings

3.1 Purpose and function

Standard

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

| | <i>Practice met the required standard</i> | <i>Practice met the required standard in some respects only</i> | <i>Practice did not meet the required standard</i> |
|----------------------|---|---|--|
| Purpose and function | √ | | |

3.2 Management and staffing

Standard

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

| | <i>Practice met the required standard</i> | <i>Practice met the required standard in some respects only</i> | <i>Practice did not meet the required standard</i> |
|------------------------------------|---|---|--|
| Management | √ | | |
| Register | √ | | |
| Notification of significant events | | √ | |
| Staffing | √ | | |
| Supervision and support | | √ | |
| Training and development | √ | | |
| Administrative files | √ | | |
| Vetting | | √ | |

Recommendations:

1. The HSE DNC should ensure that social workers, the alternative care manager, and all other relevant parties are expeditiously notified of all significant events.
2. The HSE DNC should ensure that in future three references are obtained on all staff prior to employment.

3. The HSE DNC should proceed with their plan to appoint three child care leaders with managerial responsibilities to the centre as soon as possible.
4. The HSE DNC should ensure that there is regular formal staff supervision of the staff team.

3.3 Monitoring

Standard

The health board, for the purposes of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the health board to monitor statutory and non-statutory children’s residential centres.

| | <i>Practice met the required standard</i> | <i>Practice met the required standard in some respects only</i> | <i>Practice did not meet the required standard</i> |
|------------|---|---|--|
| Monitoring | | | √ |

Recommendation:

5. The HSE DNC should ensure that the monitoring officer’s post is filled as a matter of priority.

3.4 Children’s rights

Standard

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.

| | <i>Practice met the required standard</i> | <i>Practice met the required standard in some respects only</i> | <i>Practice did not meet the required standard</i> |
|-----------------------|---|---|--|
| Consultation | √ | | |
| Complaints | √ | | |
| Access to information | √ | | |

3.5 Planning for children and young people

| Standard 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. | | | |
|---|---|---|--|
| | <i>Practice met the required standard</i> | <i>Practice met the required standard in some respects only</i> | <i>Practice did not meet the required standard</i> |
| Suitable placements and admissions | √ | | |
| Statutory care planning and review | | √ | |
| Contact with families | √ | | |
| Supervision and visiting of young people | √ | | |
| Social work role | | √ | |
| Emotional and specialist support | √ | | |
| Preparation for leaving care | √ | | |
| Aftercare | √ | | |

Recommendations:

6. The HSE DNC should ensure that the principle social worker, the centre manager and alternative care manager address concerns about communication and clarity of roles in relation to social work and social care tasks and responsibilities.
7. The HSE DNC should ensure that statutory care planning reviews are the central and appropriate forum for decisions in relation to planning for children in their care.
8. The HSE DNC should ensure that all young people have statutory reviews within the time frame as required by regulation to avoid any element of placement drift.

3.6 Care of young people

Standard

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

| | <i>Practice met the required standard</i> | <i>Practice met the required standard in some respects only</i> | <i>Practice did not meet the required standard</i> |
|--|---|---|--|
| Individual care in group living | √ | | |
| Provision of food and cooking facilities | √ | | |
| Race, culture, religion, gender and disability | √ | | |
| Managing behaviour | √ | | |
| Restraint | √ | | |
| Absence without authority | √ | | |

3.7 Safeguarding and Child Protection

Standard

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

| | <i>Practice met the required standard</i> | <i>Practice met the required standard in some respects only</i> | <i>Practice did not meet the required standard</i> |
|-----------------------------------|---|---|--|
| Safeguarding and child protection | | √ | |

Recommendation:

- The HSE DNC should ensure the social worker is notified as soon as practicable of any complaint by a young person in particular when it concerns aspects of safety or child protection.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

| | <i>Practice met the required standard</i> | <i>Practice met the required standard in some respects only</i> | <i>Practice did not meet the required standard</i> |
|-----------|---|---|--|
| Education | √ | | |

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

| | <i>Practice met the required standard</i> | <i>Practice met the required standard in some respects only</i> | <i>Practice did not meet the required standard</i> |
|--------|---|---|--|
| Health | √ | | |

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 & 13 of the Child Care Regulations, 1995.

| | <i>Practice met the required standard</i> | <i>Practice met the required standard in some respects only</i> | <i>Practice did not meet the required standard</i> |
|-------------------------|---|---|--|
| Accommodation | √ | | |
| Maintenance and repairs | √ | | |
| Safety | √ | | |
| Fire safety | | √ | |

4. Summary of recommendations

1. The HSE DNC should ensure that social workers, the alternative care manager, and all other relevant parties are expeditiously notified of all significant events.
2. The HSE DNC should ensure that in future three references are obtained on all staff prior to employment.
3. The HSE DNC should proceed with their plan to appoint three child care leaders with managerial responsibilities to the centre as soon as possible.
4. The HSE DNC should ensure that there is regular formal staff supervision of the staff team.
5. The HSE DNC should ensure that the monitoring officer's post is filled as a matter of priority.
6. The HSE DNC should ensure that the principle social worker, the centre manager and alternative care manager address concerns about communication and clarity of roles in relation to social work and social care tasks and responsibilities.
7. The HSE DNC should ensure that statutory care planning reviews are the central and appropriate forum for decisions in relation to planning for children in their care.
8. The HSE DNC should ensure that all young people have statutory reviews within the time frame as required by regulation to avoid any element of placement drift.
9. The HSE DNC should ensure the social worker is notified as soon as practicable of any complaint by a young person in particular when it concerns aspects of safety or child protection.