A HIGH SUPPORT UNIT
IN THE
HEALTH SERVICES EXECUTIVE
SOUTHERN AREA

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1 Executive summary

The Social Services Inspectorate (SSI) carried out an inspection of a High Support Unit (HSU) in the Health Services Executive (HSE), Southern Area in June 2005. This inspection was one of a themed inspection of all 13 designated high support units throughout the country that focuses on behaviour management. The inspection examined the purpose and function of the unit, the management and staffing arrangements, practice in relation to children's rights, care planning, and the overall standard of care practice. This section contains a brief summary of the main findings and conclusions. Readers wishing a more detailed account should refer to the main sections of the report.

The high support unit, established in 2000 was located in a purpose built unit in the HSESA. It provided high support care for a maximum of three girls between the ages of 12-17 years, referred by the HSE Southern Area. At the time of inspection there were three young people resident in the unit.

The statement of purpose and function required revision to more adequately describe the type of service provided and the model of care used in the unit.

The unit was well managed. There were good systems in place for the supervision, support and training of staff. Management and staff were well supported by a range of professionals external to the unit. A core of team members had been with the unit since it was established. This provided stability and continuity. Sick leave was low. The unit had experienced difficulties in the past but there was evidence that under the guidance of new management learning had taken place and the unit was now providing a more effective service to the young people in their care.

Attention to children's rights was good.

The three young people had allocated social workers that maintained regular contact with them. All of the social workers were extremely positive about the quality of care the young people received in the unit. While the three young people had care plans there were some deficiencies in adherence to the statutory requirements for care planning and review.

Clinical assessment, the keyworker system, comprehensive placement plans and the direct work undertaken by keyworkers and other professionals were important aspects of the work of the unit in meeting the emotional and psychological needs of the young people.

The day to day care of the young people was a key strength of the unit. The young people were very positive about their care, and spoke particularly warmly of staff and managers. Their health and educational needs were well attended to.

The main emphasis in relation to management of behaviour was the promotion of learning through every day interactions and assisting young people in taking responsibility for their behaviour. The young people were clear about what was expected of them. While there were few rules, there was a common understanding of mutual respect and safety within the group living environment. Therapeutic Crisis Intervention (TCI), in particular the de-escalation techniques associated with that model in defusing volatile situations, was regarded by staff as having a major beneficial impact on the team's approach to behaviour management.

A significant finding of the inspection was the high level of unauthorised absences the young people were engaged in, resulting in serious concerns for their safety. While this had diminished somewhat, inspectors were concerned to find that such significant incidents were not sufficiently integrated within the care planning or child protection notifications systems to ensure that placements were still appropriate and that all reasonable measures were being taken to promote the safety and welfare of the young people.

The previous inspection report found a somewhat rigid and at times institutional approach to care in the unit. This was not in evidence during this inspection. Staff described, and inspectors observed, a more individual and needs led response which facilitated a more flexible and child-centred approach to care. Notwithstanding the inspectors concerns in relation to unauthorised absences, many of the elements that most directly affect the unit's capacity to manage, safely and well, the behaviour of the young people were present.

2. Introduction

The Social Services Inspectorate (SSI) carried out an inspection of a High Support Unit (HSU) in the Health Services Executive, Southern Area under the provisions of section 69 (2) of the Child Care Act, 1991. The inspection was part of a cluster inspection of the thirteen designated HSU'S that are managed throughout the country. The aim of this inspection is to compare the approach to management of behaviour across the various units and to draw some general conclusions in relation to good practice. There will be a report of each individual inspection. When all inspections have been completed a composite report will be published and SSI will issue guidance notes on good practice in relation to behaviour management.

This inspection took place over a period of three days (21st, 22nd, 23rd 2005). The inspectors involved were Kieran O' Connor and Ann Ryan (lead inspector).

2.1 Methodology

During the inspection inspectors interviewed the acting unit manager and acting senior child care leader, four child care staff, the three young people resident in the unit, two social workers, one of whom supervised two of the young people, two parents, the monitoring officer, the senior clinical psychologist, the general manager and child care manager. Telephone interviews were held with three parents. Unit records and care plans were examined.

2.2 Acknowledgements

Inspectors wish to acknowledge the cooperation and assistance of the young people, managers and staff and the other professionals who participated in the inspection.

3. Setting the scene:

3.1 Background

The high support unit was established by the HSESA in February 2000 and was located in a large purpose built unit. Managed by the HSE Southern Area, it provided a regional service to the former Southern Health Board.

3.2 Data on young people

At the time of inspection there were three girls resident in the unit.

Young people	Age	Legal status	Length of placement in unit	Number of previous placements
Young person #1	17 years	Care order	7 months	1
Young person #2	15 years	Voluntary	6 months	0
Young person #3	17 years	Voluntary	2 months	2

4. Standards: the findings

4.1 Statement of purpose and function

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

The unit had a policy and procedure document which contained a statement of purpose and function. These were stated as functional from January 2005 and subject to annual review.

The statement of purpose and function described the unit as providing high support care to young women aged 12-18 on a short to medium term. The aim of the unit was described as attempting to 'to provide short to medium term care enabling the young women to meet the objectives of their placement plans within a safe and healthy living environment'. The statement made no reference to the unit's catchment area, and it could be enhanced by providing a definition of short to medium care.

However the main deficit was that there was no reference to the model of care provided. The work of the unit was described as the achievement of placement plan objectives for each of the young people admitted. Partnership with parents was emphasised. While this is important it is not dissimilar to what one would expect to find in a statement of purpose and function in relation to any children's residential unit.

Discussion with management and staff and other professionals described a model of care that had a number of features. These included providing the security that comes from structure and consistency of practice; relationship building; role modelling by care staff; meeting the young people's emotional and psychological needs through clinical assessment and direct work with the young people; providing opportunities for new experiences; using daily life experiences to promote learning; promoting self-esteem and self-identity; and an emphasis on identifying and responding to the young people's strengths and needs within the context of the secure,

trusting and caring relationships they built with staff. Therapeutic Crisis Intervention (TCI) was presented as the main means of responding to challenging behaviour, particularly in relation to the prevention, de-escalation, and the learning that comes from connecting feelings to behaviours.

Despite this, the written statement of purpose and function did not provide the unit with a distinct identity based on a shared framework of practice or an agreed model of care. This is particularly important for any unit charged with working with young people who present with emotional and behavioural difficulties that cannot be met in the community or a more open setting. Inspectors were informed that this deficit had already been identified by the line manager and the unit psychologist and there was a commitment to attend to it.

Recommendation

1. **The manager should ensure that the statement of purpose and function is amended to clearly set out the service provided by the unit and the model of care that informs its provision.**

4.2 Management and care staffing

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

4.2.1 Management

The unit was managed by an acting manager, a deputy manager and an acting senior child care leader. The acting unit manager was the third manager of the unit. He had been in the post of manager for one year although he had previous management experience in the unit. The various management tasks, such as health and safety, policies and procedures, liaison with external agencies etc. were allocated amongst the management team. The manager reported to the child care manager for the community care area, who provided him with formal supervision on a monthly basis. He also consulted on a regular basis with the HSESA's TCI co-ordinator. The management team felt supported in their work by a number of people, external to the unit, who held key roles within the HSESA's residential care structure. Those included the child care manager, the unit psychologist, the co-ordinator of TCI, the residential services co-ordinator and the monitor.

The management team provided leadership and direction for the care staff team. They maintained a presence in the young people's lives by, for example, participating in unit meals, and were readily available to both staff and young people.

Apart from week-ends, there was no official on call out of hours management support for the care staff team. However, when necessary, they were willing to take calls at home to provide direction or advice. Managers explained to inspectors that each shift was led by a child care leader, all of whom were confident in their practice, and felt empowered to take decisions. The system worked well and if changes became necessary, they would be made.

The unit was well managed.

4.2.2 Supervision and support

Staff received regular formal supervision. The manager supervised the deputy and senior child care leader. They in turn supervised the child care leaders. The child care workers received supervision from either members of the management team or child care leaders. Sessions took place at intervals of between four and six weeks.

There were a number of staff support structures in place. These included weekly team meetings, attended by the unit psychologist; weekly group support meetings for each shift attended by a member of management; child care leader meetings; weekly refresher training in TCI, and team days which generally took place every two months.

There were good systems in place for staff supervision and support.

4.2.3 Care staffing

The official staff complement was for 14.5 whole time posts. However inspectors were informed that 16 staff (excluding management) were required to work with 3 young people. Details in relation to those staff are found below.

STAFF EXPERIENCE, STATUS AND QUALIFICATIONS

	Care Staff	Length of service in unit	Length of service in residential care work	Employment Status	Qualifications
1	Acting Unit Manager	5 yrs	Not known yet	Permanent	Diploma in Youth & Community Work
2	Deputy Manager	5 yrs	15 yrs	Permanent	Certificate in Applied Social Studies in Social Care
3	Acting Senior Childcare Leader	5 yrs	8 yrs	Permanent	B.A. in Applied Social Studies in Social Care
4	Child Care Worker	4y 8 m	4y 8m	Permanent Full time	Diploma in Social Studies Bachelor of Social Work Degree
5	Child Care Leader	3	3y 2m	Permanent Full time	BA in Applied Social Studies in Social Care Diploma in Youth & Community Work
6	Child Care Worker	5 years	5 years	Permanent Full time	Diploma in Nursery Nursing N.C.V.A. Level 2 Child Care
7	Child Care Worker	1 month	4y 6m	Permanent Full time	BA in Applied Social Studies in Social Care
8	Child Care Worker	2 weeks	2 years	Permanent Full time	BA in Applied Social Studies in Social Care
9	Child Care Worker	2y 6m	2y 6m	Permanent Full time	N.C.V.A. Level 2 Child Care
10	Child Care Worker	1 year	4 years	Permanent Full time	Certificate in Child Care N.C.V.A Level 2 Diploma in Nursery Nursing Diploma in Youth & Community Work FETEC, Level 2 – Cert. in the Psychology of Human Growth Development
11	Child Care Worker	3y 8m	3y 8m	Permanent Full time	Diploma in Nursery Nursing Currently in Year 2 of Degree in Social Studies
12	Acting Child Care Leader	1y 8m	4 years	Permanent Full time	BA in Applied Social Studies
13	Acting Child Care Leader	4y 1m	4y 1m	Permanent Full time	Diploma in Youth & Community Work Diploma in Montessori Teaching Certificate in Early Child Care/Foundation Level Art Therapy Degree in Social Studies
14	Child Care Leader	2 months	4y 10m	Permanent Full time	Diploma in Applied Social Studies in Social Care Diploma in Nursery Nursing Certificate – N.C.V.A. – Child Care
15	Child Care Worker	9 months	3 years	Permanent Full time	Diploma in Child Care Diploma in Child Psychology Adv. Diploma in Counselling & Psychotherapy Cert. in Social Studies in Counselling
16	Child Care Worker	2y 6m	2y 6m	Permanent Full time	BA Social Science
17	Child Care Worker	2y 8m	5y 2m	Temporary Full time	Diploma in Social Studies
18	Child Care Worker	5 months	6 years	Temporary Fulltime	Degree in Psychology Diploma in Applied Social Studies Post-graduate Diploma in Play Therapy
19	Child Care Worker	4 years	4 years	Permanent Full time	Diploma in Youth & Community Foundation Course in Nursery

A majority of the care staff team held qualifications in social care and the rest held related qualifications. One member of staff was studying for, and the other had just completed training in Applied Social Studies in Social Care.

Members of the care staff team worked 24 hour shifts. Waking night duty as well as sleep-over duty was also rotated by care staff. There were four staff on duty at any time.

A core of team members had been with the unit since it was established. This provided stability and continuity. Sick leave was low. The staff presented as a skilled, cohesive and confident team. It had experienced difficulties in the past but there was a strong sense that under the guidance of new management they had learn from this and now provided a more effective service to the young people in their care. Staff interviewed by inspectors stated that morale in the team was high. It was of note that staff made a connection between the change in care practices that had taken place over time, guided by effective management, and the high level of morale.

The unit had a confident and competent care staff team.

4.2.4 Training and development

Support was provided to care staff to pursue professional qualification. Inspectors were informed that the HSESA had entered into an arrangement with Tralee College of Technology to provide professional training in Social Care at degree level. This initiative, led by the co-ordinator of residential care services, and funded by the HSESA, allowed for twenty-two staff, including 3 staff from this HSU, to commence training in September 2005. The HSESA is highly commended for its pro-active approach to promoting qualifying training for care staff.

There was a range of in-service training courses that had been attended by members of the care staff team over the previous year. All of the team had received training in therapeutic crisis intervention (TCI) and refresher training was on-going. Training was also provided in staff supervision, racism and cultural awareness, framework assessment training and other areas.

The standard on training and development was met.

4.3 Children's rights

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

A member of the care staff held a recently introduced role of 'Children's Rights Officer'. The staff member was in the process of defining and developing her responsibilities in relation to children's rights. She consulted with the children's rights officer in another of the HSESA's units and was exploring training opportunities in relation to her role. A children's rights section was set up in one of the rooms, which posted information on rights. Her intention was to meet with each young person shortly after admission and to introduce her role and their rights to them. Inspectors commend the unit for this initiative which will build on existing good practice.

4.3.1 Access to information

An information booklet for young people was being developed. The young people had opportunities to visit the unit prior to admission, including over night stays, where they could

become familiar with routines and get information on aspects of daily life in the centre. Copies of the young people's version of the National Standards for Children's Residential Centres were available in the unit.

The young people had access to information and reports written about them by unit staff. However, there was less clarity about how they could access reports prepared by non-unit professionals such as social workers and psychiatrists, and reports held in the confidential section of care files. These matters need to be clarified. Inspectors advised that the unit adopted a more pro-active approach to third party reports by having a policy of access to reports unless otherwise stated, and to make this known to all professionals.

Recommendation

2. The unit manager should clarify for the staff and young people how the policy on access to the young people's main file operates in practice.

4.3.2 Consultation

The unit had a number of means to consult with the young people. There were formal weekly young people's meetings where young people discussed specific issues in relation to every day life in the unit and were consulted in relation to their views on outings, unit holidays etc. Following discussion at staff meetings, feedback was given to the young people. There was informal consultation through keyworker sessions and everyday discussions. The young people were encouraged and facilitated to attend and participate at their reviews. The young people presented to inspectors as young people who expected to be, and were, listened to.

4.3.3 Complaints

Practice in relation to complaints were good. In accordance with best practice, the emphasis within the unit was on speedy and local resolution of complaints. If a matter could not be resolved management attempted to find a satisfactory solution. There was a complaints register with details of all complaints. One of the young people had made two complaints. One matter had been resolved to her satisfaction and the other was being attended to by management. In discussion with the young person, inspectors found that she was very confident that it would be addressed.

Inspectors were informed that a pilot post for one year of independent complaints officer was to be filled in the near future. Inspectors commend the HSESA for this initiative.

4.4 Planning for children and young people

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

4.4.1 Social work role

The three young people had allocated social workers who maintained regular contact with them and worked in partnership with unit staff. They were satisfied that the young people

were suitably placed in a high support setting. The social workers were extremely positive about the quality of care the young people received in the unit. Communication with the unit was extremely good.

4.4.2 Care planning and review

All of the young people had comprehensive placement plans devised by the unit. Placement management meetings, attended by social workers, parents, young people, unit psychologist, and other professionals as appropriate were convened by the unit on a monthly basis. Review decisions were incorporated into the original placement plans.

There were three care plans on the care file, all of which were developed prior to admission. However practice in relation to care planning was uneven. Review of records showed that statutory timescales were not adhered to in relation to review meetings for two of the young people. Inspectors noted two letters sent by the deputy manager to social work departments requesting that review meetings were arranged. However they had not taken place at the time of inspection. One of the care plans, although detailed in relation to the young person's needs, stated that the plan was for the young person to return to the care of foster parents. However it was clear from discussions that this was no longer likely to take place. This particular care plan had not been subject to statutory review although it was seven months after the young person's admission. There is a statutory requirement to have an updated written care plan in place. This allows all the parties to have a shared understanding of what is to happen and of the parts of the plan for which they carry responsibility. In the absence of a statutory review meeting, the care plan could not reflect changing circumstances or focus on the tasks necessary to achieve the plan.

There were other issues. Section 4.5.5 discusses the high level of unauthorised absences of the young people, resulting in serious safety concerns. While this issue was discussed at placement meetings, inspectors were concerned to find that these incidents did not result in the convening of statutory review meetings. Significant incidents such as unauthorised absences should clearly connect with the care plan review process in ensuring that placements are still appropriate and all reasonable measures are being taken to promote the safety and welfare of the young people.

The child care manager informed inspectors that a soon to be appointed senior post of admissions officer would assist in addressing unsatisfactory practice in relation to care planning and review. The post holder, while a member of a central admissions committee for nine of the HSESA's residential centres, will also have a specific role to work with referring social workers to ensure that statutory care planning and review requirements are met and that the care planning process guides all interventions with the young people.

Recommendation

3. Principal social workers should ensure that statutory requirements in relation to care planning and review are complied with.

4.4.3 Emotional and specialist support

The emotional needs of the young people were identified and addressed as part of the placement planning process. Unit staff worked in partnership with other professionals in this regard.

The residential services had a dedicated senior clinical psychologist to whom all the young people were referred for clinical assessment following admission. He attended care and placement reviews and other relevant meetings. Through regular contact with the unit, including weekly team meetings, he provided consultation to the staff and managers. He was viewed by all unit staff as a key support and contributor to the therapeutic environment of the unit.

Each of the young people had two keyworkers who undertook planned pieces of work with the young people in relation to personal development issues. A member of a therapeutic social work team worked with one of the young people on her life story work and preparation to meet siblings. The role of the keyworker was outlined in a unit policy document. Particular emphasis was placed on developing a significant relationship with the young person. This document also outlined a number of responsibilities of keyworkers including being part of her case management team, compiling all necessary reports and attending relevant meetings, undertaking direct pieces of work with the young person, arranging appointments, family liaison and those tasks involved in co-ordinating the care of the young person.

Two of the young people were viewed as being particularly vulnerable. Those involved in one young person's care were of the opinion that while her placement required on-going review, it did provide her with a stable and emotionally secure environment to which she was beginning to respond. The other young person's placement in the unit had provided a valuable opportunity for assessment which would inform future interventions for her. As stated in section 4.4.2 above a care plan review forum was needed to make decisions about what services the young person required and who was to provide them.

Clinical assessment, the keyworker system, comprehensive placement plans and the direct work undertaken by keyworkers and other professionals represented important aspects of the work of the unit in meeting the emotional and psychological needs of the young people. The outcomes of this work should be better integrated into the care planning and review system. Recommendation three applies.

4.5 Care of young people

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

4.5.1 Individual care in group living

The atmosphere in the unit at the time of inspection was calm, humorous and homely. The young people communicated in a relaxed manner with staff, were responded to with sensitivity and patience. They were clearly very fond of the staff.

Contact with family members was encouraged and facilitated. Parents commented on the welcome they receive when visiting, one parent stating that they 'had the run of the unit'. The young people confirmed this.

On admission to the unit the young people are given a choice about the décor of their bed rooms and are given money to buy and choose their own duvet. They were also encouraged to bring items from home to personalise their bed rooms. As the young people settled into the

unit they were given unsupervised free time on a graduated basis which was based on continual review. While inspectors had no concerns about this, they did ask management to consider how this process could better be explained to the young people in more concrete terms, as one of the young people, recently admitted to the unit, had difficulty explaining it to inspectors.

Health needs were attended to. The girls received a medical examination on admission and had access to either a local practitioner or could retain their own G.P. The girls were referred to a local adolescent unit for guidance in relation to sexual health and sex education issues.

The educational needs of the young people were promoted. Two of the young people attended a second level education facility run by Co. Cork Vocational Educational Committee (VEC). Both of the young people had recently completed subjects in their junior certificate.

The young people were encouraged to become involved in community activities. Friends were encouraged to visit the unit, although only one of the girls had availed of this. Birthdays were celebrated with staff and family members in the usual way with choices around parties or activities. Individual interests were facilitated including trips to Dublin with key workers. One young person was looking forward to a short hostelling break with staff to pursue her particular interest in dolphins.

The young people were involved in menu planning and, where interested, in cooking and baking. The kitchen appeared to be the heart of the unit and inspectors observed and participated in a very social evening meal, followed by a concert from two of the young people. It was an enjoyable and social occasion.

The previous inspection report found a somewhat rigid and at times institutional approach to care in the unit. This was not in evidence during this inspection. Staff described, and inspectors observed, a more individual and needs led response which allowed for a more flexible and child-centred approach to care.

4.5.2 Managing behaviour

A common theme amongst care staff was the need to have an individualised response to behaviour management. Commendably staff easily described the individual strengths and needs of the three girls, which in turn called for different responses. The main emphasis was on promoting learning through every day interactions and assisting young people in taking responsibility for their behaviour. One young person described to inspectors how she had ‘matured loads’ whilst in the unit. This was also reflected in the comments made by one of her parents.

The young people were clear about what was expected of them. They had expectations for each other. While there were few rules, there was a common understanding of mutual respect and safety within a group living environment. Sanctions were not heavily relied upon. Rather behaviours had natural and logical consequences.

The unit’s policy on bullying emphasised the need for staff vigilance in relation to bullying. Inspectors were informed that when incidents of bullying took place it was named as this and incidents were addressed through discussion with the young people. Identifying specific behaviour as ‘bullying’ was in itself viewed as an effective measure in reducing its incidence. One young person confirmed to inspectors that an incident of bullying had been addressed to her satisfaction by staff ‘talking it through’ with the young people.

4.5.3 Physical restraint

Staff confirmed that physical restraint was used only as a last resort to ensure the safety of both young people and members of staff. Only those holds associated with the therapeutic crisis intervention (TCI) were permitted. There had been two restraints, involving two young people in the 12 months leading up to inspection. Both restraints, one of which was a standing hold, lasted ten and fifteen minutes respectively.

The staff team were trained in therapeutic crisis intervention (TCI) and used the de-escalation techniques associated with that model in defusing volatile situations. Life space interviews (based on the TCI model) were used to identify, explore and discuss behaviour. TCI was regarded by staff as having a major beneficial impact on the team's approach to behaviour management. There were two TCI trainers on the staff team which facilitated weekly TCI in-service training sessions.

4.5.4 Unauthorised absences

The staff team were successful in managing the young people's behaviour safely and well whilst in the unit. However, as noted in the previous inspection report, the unit has faced on-going challenges in relation to a high level of unauthorised absences. This pertained to the three girl's resident in the unit at the time of inspection, all of whom had a history of unauthorised absence prior to admission. In total the three young people had been absent without authority on 124 occasions since admission. They generally returned of their own volition or were collected by staff after they contacted the unit to say where they were.

Efforts were made to address this by a number of means. Staff members took reasonable measures to dissuade and discourage them from leaving the centre without permission but they did not have the authority to detain them. In consultation with parents, social workers, and the unit psychologist, the unit used another house within the HSESA on separate occasions for two of the young people in an attempt to break the cycle of absconding and to remove the young people from peer pressure to abscond. This was reasonably successful. It led to a reduction in absences and gave the young people an opportunity to re-engage with staff. Other safety measures were used in relation to the use of mobile phones, efforts were made to discuss their risk-taking behaviour with the young people and to engage them in other interests; and so on. Ineffective sanctioning for absences, as found during the previous inspection, had ceased. The young people were received in a positive way upon return to the unit, and provided with an opportunity to get medical attention or discuss any concerns they might have.

Some of this behaviour can be expected. Indeed one young person told inspectors that her absences had reduced and that she was trying to take more responsibility for her behaviour.

However inspectors were concerned at the level of risk involved in relation to the absences of two of the young people – both of whom had individual vulnerabilities that placed them at risk. One social worker for two of the young people informed inspectors that due to the concerns associated with the high level of unauthorised absences, child protection notifications had been made. The social worker for the third young person had not done so.

Inspectors urge that the unit's approach to managing unauthorised absences is consistently reviewed and that, as stated in section 4.4.2, significant incidents such as unauthorised absences are dealt with through with the care plan review process to ensure that placements

are still appropriate and all reasonable measures are being taken to ensure the safety and welfare of the young people in the care of the unit. Where young people are clearly putting themselves at serious risk in the course of unauthorised absences, this ought to be processed through the child protection system.

Recommendation

4. The child care manager should ensure that unauthorised absences involving serious risk are processed through the child protection system.

5. Summary of Recommendations

1. The manager should ensure that the statement of purpose and function is amended to clearly set out the service provided by the unit and the model of care that informs its provision.

2. The unit manager should clarify for the staff and young people how the policy on access to the young people's main file operates in practice.

3. Principal social workers should ensure that statutory requirements in relation to care planning and review are complied with.

4. The child care manager should ensure that unauthorised absences involving serious risk are processed through the child protection system.