A HIGH SUPPORT UNIT IN THE SOUTH EASTERN HEALTH BOARD WATERFORD COMMUNITY CARE AREA

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5. Summary of recommendations

Executive Summary

This section contains a brief summary of the main findings and conclusions of the inspection under the Child Care Act 1991, Section 69 (2) of a High Support Service (HSS) run by the South Eastern Health Board (SEHB) in the Waterford Community Care Area. The inspection took place between 26th and 28th June 2002. Readers requiring a more detailed account should refer to the main sections of the report.

The service comprised a principal unit, referred to in the report as the High Support Unit (HSU), in which there were three adolescent girls aged between 15 and 16 years of age, and a satellite unit set up for the care of one resident aged 15. It had been established in June 2000 for one vulnerable young person who was in need of high levels of support and supervision. It is now one of a group of four high support units in the SEHB region that serve three health boards: the Mid Western, the Southern and the SEHB. Reciprocally, the SEHB can refer young people to the special care units in the Southern and Mid-Western boards' regions.

The purpose and function of the HSU was designed around the needs of young people, and has changed as different young people have come to live there. Two of the young people had been on detention orders at the start of the placement, but on the expiry of the orders one was placed in voluntary care, and the other on a care order. The other two were on care orders. The statement of purpose and function gave a good description of the therapeutic objective and ethos of the unit, but there was no mention of detention orders, and the issue of whether the unit is a closed or open environment was not made clear. This confusion was reflected in interviews with staff. As a result of new legislation, it is not permissible in law to detain young people in high support units, so the purpose and function needs to be changed to reflect this.

For the purposes of the inspection the principal unit and the satellite were seen as an integrated service. The HSU was based in a large old detached house in the grounds of a hospital in Waterford. The satellite unit was a modern, well-maintained bungalow in the countryside. Staff from the HSU were co-opted to work in the satellite unit, and received an intensive programme of training to prepare them for a detailed programme of therapeutic intervention. Since the inspection the HSU has moved to new premises in a recently refurbished house further out of the city, and it is the intention of the board that the young person in the satellite unit is introduced gradually to other care provision.

The quality of primary care in the centre was excellent. There was ample evidence of carefully considered day-to-day care tailored to the individual needs of the young people. The ethos of the service was based in the therapeutic character of the relationships between the staff and young people, and inspectors found that the aspirations enshrined in the policies were realised in practice. Privacy, dignity and individuality were respected and promoted. The emotional and psychological needs of the young people were well met by the staff and by specialists outside the units. The service had 20 hours a week of dedicated time from a child and adolescent psychologist. Young people were included in discussions about their future, in reviews, in residents' meetings, and in decisions about day-to-day living. They were given good opportunities to engage in a wide range of activities in the local community, and their links with their families were promoted and facilitated. The board is to be commended for providing the

service with a responsive and supportive structure, and the staff are to be commended for their commitment to the young people in their care.

The level of consultation of young people by centre staff was commendably high. Complaints were dealt with by a clear procedure, which was used effectively by the young people. Complaints were discretely recorded, but not routinely passed on to supervising social workers. The policy and procedure on complaints needs to be revised in order to support the good practice found within the HSS; and external and independent elements ought to be clearly identified and involved. Policy and practice on access to information need to be reviewed.

A suitably qualified person managed the HSS. There was an advisory committee that also functioned as an admissions committee, and the manager had easy access to the committee members for advice and support. The HSS had 35 staff. The manager and his deputy managed both units. A child care leader was in day-to-day charge of the satellite unit. The staff were an experienced and well-qualified group with 22 of the staff with recognised qualifications and nine studying for the National Diploma in Child Care.

Evidence of Garda clearances was available to inspectors for 22 of the staff. Only thirteen of those had been received prior to the member of staff commencing employment; and of those for whom references had been received, only two staff had been vetted fully in accordance with the guidelines of the Department of Health and Children. This is unacceptable, and the board is urged to reform its vetting practice as a matter of priority.

Inspectors found the staff to have a highly professional and caring approach to their work. They were able to respond to the needs of the young people flexibly, and their own methods of solving problems and resolving conflict were internalised by the young people in their care. The young people spoke very warmly of the manager and of their keyworkers in particular as people they could trust. They had a strong belief that if they had any problem staff would endeavour to sort it out for them. There were supports in place for staff, particularly access to psychological services, but inspectors shared their concern that they did not receive regular professional supervision, and recommend that the board address this as soon as possible.

There is a need for policies on child protection and safeguarding, including procedures for protective strategies within the centre. More staff need training in Children First, and all staff would benefit from specific training on how to deal with disclosures of past abuse since the trust they have built up with staff and the therapeutic supports they receive have given the young people confidence to disclose.

Administration in the centre was of a high standard. Children's files were well organised and maintained, and supported by good recording practices. Within the HSS inspectors observed the signatures of managers on some of the records of the units, and commend the managers for it. This level of monitoring by managers needs to be in place for all aspects of care in the HSS. Monitoring by an authorised person who is not part of the line management of the HSS had only just been introduced in the board, and at the time of inspection, the person appointed had yet to make a visit to the service.

Management and staff are highly commended for the extent to which the HSS meets the standards on education. It is clear that education is highly valued, and that the high expectations of staff are matched by encouragement and practical support. The board is commended for rationalising and restructuring the teaching facilities in the HSUs so that resources can be shared between them.

The main area of concern for inspectors was that the statutory care planning and reviewing processes could not easily be tracked through the young people's files, and there were significant deficiencies in some care plans, and on-going problems with reviews. Supervising social workers visited the young people at a frequency within the requirements of the regulations, but taking into account the serious difficulties that resulted in the young people being placed in the high support unit, it is unacceptable that the care plans and reviews do not reflect the professionalism and commitment found elsewhere in the service. The board is urged to reform the practices around care plans and reviews as a matter of urgency.

The premises were recognised by the board as unsuitable for the purpose, and at the time of the inspection the HSS was about to move to newly refurbished premises. However, inspectors found that those that were in use were well kept and maintained, and that fire certificates and insurance were in place in accordance with regulations.

In summary, inspectors found a service in the HSS in Waterford that had the hallmark of commitment to individual young people and flexibility and creativity in the face of serious challenges, and many excellent features. However, the board is urged to attend to those matters that do not meet the standards for such an important residential resource so that their total commitment to the quality of the care provided can be reflected in practice.

1. Introduction

The Social Services Inspectorate (SSI) carried out the inspection of the High Support Service (HSS) under the Child Care Act 1991, Section 69 (2) which provides authority for the inspection of the social services functions of health boards, including children's residential centres.

The service comprised a principal unit in which there were a number of residents, and a satellite unit set up for the care of one resident. The units were situated in Waterford Community Care Area (WCCA) and were managed by the South Eastern Health Board (SEHB).

In preparing the inspection, inspectors had discussions with the regional child care co-ordinator of the SEHB in order to determine whether the units should be inspected together or separately. He explained that the satellite unit was established as a result of a plan submitted to the High Court during a judicial review of a case. The board's overall plan was to have four HSUs in its area. Three were run by the board, and the other by a non-statutory organisation. All of them were part of an inter-board structure in that referrals could be received from the Mid Western Health Board (MWHB), the Southern Health Board (SHB), and the SEHB itself. Reciprocally, the SEHB could make referrals to the Special Care Unit (SCU) run by the SHB, and will be able to make referrals to the SCU about to be opened by the MWHB.

Each of the HSUs in the board's area had separate functions, and it was not the plan of the board to supply another HSU for one young person. The High Court determined that the unit should be seen as a part of the HSU, and the terminology "satellite unit" originated from there. The satellite unit has the same purpose and function as the HSU, and whilst it has a shared management structure and there is a core of staff dedicated to it, there is also some interchangeability between the staff of the two units. When referring to the two units collectively the report uses the term High Support Service (HSS). The satellite unit was seen as

a temporary solution to a difficulty in placing the young person, and the plan was that she should gradually be integrated into other care provision.

In the meantime, there was a plan to move the HSU to newly refurbished premises several miles from where it was at the time of the inspection. It was also planned that when the young person had settled back with the group there the satellite unit would close, and the staff of the satellite would return to the HSU.

One pre-inspection visit was made on the 19th June 2002 during which the inspection process was explained to staff and young people, and the premises were seen for the first time. The inspection took place over three days from 26th to 28th June 2002. The lead inspector was Michael McNamara, and Ann Ryan was support. During the inspection, inspectors based themselves in the HSU in Waterford, but also inspected the satellite unit and visited the new location. Throughout the report it should be assumed by the reader that the policies, procedures and practices of the HSS were those used in the HSU and the satellite unit, unless it is stated otherwise.

2.1 Methodology

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

- A statement on the purpose and function of the centre.
- The centre's statements of policies and procedures
- The young people's case files
- The young people's daily log books
- All administrative and recording systems
- Questionnaires completed by social workers, and parents
- Census forms on staff members
- Census forms on young people
- Staff rotas
- The centre's health and safety statement.

During the course of the inspection four young people were interviewed. Also interviewed were: the unit manager, the deputy unit manager, six residential staff members, two social workers, a clinical psychologist associated with the centre, the child care manager and the acting general manager of WCCA. During the inspection, inspectors observed the day and evening routines, and visited the satellite unit, which was situated about five miles from the main unit.

2.2 Acknowledgements

The inspectors would like to express their appreciation for the co-operation received from all concerned.

2. Setting the scene: the centre, its background and population

2.1 Background

The HSU was opened in July 2000 for one young person in need of high levels of support and supervision. A second young person was admitted in September 2000. The unit experienced difficulties because of the young person's extreme vulnerability, and in May 2001 she was transferred to a more secure residential setting. That placement also broke down. As part of a plan put before the court it was decided that the young person needed space from other young

people in accommodation on her own within a high support structure. The board provided a deputy manager for the HSS, a training package for staff, and other resources for the house, which was situated about five miles away from the original HSU. Some of the staff from the original HSU were allocated to work in the new arrangement. The young person was involved in the process of planning the resource, and moved there in January 2002. The board told the court that the arrangement was part of the WCCA HSS, and as described in detail in 2 above, the board and the court agreed that it was a satellite provision of the service rather than a separate arrangement. The HSU was based in a large detached house within walking distance of local amenities in the city of Waterford. The satellite unit was situated in a detached bungalow in the countryside.

2.2 Data on Young People

Details of Young People in HSS – 28th June 2002

Age	*Length of time in HSS*	*Legal Status*	*Previous placements*
16	17 months	Care Order	Girls' Detention School
15	11 months	Voluntary Care	1. One foster placement; 2. One relative placement; 3. Special Care Unit
16	8 months	Interim Care Order	Children's Residential Centre
15*	6 months	Care Order	1. One foster placement; 2. Remand & Assessment Unit – Girls' Detention School; 3. HSU Waterford; 4. Special Care Unit.

** = Resident in satellite unit*

Including the satellite unit, the HSS had accommodation for six young people. From the time of opening in July 2000 the centre had ten admissions, including one re-admission. Over that time the average length of placement was 11.9 months. At the time of the inspection, there were four young women aged between 15 and 16 years resident in the units. Two had been in care in the HSU under detention orders, but on the expiry of the orders these were changed to voluntary care and a care order, and the other two were under care orders. Details are shown in the table below.

4. Standards: the findings

4.1 Purpose and function

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.

The HSU had a statement of purpose and function. It stated that the purpose of the unit was to provide *"a consistent, nurturing environment for adolescent girls who have exhibited difficult behaviours and for whom the provision of therapy whilst living in their own community is not appropriate."*

It's objective was to provide a comprehensive assessment whilst meeting the individual, social, emotional, and psychological needs of the young people who are placed there. This was said to be achieved by: provision of a caring, consistent, and safe environment in which learning from positive role models may take place; and enhancing self-esteem. The document described the initial two weeks of the admission process as a period during which a comprehensive care plan would be drawn up and agreed on.

The statement of purpose and function is supported by a document prepared for parents and guardians that describes the centre as a high support unit run by the SEHB that provides a therapeutic programme for five girls. The document describes the staffing, the areas of concern which form the basis of the staff's work with the young people, and the daily routine of the unit. It had attached to it a description of the therapeutic approach of the centre that clearly stated that on-going discussion with the young people, at a time and level relevant to their ability, would take place in order to help them understand themselves and their difficulties. In accordance with the statement, this therapy was overseen by a psychologist attached to the unit, and was effected by regular meetings between the young people and the psychologist, their keyworkers, and their teachers, and by group meetings.

The statement of purpose and function gives a good description of the therapeutic objective and ethos of the unit, but does not state whether the unit is a closed or open environment. Furthermore, the unit is not described as a regional resource for the other two health boards from which it can take referrals. Although three of the young people placed at the unit at the time of the inspection had been in a special care unit or other detention facility, it was not clear from the statement that the HSS functioned as step-down unit. Staff interviewed by inspectors were clear that the unit provided a therapeutic environment for the young people placed there, but they were unsure of whether they could detain a young person.

During the two years up to June 2002 four of the young people admitted to the HSU were on detention orders. At the time of the inspection two of the residents were on detention orders. The young people understood that the orders were made by the court, and were outside the control of the centre or the health board. The manager of the HSS told inspectors that in practice detention was not a primary focus in the day-to-day running of the service. At one point in the past doors of the HSU were locked to detain one young person thought to be at risk of self-harm. At the time of the inspection, the external doors of the HSU were routinely kept locked to keep unwanted visitors out. However, the front door could be opened from the inside by the young people up to 10.00 pm.

The statement of purpose and function needs to be reviewed in order to reflect the recent changes in legislation regarding detention of young people, and to show the place of the unit within the range of services accessible to the three boards that may use it. The age range of the young persons for whom the unit has been established, and the place of the unit in a continuum of care by reference to its role as a step-down unit and its objectives in terms of moving the young people on to other resources should be reflected in the statement.

Recommendation

1 The SEHB should review the statement of purpose and function of the HSU. The review should include: a clear statement that it does not detain young people; its role as a step-down unit from special care units; its role in providing high support for young people from health boards other than the SEHB; the age range of young people for whom it provides a service; and the expectations of the board in terms of young people moving on after placement in the unit.

4.2 Management and staffing

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

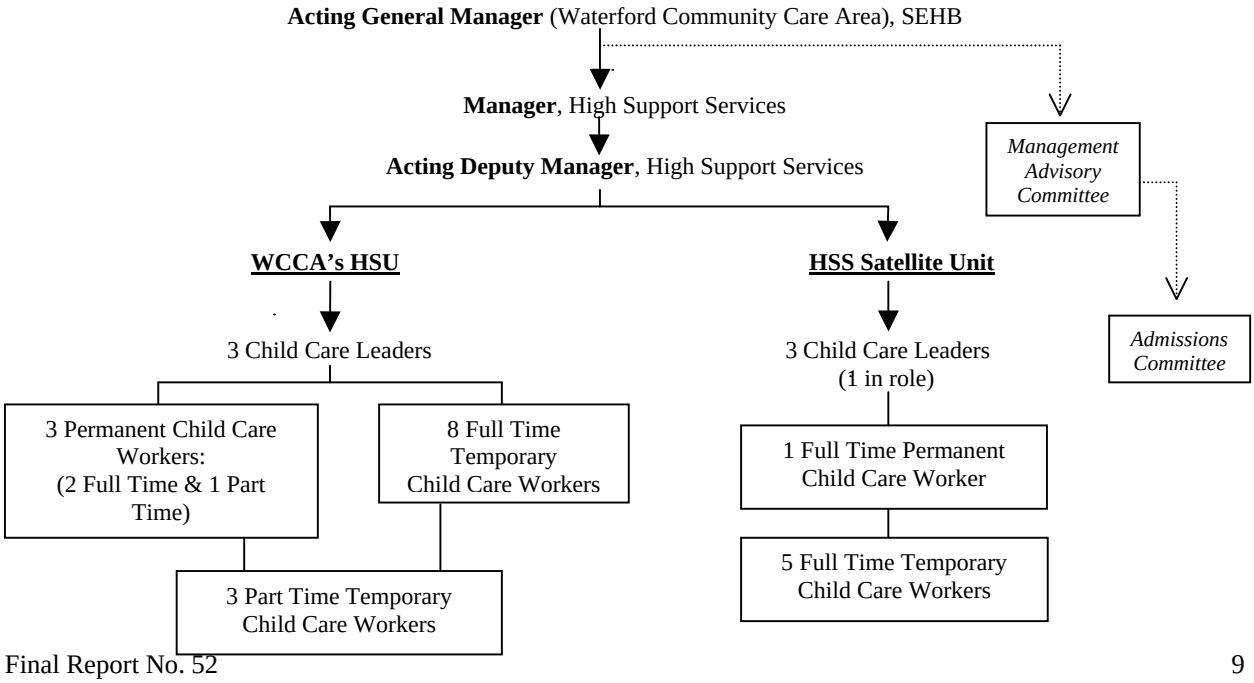
4.2.1 Management

An appropriately qualified person managed the service on a day-to-day basis. He had been in his post for 1 year and nine months before the inspection, but had worked in residential care for over 13 years. His line manager was the acting general manager for the WCCA, with whom he had regular supervision. He had access to the management advisory committee for consultation and decisions regarding admissions. He also received regular professional supervision from a senior psychologist, and support from the child care manager of WCCA, both of whom were members of the management advisory committee. From interviews with staff and young people inspectors formed the view that the manager was very well respected, and seen as a person who could be easily approached if there was a problem. Two of the young people described him as a good friend.

The manager of the HSS managed both the HSU and the satellite unit. The acting deputy manager had primary responsibility for the HSU, but also supported the manager in overseeing the satellite unit. In the satellite unit a child care leader was responsible for the staff roster and administration, and she reported to the manager or his deputy on a daily basis. The child care leaders in the HSU had responsibility for the running of shifts, for monitoring the work of the keyworkers, and for providing supervision for staff.

The HSS had a management committee that had both an advisory role, and an executive role in regard to admissions. It met once per month. It was chaired by the child care manager of the WCCA, and its members were: principal social workers from Kilkenny and Waterford community care areas; the director of child and family services for the SEHB; a senior psychologist from the WCCA; the principal of the school which provided education to the HSUs within the board; and the manager of the HSS. Its advisory function was to provide support and oversee the running of the HSS, ensure quality control, provide guidance in the formulation of the policies and procedures, and advise on issues arising from staffing and the placements of young people. It also met as an admissions committee from time to time to consider referrals, and an executive function insofar as it made decisions about admissions. The diagram below shows the structure of the management of the HSS.

Management of HSS – 28th June 2002



4.2.2 Register

The centre had a register in accordance with *Child Care (Placement of Children in Residential Centres) Regulations, 1995, Part IV, Article 21.* It was stored electronically, and a duplicate was kept at the WCCA's office. It showed the date of admission and discharge, and the places to which young people were discharged. It also had a column for re-admissions. However, the entries against one young person's name had not been completed, and the date of birth of another was incorrect. The format of the register did not include the sex of the young person, or the names and addresses of parents as required by the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 21 (2).*

Recommendation

2 The board should redesign the register in order to incorporate all the particulars required by *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 21 (2).*

4.2.3 Notification of significant events

The centre had systems for notifying social workers of significant events. Social workers said that they were given regular detailed information about developments in the lives of the young people both verbally and in writing. Inspectors found evidence to support this when they looked at the young people's files. There were incident sheets for serious events such as unauthorised absences, and information sheets with details of a less critical nature such as disclosures, observed behavioural trends, and staff reports on interactions with themselves or others, which were also sent to social workers. This criterion of the standard was well met in the HSS.

4.2.4 Staffing

The HSS had 35 staff: one manager, one acting deputy manager, five child care leaders, one acting child care leader, three permanent full time child care workers, one permanent part time child care worker, thirteen full time and ten part time temporary child care workers. The manager covered both the HSU and satellite unit. A child care leader was in charge of the satellite unit, with a team of ten staff, one of whom worked part time in the HSU. Apart from those shown above, relief staff were occasionally drawn from other WCCA residential units. Several of the temporary staff were awaiting appointments to the permanent panel. Inspectors are concerned at the high numbers of temporary staff being used in the HSS. In a therapeutic setting for young people with histories of problems with attachments, interaction with a large and changing group of adults does not meet their need for stability, security, and consistent care.

All full time staff worked 39 hours per week. The pattern in the HSU was a complex rolling rota giving a varied selection of hours and days off to the staff. Two of the staff provided waking night cover. There were three days off in one week and one in the next, so that they averaged four in each fortnight. There were four staff on duty each shift, and staffing allowed for

adequate overlapping and handovers. The level of staffing was satisfactory for the purpose of the unit. There was no formal on call system, but staff told inspectors that the manager was on call most of the time. This facility was shared with the acting deputy manager and child care leaders, but was not formally acknowledged by the board.

Twenty-three of the staff had recognised qualifications in child care, which are highlighted in the table below. Of the remaining staff, three had social science degrees, and one had a degree in psychology. Apart from the qualifications listed below, the staff group had a range of other educational achievements, including a philosophy diploma and certificates in social care and youth and community work. Nine of those without qualifications were studying for the National Diploma in Applied Social Studies and Social Care. As well as having a high number of qualified personnel, the staff group also had a good balance of age and experience. The average age was just over 33 years, with a range of 22 to 51 years. The average length of service in residential care was three years eight months, and the average length of service in the centre was one year six months.

Evidence of Garda clearances was available to inspectors for 22 of the staff. Only thirteen of those had been received prior to the member of staff commencing employment. Five staff had three references, eight staff had two, six staff had one; and evidence of references for sixteen staff was not available. Of those for whom references had been received, only two staff had been vetted fully in accordance with the guidelines of the Department of Health and Children. This is unacceptable, and inspectors urge managers to pursue outstanding references and ensure that in future all staff are appropriately and fully vetted before taking up employment, in accordance with guidance issued by the Department of Health and Children. The table below shows the staffing of the HSS on 30th May 2002.

	Staff member	***Hours***	***Employment Status***	***Qualification***	***Length of Service with HSS***	***HSU***	***SAT***
#1	Manager	39	Full Time Permanent	**National Diploma in Applied Social Studies & Social Care** **BA Applied Social Studies in Social Care**	1 year 9 months	√	√
#2	Acting Deputy Manager	39	Full Time Permanent	BA in Social Science	2 years 11 months	√	√
#3	Child Care Leader	39	Full Time Permanent	**National Diploma in Applied Social Studies & Social Care** BA Applied Social Studies in Social Care	3 years 1 month	√	
#4	Child Care Leader	39	Full Time Permanent	**National Diploma in Applied Social Studies & Social Care**	2 years 11 months		√
#5	Child Care Leader	39	Full Time Permanent	BA in Social Science	2 years 11 months		√
#6	Child Care Leader	39	Full Time Permanent	BA in Applied Social Studies in Social Care	2 years 9 months		√
#7	Child Care Leader	39	Full Time Permanent	**National Diploma in Applied Social Studies & Social Care**	2 years 2 months	√	
#8	Acting Ch Care Leader	39	Full Time Permanent	**National Diploma in Applied Social Studies & Social Care**	1 year 11 months	√	
#9	Child Care Worker	39	Full Time Permanent	No qualification	2 years 6 months	√	
#10	Child Care Worker	39	Full Time Permanent	No qualification	1 year 7 months		√
#11	Child Care Worker	39	Full Time Permanent	**National Diploma in Applied Social Studies & Social Care**	1 year	√	
#12	Child Care Worker	19.5	Part Time Permanent	No qualification	3 years 1 month	√	
#13	Child Care Worker	39	Full Time Temporary	**National Diploma in Applied Social Studies & Social Care**	2 years 2 months	√	
#14	Child Care Worker	39	Full Time Temporary	No qualification	1 year 9 months	√	
#15	Child Care Worker	39	Full Time Temporary	No qualification	1 year 8 months		√
#16	Child Care Worker Relief	39	Full Time Temporary	**National Diploma in Applied Social Studies & Social Care**	1 year 7 months	√	
#17	Child Care Worker	39	Full Time Temporary	**National Diploma in Applied Social Studies & Social Care**	1 year 7 months		√
#18	Child Care Worker	39	Full Time	**National Diploma in Applied Social Studies &**	1 year 7 months		√

			Temporary	**Social Care** BA in Social Studies			
#19	Child Care Worker	39	Full Time Temporary	**BA Applied Social Care & Social Studies**	1 year 5 months	√	
#20	Child Care Worker	39	Full Time Temporary	No qualification	1 year 3 months	√	
#21	Child Care Worker	39	Full Time Temporary	No qualification	1 year 1 month	√	
#22	Child Care Worker	39	Full Time Temporary	BA in Psychology	9 months	√	
#23	Child Care Worker	39	Full Time Temporary	**National Diploma in Applied Social Studies & Social Care**	7 months	√	
#24	Child Care Worker	39	Full Time Temporary	**National Diploma in Applied Social Studies & Social Care**	5 months		√
#25	Child Care Worker	39	Full Time Temporary	**National Diploma in Applied Social Studies & Social Care** BA Applied Social Studies in Social Care	5 months		√
#26	Child Care Worker	35	Part Time Temporary	**National Diploma in Applied Social Studies & Social Care**	2 years11 months	√	
#27	Child Care Worker	39	Part Time Temporary	No Qualification	2 years 1 month	√	
#28	Child Care Worker Relief	39	Part Time Temporary	No Qualification	1 year 1 month	√	
#29	Child Care Worker	39	Part Time Temporary	**National Diploma in Applied Social Studies & Social Care**	9 months	√	
#30	Child Care Worker Relief	35	Part Time Temporary	**National Diploma in Applied Social Studies & Social Care**	9 months	√	
#31	Child Care Worker Relief	20	Part Time Temporary	**National Diploma in Applied Social Studies & Social Care**	8 months	√	
#32	Child Care Worker Relief	20	Part Time Temporary	**National Diploma in Applied Social Studies & Social Care**	7 months	√	
#33	Child Care Worker Relief	15	Part Time Temporary	**National Diploma in Applied Social Studies & Social Care**	7 months	√	
#34	Child Care Worker Relief	39	Part Time Temporary	**National Diploma in Applied Social Studies & Social Care**	5 months	√	
#35	Child Care Worker Relief	15	Part Time Temporary	BA in Social Studies	?		√

HSS = high support service; HSU = high support unit; and SAT = satellite unit.

Recommendation

3 The SEHB should ensure that all outstanding Garda clearances and references for current staff are followed up, and that the Department of Health and Children's guidelines regarding procedures for vetting staff before employment are rigorously applied in all future appointments.

4.2.5 Staff support and supervision

The centre had a written policy on supervision that stated that supervision is vital in maintaining standards and providing support to staff. It stated that the manager would provide supervision for child care leaders, and they in turn would provide supervision for child care workers. The statement allowed for supervision to be made available to staff once per month, and more frequently if requested by staff. In interviews with staff and on examination of the supervision records it became clear to inspectors that the policy was not realised in practice. Staff told inspectors that they did not receive regular supervision. The managers of the HSU told inspectors that there was informal supervision, but also acknowledged that in the event of a shortage of staff or a crisis supervision lost its priority.

Between September 2001 and June 2002 the supervision record book showed evidence of only 25 supervision sessions for the whole staff group in the HSU. Although the staff could refer to the manager and acting deputy manager, and were debriefed by them after aggressive incidents, the primary source of support was peer support during debriefing sessions at the end of shifts. Managers did not monitor the supervision provided by the child care leaders. In practice, there was no regular formal system of staff supervision in place at the time of the inspection. Only two of the child care leaders were trained in supervision. Given the nature and intensity of the work carried out in the HSS it is an urgent requirement that a formal system of supervision is

put in place as soon as possible. To facilitate this the board is urged by inspectors to provide training for the manager and acting deputy manager of the service and those child care leaders who have not been trained in supervision.

Since the inspection, inspectors have been informed by the manager that responsibility for supervising staff in the HSS has been allocated to one child care leader who has been previously trained in supervision. Along with the deputy manager, it is intended that she will attend further supervision training in January 2003. Since July 2002 the manager has met with the staff supervisor regularly, and monitored supervision in the HSS.

Recommendations

4 As a matter of urgency the SEHB should develop a formal system of supervision, and provide training for those who are required to supervise staff.

5 The manager of the HSS should ensure that all staff receive regular supervision, and that records of supervision are monitored.

Staff meetings took place every week. There was an expectation that staff would attend as they could since the rota and college attendance did not facilitate full attendance by all staff at each meeting. Staff who could not attend were expected to read the minutes of meetings they missed. Inspectors did not find evidence of meetings attended by all staff. The number attending was sometimes as low as five, but at the time of the inspection had risen to ten. This does not meet the standard expected within a children's residential centre, and the managers are urged by inspectors to review the staff rota so that greater and more regular attendance is achieved. Inspectors recommended that the manager of the HSS review the staff rota with a view to facilitating regular attendance at staff meetings by the majority of the staff group. Since the inspection, the manager has informed inspectors that the rota was revised in July 2002 in order to allow for all staff to be on duty on Wednesdays between 2.00 and 4.00 pm to facilitate their attendance at staff meetings.

Handover meetings took place twice a day. They were supported by written notes, as described in 4.2.7 below.

Staff told inspectors that there had been no formal system or written procedures for induction of new staff. However, on appointment all staff were expected to read an induction pack put together by the manager. It was last reviewed in Jan 2002.

Recommendation

6 The centre manager should ensure that all new staff receive induction.

The manager of the HSS told inspectors that staff's complaints were included in the complaints procedures for young people because there were no systems for staff to express grievances. Staff were encouraged to raise concerns in supervision, staff meetings and handover meetings, and could bring concerns to the manager with the understanding that they could not be 'off the record', but were formal, and recorded. The need for a distinct grievance procedure for staff is commented on in 4.4.7 below.

4.2.6 Training and development

Twenty-three of the 35 care staff have received training in Therapeutic Crisis Intervention (TCI). The manager of the HSU has trained as a TCI trainer. Four of the staff had received Children First training. The deputy manager and two of the child care leaders had training in staff supervision.

A training programme was planned for three weeks in June and July 2002, before the unit relocated to new premises, but its delivery depended on care arrangements for the remaining young people. These did not happen, so the training was cancelled.

The 10 satellite unit staff received training for two weeks before it opened, and some of the HSU staff also benefited from this. The range of training was comprehensive covering the legal basis and history of high support units, the national standards for children's residential centres, the SEHB's structure and policies and procedures in respect of high support services. There was training on several aspects of the child care worker's role, and on Children First, the Freedom of Information Act, and other relevant legislation and guidance. Those who received the training spoke highly of its relevance to their role.

4.2.7 Administrative files

The recording systems were organised and maintained to a high standard, and demonstrated effective management and accountability. They were clear, accessible, and up to date. The young people had been enabled to see reports written about them, but further work was required in order to develop policy and practice about access to information. Some of the reporting systems within the HSU needed to be streamlined owing to duplication of recording of the same information. However, inspectors examined samples of all the administrative records and found that they were diligently and consistently maintained. There was evidence that systems were reviewed and changed to reflect the development of practice. For example, handover meetings consisted of verbal exchanges of information between shifts. Until March 2002 they were supported by a record kept by child care leaders in a handover book. A form consisting of a detailed checklist covering twenty items of information replaced the book. Several other recording instruments supported it:

- a residents' appointments book;
- a general diary;
- a diary specifically about decisions, activities, and plans in respect of the young people;
- a book showing a twice-daily record of staff and residents present in the unit, and other information regarding domestic and personal routines;
- unit information reports about incidents that happened during the day, including in the classroom;
- and occasionally, observation reports requested by the manager.

Inspectors were of the view that this was an area of good practice, and the centre is commended for reviewing its systems, and for producing thorough, well-maintained recording instruments that promote a high standard of communication between staff.

4.3 Monitoring

The Health Board, for the purpose 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- statuary children's residential centres.

The SEHB had appointed an authorised person external to line management charged with monitoring the centre on a regular basis as required by *Child Care (Placement of Children in Residential Centres) Regulations, 1995, Part III, Article* 17 just before the inspection. At the time of the inspection, he had yet to assume his duties in respect of the HSS.

4.4 Children's rights

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

4.4.6 Consultation

In compliance with *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4* staff sought the views of the young people. The HSS staff are to be commended for the high standard of consultation. The young people confirmed to inspectors that their views were sought when decisions were made about their daily lives and their future. A good example was the involvement of the resident of the satellite unit in discussions about how it was to be established. Another was the response of staff to a young person's wish to visit a relative in the UK. Keyworker sessions were held weekly, and good records were kept of the levels of consultation that took place in them. The young people completed forms for their reviews that outlined their views, and they attended and could present their views with the support of staff.

Staff informed inspectors, and it was confirmed by the young people, that residents' meetings took place regularly. The policy of the unit was that they should be weekly. Inspectors found minutes of the meetings that covered meetings held at a frequency of once a fortnight. The agenda was evenly split between issues raised by staff and issues raised by the young people. Staff and young people took minutes. All the young people told inspectors that they viewed the staff as people who would advocate on their behalf, and ensure that their views were heard.

4.4.7 Complaints

The HSU had a policy on complaints. In the category of complaints it included disclosures of abuse. There was mention of an independent person, but she was not identified in the written policy. There was no leaflet explaining the complaints procedure to young people; and inspectors were of the view that the system did not clearly outline the options available to young people in terms of what to do if they were dissatisfied with a service. They told inspectors that they learned of what to do by verbal information from staff when admitted to the unit.

In the year prior to inspection 20 complaints were made and processed through the procedures of the HSU. The issues complained of varied from a dispute between two residents about name-calling to a grievance that a member of staff had broached a personal subject inappropriately. In each instance the manager or deputy manager became involved, and as far as possible discussion between the complainant and the person complained about was arranged. In one instance the member of staff gave an apology, which was accepted, and in another the duty of a member of staff to confiscate an aerosol can was explained to and accepted by the young person. The form used to record the complaint covered all stages of the process, including a list of persons to whom copies of the complaint were sent. It was a good, accountable system. Inspectors advise that copies of all complaint forms should be sent to supervising social workers.

In interviewing young people inspectors found that they were aware that they could bring any concerns they had to their keyworker or other member of staff, and they said that they often talked directly to the manager of the HSU. They expressed confidence that he would deal with their complaint. In practice, if a young person brought a complaint to a member of staff they would complete the complaints form, whether a young person asked them to or not, so that a record of the complaint could be kept. There was nothing in the information for parents about the centre describing what to do in the event of a complaint. Staff told inspectors that the procedure was explained to them at the time of admission, or when they visited the unit.

The centre had a "safe room" set up in December 2000 for a young person engaged in high risk behaviours, while she awaited placement in a special care unit. The room was established with a regime of high levels of staff vigilance and response, and inspectors were shown meticulous records of observations and interventions. The young person complained that she had been detained for reasons other than her vulnerability. The board investigated the complaint and concluded that the legal basis for her being kept in the room had not been clearly established, and that no independent review of the arrangement was available to her at the time. It determined to draw up an inter-board policy and protocol for handling complaints made by young people in a care facility outside their home health board region, and inspectors have been informed that discussions between the three boards are in progress. It also sought guidance from the court about the safe room, and has received specific instructions about its use in relation to one case.

Up to the time of the inspection there had been one formal complaint from a young person regarding a member of staff. The complaint concerned alleged unprofessional behaviour, and was dealt with as a staff disciplinary matter. The acting general manager of the WCCA investigated it, and as a result of the investigation the member of staff was transferred from the unit.

In general, inspectors were of the view that the complaints procedure was operating very well in practice, but the policy and procedures needed to be better defined to reflect practice, and step-by-step information on how to make a complaint should be produced for the young people and their parents. The revised policies and procedures should make a clear distinction between a complaint as an expression of dissatisfaction with a service and disclosures or allegations of abuse. It is of value to include in the information to young people a statement that staff have a duty to bring any concerns about their welfare or safety to the attention of the manager. It is not appropriate to include staff grievances in the complaints process, and managers are urged by the inspectors to develop a distinct grievance procedure for staff.

The board had made provision for an independent person to process complaints that cannot be resolved by the manager of the HSU. It was the manager of the HSU in a neighbouring community care area. Since the independent element is a formally established part of the procedure, it should be identified as such in information for young people and their parents.

Inspectors recommend that those charged with developing the policy and procedures refer to the Inspectorate's guidance notes on 'Children's Complaints Work'. The centre staff are commended for operating an open system well, and responding respectfully to points raised individually by the young people in the units.

4.4.8 Access to information

The centre had a brief policy statement on the Freedom of Information Act. It affirmed that each young person had a right to access to information. It stated that as a general rule a report should

include written information, which could be verbally shared with the young person. It provided for keyworkers to supervise young people when they were seeing their general records. It mentioned information which the young person might not be capable of managing at the time of her request, which staff did not have the discretion to make available to her. Such requests had to be channelled through the manager who would make a decision regarding access to the material in consultation with the young person's social worker.

The young people at the unit were aware that they could have access to some information produced by the unit staff, but that reports from others might need the permission of the social worker or another person outside the unit. Staff told inspectors that, even amongst the reports that were produced by staff in the unit, there was information regarded as confidential if it mentioned another resident. One of the young people resident in the unit at the time of the inspection had seen those records that were accessible to her. Another was starting to read through some reports. Permission was being sought to allow another to have access to third party information. Inspectors were shown a letter written to a young person about her access to her file, and were concerned to note the restriction on time allowed for the exercise of her right of access to personal information. The manager and staff are urged to review this practice, and consider introducing less restrictive practices. It would be consistent with good practice if access to information were arranged so that the young person could see the written records at the time of their production, and that the account in the record could reflect a sharing of information.

Inspectors recommend that managers produce a young persons' booklet that will outline children's rights, explain the complaints procedure to children and parents, and include procedures for access to information.

Recommendations

7 Managers of the HSS should review the procedures for complaints and access to information, and make available to young people and their parents a clear description of the procedures set up by the board to ensure that they can exercise their rights.

8 Managers of the HSS should produce a policy and procedure for dealing with staff grievances and staff disciplinary issues that is distinct from the policy on young people's complaints.

4.5 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. This 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.

4.5.1 Suitable placement and admissions

The HSS has a policy on admissions. It stipulated that all referrals had to be made on the HSU's official referral forms. The forms had to be accompanied by a social history report, a

psychological report, a school history and school report, and a medical report including a recent medical examination. By interviewing referring social workers the admissions committee ensures that it acquires the information it needs to make a well-informed decision. Inspectors were told by the manager that exit strategies for each young person were discussed at the admissions committee meetings. Inspectors are of the view that the list of required reports should include a recently devised care plan that gives an indication of the intended destination of the young person after their stay in the HSU.

The processing of referrals by the admissions committee is dealt with in 2.1 above. Managers told inspectors that priority is given to SEHB referrals. Inspectors found evidence that in the case of one referral the admissions committee, in accordance with criterion 5.6 of the National Standards for Children's Residential Centres 2001, considered carefully the potential for bullying of the young person referred.

In discussions with inspectors young people showed a clear understanding of their care histories, and about the reason and purpose of their placement. Three of the young people were aware of the plan for their future, but one had experienced a recent change in the care plan. It had been made in order to take into account a significant change in home circumstances that prevented the former plan from being realised.

4.5.2 Statutory care plans

All the children had care plans, developed by supervising social workers in consultation with others. Staff told inspectors that plans were drawn up at pre-admission meetings for each resident, and that no set format was used. The HSS had a policy on "consistency and security" that stated that the young person would be involved in drawing up her own care plan and would be made aware of when she will be leaving the unit and where she will be moving on to at the end of her stay. The young people's files hold detailed social histories and assessments provided by the supervising social workers.

The files held evidence of some plans drawn up at pre-admission meetings. Others were drawn up after admission but within statutory limits. They varied considerably in quality, and some were not as detailed as the application forms that referring social workers were required to complete. One plan was on a WCCA child care plan form. It included the aims of the placement and arrangements for implementation and review. It identified supports that would be offered to the young person, the type and frequency of access to family, and the range of consultation that had taken place in the preparation of the plan. It was a good form well used. It lacked a space to put the date, but one was provided in the margin. In contrast, another care plan consisted of a list of bullet points about what would happen once the admission had taken place. The aim of the plan was nothing more than the placement itself, and the only other components were the support that would be offered to the young person and arrangements for access. In another case the files indicated that a care plan existed, but it was in the supervising social worker's case file, and the HSU file did not contain a copy. Staff told inspectors that they had been awaiting a copy since November 2001. Only one of the care plans had the signatures of the young people and their parents.

The HSU had separate placement plans to distinguish between the plan informing day-to-day care of the children and the overall care plan within which short-term objectives are set.

The records available to inspectors indicated that only one of the care plans had been sent to parents. It should be standard practice for all parents to receive copies of care plans and reviews.

Inspectors recommend that the care plan forms be revised. Managers are advised that the new format should include a requirement that the child and parents sign the care plan, and a space on the form to include the date of the plan. Good practice would suggest the inclusion of an indication of the date that it was sent to parents.

4.5.3 Statutory care plan reviews

The children's care plans were subject to review in accordance with *Child Care (Placement of Children in Residential Care) Regulations 1995, Part V, Articles 25 & 26.* All the reviews complied with the regulations in terms of frequency. In the best examples, they occurred at monthly. In others care plan reviews were not as frequent, but there were meetings between reviews. In one case, there had been case conferences in response to serious incidents. The young people are helped prepare for reviews by staff. They are given assistance to complete forms in which they are encouraged to record their views about their present care and wishes for the future.

There was no evidence that parents were sent the minutes of reviews. One social worker told inspectors that it was not practice to send minutes to parents, but they could ask for them if they wished.

There were deficiencies in the recording of reviews. For several, the only records in the care files were the reports written by the unit staff and young people. Some had minutes written in hand by the attending keyworker. In one case, three scheduled reviews in a row were cancelled. Reasons for cancellations were not given. The overall standard of conducting and recording of care plans and reviews was unsatisfactory. Inspectors urge the board to develop an efficient system for devising care plans and conducting and recording and reviews as a matter of priority.

Recommendation

9 As a matter of priority, the board should develop an efficient system of drawing up care plans and conducting and recording reviews, and ensure that parents receive copies of the plans and minutes of the reviews.

4.5.4 Contact with families

The HSS had a policy that stated that the same rules for contact with families that would apply for young people in care ordinarily, did not necessarily apply to young people in the HSU. This reflected the circumstances in which most of the young people had been received into care. However, the policy affirmed the principle that links with family would be maintained unless there were clear reasons to suggest otherwise. The procedures allowed for phone calls to be made outside the school day, unless they were to or from social workers or other professionals. The identity of an incoming caller was checked, and staff reserved the right to supervise some calls. Young people were permitted three calls a week to parents or relatives. The policy mentioned flexibility regarding contact with the supervising social worker. The statement goes on, *"However, this must be monitored to prevent abuse and if necessary the social worker or professional can be contacted by the unit manager at the request of the young person and ask them to make contact with the girl."* The unit manager, in consultation with the social worker should make decisions about restricting calls.

In practice, the promotion of family ties was a dominant feature of the centre's practice. Two of the young people had weekly visits to or from their parents, and another one had fortnightly visits. Another young person had monthly visits from her siblings. All of the young people had telephone contact with their families between one and four times a week. Contact between a parent and the young person in one case was prohibited by the court. However, the HSS made considerable efforts to facilitate her contact with other family members, including arranging for staff to take her to see relatives in the UK. The young people told inspectors that they felt that staff supported them in exercising their right to have access with their families, and that they were treated with respect both when they visited the unit, and when staff were supervising home visits.

Inspectors advise that the incorporation of restrictions in the policy on contact is revised in order to reflect the practice of promoting family ties and to ensure that the young person's right to contact is affirmed. Staff and young people told inspectors of a contact list that showed whom the young person was allowed to contact. Names were put on the list after consideration by the supervising social worker and the manager. Inspectors advise managers of the service to produce a list of those with whom contact is prohibited rather than those permitted. In principle, contact with parents is a right of the young person in care, and the reasons for restricting or supervising it should be determined in a formal risk assessment process. The practice of restricting contact should be regularly monitored and the decision regularly reviewed. The risks inherent in the contact should be regularly reassessed to determine whether they have changed and whether there are other ways in which they can be managed, and the number of names on the list should be kept to a minimum. Abusive interaction on the phone is not acceptable, but young people's contact with their social workers should be facilitated, and any restrictions placed on it formalised through the risk assessment process. Staff should be given guidance on how to promote and facilitate contact, and, if calls are unsupervised, genuine privacy should be assured. Young people should know the names and numbers of groups and organisations set up to promote their rights and should be allowed to participate in their activities if they so choose.

4.5.5 Supervision and visiting of young people

In accordance with Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 24 (1), visits to children by their supervising social workers was in compliance with and exceeded statutory expectations. However, visiting patterns could vacillate between weekly and three-monthly. There was a written undertaking on one care plan that they would be weekly, but they varied in practice between fortnightly and monthly.

It was not the regular practice for supervising social workers to read the records kept at the centre relating to the children. All visits of social workers are recorded in detail in the young people's files on specific forms.

Communication between most of the social workers and staff was very good; but in March 2002 the managers of the HSU wrote to the social workers and their managers asking them to maintain a regular pattern of contact. There was evidence that changes of personnel in community social work teams aggravated the problem of maintaining contact with young people in the HSS. However, whilst inspectors acknowledge that visits have been maintained within the statutory requirements, they urge managers to ensure that where a higher frequency of visits is an agreed part of the care plan, the commitment to it is honoured.

4.5.6 Social work role

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties on concerns they have in relation to any aspects of their care.

The social workers interviewed by inspectors spoke very highly of the quality of care provided by the centre. They said that they work in partnership with the staff. They praised staff for identifying strengths as well as weaknesses in the young people. They were made to feel welcome when they visited and enjoyed good working relationships with managers, keyworkers, and other care staff. They could see the young people in private in the centre, but also take them out. They were emphatic that the young people whose placement they supervised were well cared for and safe in the HSS, and that they had made significant progress since admission. They felt that the factors contributing to the success of the service were the atmosphere of calm in the centre, the professionalism and commitment of all the staff, and the flexibility of the staff in dealing with problems presented by the young people.

4.5.7 Emotional and specialist support

Care staff were aware of the emotional and psychological needs of the young people, and the caring ethos of the centre facilitated the meeting of those needs.

There was practice guidance in the policy and procedure documentation about the role of the keyworker that translated into practice. The role of the keyworker was to help the young person through the admission process, to oversee the meeting of physical, medical and recreational needs, to advocate for the young person, to prepare her for reviews, and to complete a report for her review.

The policy documents described the relationship between the staff and a young person as a central element in providing an environment that is caring, supportive and conducive to learning, based on openness, honesty, and respect. Community based professionals and the young people spoke highly of the commitment shown by staff to the young people in their care. The young people described the manager and the keyworkers as people whom they could trust. Professionals outside the centre told inspectors that the staff spent considerable time getting to know the young people well, gave them good role models, and showed them alternative ways of solving conflicts.

A psychologist is allocated to the HSU for 20 hours per week. The psychologist's role was to provide a service to individual young people in the centre, to support the managers of the unit, to provide consultancy to staff, and to be a member of the management advisory group. The incumbent of the post was on extended leave at the time of the inspection, and from January 2002 another psychologist was providing a limited service in order to maintain the provision to the unit. She attended the unit for about 3 hours per week. She had run group sessions at the centre. To begin with they were cognitive behavioural groups, but owing to the levels of self-consciousness of the young people the purpose of the groups was changed and the meetings became discussions about health issues such as teenage sexuality, mental health, and eating disorders.

Three of the young people who were resident at the centre saw the unit psychologist. The service provided to the young people was unconditional and confidential. They were able to see her at the local community health centre or in the unit as they preferred. Two others were seeing other special therapists. Two of the young people were educationally assessed by the

psychologist, and one was provided with three sessions to cover career interests. Although the statement of purpose and function described the HSU as a unit that provided therapeutic programmes, the young people accessed the psychological services individually.

Communication between the psychologist and the centre was very good. The managers of the HSU, and particularly the staff of the satellite unit, were able to make regular contact as required by phone. The psychologist attended staff meetings, and was included in the list of people who received incident reports. The psychologist told inspectors that the young people were seen straight away if there was a need, and not put on a waiting list.

Inspectors commend the provision of a psychologist with dedicated hours to work in the HSU, which demonstrates the board's commitment to the emotional and psychological well being of the children in their care.

4.5.8 Preparation for leaving care

The centre does not have a written policy on preparation for leaving care. However, the care plan of one young person in the centre clearly demonstrated the centre's practice in preparing a young person for leaving care. The plan was presented to the court. The young person was having graduated increases in visits home, and between visits staff coached her in strategies to deal with people and situations that could jeopardise the progress she had made at the unit. The social worker put supports in place for her and her parents. The supervising social worker told inspectors that the plan worked because it was very clear to the young person, it included the conditions attached to it, staff assessed each stage of the plan to ensure that the young person's anxieties about transition were understood, and the programme was paced to ensure that all parties were confident about their role.

4.5.9 Discharges

Discharges took place as part of the care planning process. All discharges from the HSU were planned.

4.5.10 Aftercare

The health board did not have a written policy on after care provision that outlines aspects of support and entitlements for a young person leaving the care system. However, the case of the young person who had returned home from the unit shortly before the inspection indicated practice. The aftercare arrangements were agreed at a case conference at the point at which she was leaving care. It included:

- continued support to the young person from the social worker;
- support to parents from a voluntary agency;
- regular support for the parents from a member of the extended family, particularly in the evenings;
- an outreach response from the HSU in the case of emergency;
- continued contact from one member of the HSU staff;
- an educational programme to assist the young person in constructive use of the summer holiday; and

- access to the board's community based child care worker who supports for young people who have left care.

Inspectors were of the view that this was an example of good practice, and they commend the supervising social worker, the HSU staff, and all those associated with drawing up the plan. The board is urged by inspectors to develop an aftercare policy and provide clear information for young people and parents about procedures and entitlements.

Recommendation

10 The board should develop an aftercare policy which informs the after care service available to all young people leaving care.

4.5.11 Children's case and care records

In accordance with *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 22* each child had a permanent, private and secure case file maintained by the supervising social worker.

The care files maintained at the centre contained most of the relevant documentation including birth certificates, care orders, detention orders, medical information, school reports, keyworker reports, incident reports, and other documentation. There were detailed records of supervising social workers' visits, and family contact. There was space for care plans and reviews, but not all were present. The files had front sheets with basic information on the young person, and although there was a large volume of information, it was easy to access. Other recording instruments supported the files. Each young person's file was of a similar standard. There was evidence that the manager looked at files from time to time and made suggestions to staff about how they could be improved. Inspectors found no significant inconsistencies in the practice of record keeping within the HSU and the satellite unit. However, the statutory care plans and reviews were difficult to track.

The deputy manager of the HSS read incident sheet and information reports, but there was no facility for her to put a date and sign to show that she had seen them. There was some duplication in the information produced by keyworkers. They did direct work with the young people at least once a week and wrote keyworker reports. They then had to complete keyworker feedback sheets for the child care leaders. These were discussed with the keyworkers, and then read to the next week's staff meeting. The same information could be discussed three times and recorded four times: in the keyworker report, an information sheet, the keyworker feedback sheet and the staff meeting minutes. In discussion with the staff and managers of the HSU it seemed to inspectors that this was an inefficient system that needed reform. The managers of the HSU are urged to consider ways in which the recording can be made more streamlined and efficient.

4.6 Care of young people

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. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

4.6.1 Individual care in group living

There was a policy statement about the need to allow young people to have choices, make decisions for themselves, and take responsibility for their decisions, and be accountable for them. The choices identified in the document were in respect of involvement in reviews, personal hygiene, laundry, meal preparation, participation in keyworker discussions, and group meetings.

Inspectors found ample evidence that the young people were invited to make choices about several aspects of their daily lives. They exercised choice about completing forms, attending and participating in reviews. They could buy toiletries of their own choice, engage in activities of their choosing, and have their preferences taken into account when food shopping was taking place, or when they went out to buy clothes.

The emotional life of the children was given particular attention. Each was clear about who their keyworker was and what the keyworker could do for them. Those interviewed spoke highly of the keyworkers, and felt that they could approach them to discuss anything that they wished to discuss. They also spoke highly of the other staff saying that they trusted them and could talk to any of them about their concerns or worries.

They young people were satisfied that the allowance for clothes was sufficient and that they were able to make their own choices in what they bought. Their trips to the shops were supervised, but cash was used for the purchases. Issues of personal hygiene were dealt with discretely. Toiletry requirements were bought from the centre's shopping budget, and the young people were able to exercise choice in what was purchased. The centre made funds available for the young people to have their hair styled. Make-up was bought by each young person with her pocket money.

Staff facilitated the young people in accessing an impressive range of activities according to individual preferences. One young person was involved in yoga dancing, horse riding, swimming, and going into town with staff for coffee. She also went to the cinema weekly with one or two of the other residents of the HSU. Another young person had attended an activity centre during the summer holiday and taken part in archery and water sports. She had also visited a farm. Inspectors were told that some of the group went to an amusement park in Wales. Weather permitting, they would go on walks along the seashore. For a period of a couple of months, one young person did a few hours work each week in a café. One young person kept a canary in her room. She had made an agreement with staff that the care of the bird would be her responsibility and used some of her pocket money to purchase items for it. The satellite unit had a dog, which the young person resident in the unit was involved in looking after.

Certificates of achievement, photographs, and other memorabilia were kept in the individual bedrooms of the young people, but they were also able to hand items over to staff for safekeeping.

Birthdays and other festive occasions were celebrated appropriately. An example was when the centre held a birthday party for the niece of one of the young people as a means of bringing all her family together and enabling her to provide a large enough space for them to gather. When asked whether birthdays were celebrated in the centre one young person replied: "Oh yes! Presents, party, cake, - *(with emphasis)* everything!" At Christmas the young people received enough extra pocket money to enable them to buy presents for their families, as well as for themselves.

Inspectors found several examples to support the view that the care experience in the HSS provided the young people with the skills, competencies and knowledge necessary for adulthood and citizenship. When asked by inspectors whether they were listened to at the residents' meetings the young people said that they were, but one added that she would not get listened to properly if she roared and shouted. She felt that she had learned a way to put her point of view across effectively. In response to requests made by young people at the meetings staff endeavoured to give a decision there and then, or as soon as possible afterwards. The responsiveness of staff to the requests was an important element in assisting the young people to experience the benefit of calmly putting forward their points of view, - a skill which they could carry forward into adult life.

4.6.2 Provision of food and cooking facilities

The inspectors shared meals with the staff and young people and were impressed by the general level of courtesy, spontaneous interaction and good-humoured conversation between the staff and young people. Food was plentiful and varied and took the preferences of young people into account, with a wide choice on the table at each meal. There were no restrictions on access to food, and young people were able to prepare meals or make a sandwich as they wish. All staff took turns in cooking for the group. There was a set menu, but staff noted what the young people preferred, and planned it accordingly.

4.6.3 Race, culture, religion, gender and disability

The young people were encouraged to practice their religion. Three of them attended church, and two had been confirmed during their placement at the HSU. Parental wishes in respect of religious observance were known in the case of only one of the young people.

The HSS had practice guidance on self-esteem that stated the expectation that staff show respect to the young people in their care, and not discriminate against them in any way. The young people told inspectors that they felt that staff respected them and their families.

The centre recognised the importance of the family as a source of heritage and identity. Information about the family was collected and shared with the young people, and every opportunity to promote positive contact was taken by staff and social workers. Arrangements had been made for one young person in the centre to stay in the UK with a relative for a week's holiday during the summer holiday. Staff were involved in facilitating contact in the centre and in the homes of members of the young people's families.

The majority of staff were female. The social workers, psychologists and GP were female also. There was only on male member of staff on duty during the day shifts. Staff spoke of his being involved in non-stereotypical tasks such as cooking and shopping, and one of the young people identified him as someone she could relate to well. This is an important factor in a centre where several of the residents have had experiences that gave rise to serious mistrust of male figures. Other staff interviewed by inspectors expressed the view that a better gender balance in the staff group would be desirable. Staff were sensitive to the young people's need for more positive male role models, but the centre had difficulty in meeting this need.

4.6.4 Managing behaviour

There was a sanctions policy that stated what measures could and could not be used in response to inappropriate behaviour. Prohibited sanctions were listed. Permitted sanctions included: withholding pocket money; additional chores; withdrawal of a privilege; removal of possessions

that might endanger self or others; and amendment of a routine. The policy stated that it was not the purpose of the unit to repress any young person's identity, but young people were to be made *"explicitly aware of the expectations with regard to acceptable behaviour and the consequences of deviating from these expectations."* The central tenet of the policy was that staff should try to give the young people autonomy over their lives whenever possible. Staff were invited to consider that acting out behaviour may be a symptom of neglect or abuse and to understand it as such.

There was also a discipline and boundaries policy statement. It put a duty on staff to ensure that the young people were aware of the limits and expectations in terms of their behaviour, and of consequences. Provision of a safe environment for the individual and the group was a guiding principle. Staff were expected to allow the young person space to redeem a situation after inappropriate behaviour, acknowledge self-restraint, remain calm when confronted with aggressive behaviour, be aware of their own feelings, and lead by example by apologising for their own mistakes.

Inspectors found evidence that the policies were reflected in practice. On the young people's care files they found evidence that there used to be behaviour management programmes with a points system. These were stopped. On interviewing the young people inspectors found that sanctions were rarely used. The most common was for a young person to be sent to her room for a short period of time. One young person had to contribute 50% of her pocket money over several weeks for damaging a television. Another was not allowed to go into town for two weeks after an episode of unauthorised absence. During that time the episode was discussed and staff worked with her to enable her to understand why she had run away. Another said that staff always look into the reasons why a young person might behave in an unacceptable way. The young person in the satellite unit said that the staff had decided to stop giving her sanctions because of the excessive number she used to receive.

There were no discrete records of sanctions. Instead they were reported on the incident sheets.

Inspectors were impressed by the efforts staff made to respond to the young people as individuals when managing inappropriate behaviour, and to use measures that would encourage learning rather than simply impose control. There was clear evidence that staff manage behaviour by promoting positive, trusting relationships between themselves and the young people, and that the young people were able to acknowledge responsibility for their own actions.

The centre did not have a policy on bullying. This was unfortunate, because inspectors found evidence in the files of a difficult situation in which one young person was bullying another, and staff had devised a programme of vigilance and intervention that tackled the problem. Inspectors advise the manager of the HSS to develop a policy on bullying.

Recommendation

11 The board should develop a policy, and practice guidance for staff, on bullying.

4.6.7 Restraint

The HSS did not have a discrete written policy on the use of physical restraint, but there was a policy on physical contact, which stated that physical restraint should only be used in the context of TCI. It also stated, *"If the danger of non-intervention is greater than intervention the unit manager or the Gardai should be contacted."* Calling the Gardai was seen as a last resort. During the year prior to the inspection there had been four occasions on which physical restraint

had taken place, and there was a specific reporting form that could be attached to the information sheets on the young person's care file and sent to social workers. In accordance with the policy, all incidents were recorded and reviewed at the next staff meeting.

The "safe room" referred to in 4.4.2 above was used in October 2001 for a young person on a detention order. She had freedom to go out of the room to wash and take exercise and use and adjacent room for recreation, dependent on behaviour. The room was not locked during this time, but effectively the young person's liberty was restricted, and she was supervised around the clock. During the time she was in the room physical restraint was used on one occasion after an incident of violence towards staff. The restraint was carried out in accordance with the board's policy, using TCI, and recorded on a specific form. The safe room had not been used thereafter.

The new premises to which the HSU was to transfer did not have such an arrangement, and the position after recent legislation is that wherever the HSU is sited it would not be an option available to the board to use any room for the purpose of detention. As indicated in 4.1 above, the purpose and function of the HSU should be reviewed and clearly show the status of the centre as an HSU, that is, as a centre in which it is not permissible to detain young people.

4.6.8 Absence without authority

The HSS has a written policy on unauthorised absences. There were nine episodes of absence without authority during the year prior to the inspection. The longest absence was taken by two of the young people at the same time and was for five days. On all those occasions the procedures for notifying parents, social workers, and manager on call were followed, and a record of the absences was found in the files.

4.7 Safeguarding and Child Protection

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.

4.7.1 Safeguarding

The centre did not have a written safeguarding policy. However, staff told inspectors of practices that show that safeguarding was understood and reflected in practice. They understood the requirement for staff to be able to bring matters of concern about colleagues to the attention of the manager, and safeguarding issues were discussed at staff meetings. Staff worked in pairs and there were two live night staff. No unauthorised person was allowed inside the building. External doors were kept locked for security reasons. Inspectors received evidence from managers to support the fact that this was a reasonable measure to take. There had been problems with outsiders who might have jeopardised the safety of the young people in the HSU. When planning for excursions and outings a form of risk assessment was used. Staff were aware of the need to leave the door open when in a young person's bedroom. While there was evidence that staff had knowledge of safeguarding practices there is a need for a policy and clear guidelines to inform practice.

The young people had access to several people outside the centre, including their parents, social workers, counsellors, and therapists to whom they could bring concerns; and the quality of their

relationships with their keyworkers meant that they could raise concerns with them. Staff received disclosures of past abuse, and the young people believed that staff could be trusted with such information.

4.7.2 Child protection

There are systems in place to protect young people from abuse. Staff are aware of and implement practices, which are designed to protect young people in care.

The HSS did not have a specific written policy on child protection. However, the child care manager told inspectors that the community care area had implemented Children First since September 2000, and that there is a weekly child protection notification meeting at which the reporting and notifying of all alleged child abuse incidents are brought to the attention of the child care manager. She also told inspectors that as the HSS is an inter-board resource, disclosures would be referred back to the community care area or health board that the young person comes from. Staff were aware of their obligation to report child protection concerns. The manager of the HSS told inspectors that all staff had been informed of what to do if a child makes a disclosure. However, the procedure is not written down.

Only four staff had undergone two-day training on Children First. Inspectors advise that training staff to deal appropriately with disclosures of past abuse should be given priority since the young people in the centre are making considerable use of staff to address aspects of their history that have been traumatic.

Recommendation

12 The board should ensure that the HSS has written policies on safeguarding practices and child protection which have been devised in line with the WCCA's implementation of Children First, and that training opportunities in Children First are extended to all staff.

4.8 Education

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 education facilities.

The policy of the HSS stated, *"ideally the school room should be outside the unit"*. Owing to the vulnerable nature of the young people placed with them the HSU provided on-site education in a large bright classroom within the building. None of the young people resident in the HSS attended school during the inspection, which happened during summer holidays. However, in the school year six girls in total received full time education, - five on site, and one in the satellite unit. There were four part-time teachers for general subjects for the girls in the HSU. Junior cert subjects were provided for the young person in the satellite unit under the home tuition scheme. Care staff were involved in educational activities, and assisted young people with their homework in the classroom in the early evening.

The educational service provided in the HSU was undergoing a process of change. A school principal was employed by the Department of Education in December 2001 to administer what

is technically a three-teacher school. This included the teachers in each of the board's high support centres in Waterford, Kilkenny, and Wexford. The school was classified as a special school, under the special education section of the Department of Education, and functioned under the rules for national schools. Recruitment for two permanent teacher posts and one temporary whole time post had recently taken place. The successful candidates were due to take up these posts in September 2002. The school had its own board of management, and its principal sat on the HSS advisory and admissions committees.

During a previous inspection of one of the board's HSUs, the new school principal discussed her role in reviewing the educational programmes already in operation, and seeking the necessary resources to develop them. In the inspectors' view, the employment of an administrative school principal is an important factor in progressing the educational service provided.

Work with the young people is based on individual education programmes. Some are working towards leaving certificates, while another is following the revised primary curriculum. The care staff have assisted the teachers by occasionally withdrawing a young person from the classroom when behavioural problems might disrupt the educational opportunities of others. Once the behaviour has been dealt with the young person is returned to the classroom.

Young people interviewed by inspectors acknowledged the value of the educational opportunities provided for them. One was rightly proud of good results in the school's summer exams.

It is clear that education is highly valued by the centre, and that the high expectations of staff are matched by encouragement and practical support. It is also clear the board is committing itself to delivery of a high standard of education by the restructuring of the schools in the HSUs. Management and staff are highly commended for the extent to which the centre meets this standard.

4.9 Health

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

The young people all had medical examinations on admission to care. Care records contained information on medical and health issues, and the young people receive medical, dental, and ophthalmic and specialist services as required. All the young people have medical cards, and all have female GPs in the same local surgery. Residents are able to exercise choice when registering with a GP. Previous residents had GPs in other surgeries. Parents sign consents for any medical treatment. Social workers are notified of all health matters.

Medication is kept in a locked cabinet in the staff office. Care records contain a clear record of all medication administered, both prescribed and non-prescribed. The administration of medication is carried out by two staff, both of whom sign the documentation. A book is kept inside the medical cabinet to record exactly what medicines are held in it and when and by whom they have been removed.

In line with health board's policy, the centre has a no smoking policy, supported by a no-smoking programme in which young people are encouraged to engage. It states that staff must not smoke in the presence of young people. However, inspectors observed some staff smoking outside the house, in sight of the young people, and inspectors found a receptacle by the back

door of the HSU with cigarette butts and sand. Staff are urged to consider the message they are giving to young people in their care by the way in which smoking is managed, and find a more effective way to translate their policy into practice.

Apart from basic self-care such as presentation, hygiene and diet, the young people also receive advice from staff on sexuality, and on the impact of alcohol abuse. The Stay Safe programme is not covered in the HSU. Care staff cover some of the issues, but there is a need for a programme of health education and a stay safe component, and managers are urged by inspectors to provide training for those staff that undertake this work.

4.10 Premises and safety

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

4.10.1 Accommodation

The accommodation was a large old detached building in the grounds of a large old health institution. There was adequate space for each of the young people to have their own bedroom, and there were sufficient facilities to provide a recreation room and a large classroom. Whilst there was an office on the ground floor, and a smaller room used as a staff room, there was no room for night staff on the first floor, so they had an area at the end of the corridor where they maintained watch throughout the night.

In accordance with *Child Care (Placement of Children in Residential Centres) Regulations, 1995, Part III, Article 14* the HSU and the satellite unit were adequately insured. Inspectors were given written confirmation of the policy, which is due for renewal on 1st January 2003.

4.10.2 Maintenance and repairs

The board's maintenance department did routine maintenance and repairs. Requests were sent to them by e-mail from the WCCA office, after the manager or deputy telephoned them from the HSU. There was no record of when jobs were completed, but the staff told inspectors that the responses were good. When the HSU moves to the new premises it will have direct access to the maintenance department through e-mail.

Since it was the intention of the board to move the centre to another property there was no programme of long-term capital works and maintenance.

4.10.3 Safety

Inspectors were shown a safety audit for the HSU building dated 22nd May 2002. Ten of the sixteen hazards had been attended to by the time of the inspection. However, those involving capital expense were not addressed since it was the board's intention to move the centre to more suitable premises.

The HSU had a comprehensive up to date health and safety statement as required by regulations. It was dated June 2001, and it named the manager as the person responsible for securing the safety management programme it outlined.

The centre had a vehicle that was properly taxed, insured and maintained. It had a first aid box, and a small powder fire extinguisher.

4.10.4 Fire Safety

The manager of the HSS provided inspectors with copies of fire safety certificates for the HSU and satellite buildings dated August 2000 and March 2001 respectively, confirming that they conformed to the requirements of *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 12.*

The HSU had an automatic fire alarm and emergency lighting system. There were fire extinguishers, a fire blanket, and notices about fire evacuation procedures as appropriate. The fire extinguishers were serviced annually and checked monthly by the HSU's fire safety officer on the staff. Seven fire drills took place over a period of 18 months, and were recorded in detail in a specific book.

5. Summary of Recommendations

1 The SEHB should review the statement of purpose and function of the HSU. The review should include: a clear statement that it does not detain young people; its role as a step-down unit from special care units; its role in providing high support for young people from health boards other than the SEHB; the age range of young people for whom it provides a service; and the expectations of the board in terms of young people moving on after placement in the unit.

2 The board should redesign the register in order to incorporate all the particulars required by *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 21 (2).*

3 The SEHB should ensure that all outstanding Garda clearances and references for current staff are followed up, and that the Department of Health and Children's guidelines regarding procedures for vetting staff before employment are rigorously applied in all future appointments.

4 As a matter of urgency the SEHB should develop a formal system of supervision, and provide training for those who are required to supervise staff.

5 The manager of the HSS should ensure that all staff receive regular supervision, and that records of supervision are monitored.

6 **The centre manager should ensure that all new staff receives induction.**

7 **Managers of the HSS should review the procedures for complaints and access to information, and make available to young people and their parents a clear description of the procedures set up by the board to ensure that they can exercise their rights.**

8 **Managers of the HSS should produce a policy and procedure for dealing with staff grievances and staff disciplinary issues that is distinct from the policy on young people's complaints.**

9 **As a matter of priority, the board should develop an efficient system of drawing up care plans and conducting and recording reviews, and ensure that parents receive copies of the plans and minutes of the reviews.**

10 **The board should develop an aftercare policy which informs the after care service available to all young people leaving care.**

11 **The board should develop a policy, and practice guidance for staff, on bullying.**

12 **The board should ensure that the HSS has written policies on safeguarding practices and child protection, which have been devised in line with the WCCA's implementation of Children First, and that training opportunities in Children First are extended to all staff.**