

# NATIONAL STANDARDS FOR CHILDREN'S RESIDENTIAL CENTRES



DEPARTMENT  
OF HEALTH & CHILDREN  
AN ROINN SLÁINTE  
AGUS LEANAÍ

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## FOREWORD

The Department of Health and Children and the Social Services Inspectorate in conjunction with representatives of the Health Boards have developed these National Standards for the inspection of children's residential centres, both statutory and non-statutory. Under the Child Care Act, 1991, the Social Services Inspectorate is responsible for inspecting children's residential centres that are managed by the Health Boards. Centres managed by voluntary or private agencies are inspected by Health Board Inspectors. These National Standards will be used for the purpose of inspecting all children's residential centres and will replace any previous standards that had been developed by the Social Services Inspectorate and Health Boards for the purpose of inspecting children's residential services. A Steering Group<sup>1</sup> whose purpose is to oversee the development of the Social Services Inspectorate endorsed the National Standards.

A Standards Committee<sup>2</sup> oversaw the development of the National Standards. The standards are based on the relevant legislation, regulation and guidance and current professional understanding (based on research and professional experience) of what constitutes good quality service from Ireland and abroad. Additionally, the inspection experience of the Social Services Inspectorate and the Health Board Inspectors, feedback from the Health Boards and the consultation process on the establishment of the Social Services Inspectorate influenced the development of this document.

It is the intention of the Department of Health and Children that these new National Standards will serve as a basis for consistently promoting quality of care in children's residential centres. It is against these standards that Inspectors will form judgements about the quality of children's residential child care services. Hopefully, the standards will provide useful and constructive guidelines for all those working in the area. Additionally, users of the services and their families can use them as a basis for judging the quality of the services they are receiving.

This document should be distributed widely to managers of statutory and non-statutory children's residential centres, to staff working in the centres, to referring or supervising social workers and their managers, and to all other professionals who have a role or responsibility in relation to children in residential care. It should be available to users of the service, their families and any other persons who request it.

Finally, this document should be read in conjunction with The Child Care Act, 1991, The Child Care Regulations 1995, Child Care (Standards in Children's Residential Centres) Regulations, 1996 and Guide to Good Practice in Children's Residential Centres. Readers may find it useful to consult the Report of Findings Relating to Inspection of Children's Residential Centres (SSI 2001).

A copy of this document is available on the Department of Health and Children and the SSI websites.

### EXPLANATORY NOTES

Every Health Board is required to notify the Social Services Inspectorate of the establishment of any new centres for the residential care of children and young people. This includes both planned centres or a centre opened on a temporary basis irrespective of the number of young people in residence.

Every voluntary or private agency is required to register all non-statutory children's residential centres with the Registration and Inspection Service of the relevant Health Board.

For the purpose of this document the following terms are used:

- *Under the standard on 'Monitoring', the term 'authorised person' applies to the person assigned by the Health Board to monitor compliance with the regulations in respect of all children's residential centres.*
- *Under the standard on 'Supervision and Visiting of Young People', the term 'authorised person' applies to the supervising social worker.*
- *The term 'Case Records' refers to the records on each young person maintained by the supervising social worker.*
- *The term 'Care Records' refers to the records on each young person maintained by the residential children's centre.*
- *The term 'Care Plan' refers to the written care plan developed by the social worker, in consultation with others, and in compliance with Article 23 of the Child Care Regulations 1995.*
- *The term 'Placement Plan' refers to direct care provided to the young person in the centre and is informed by the care plan.*

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## PURPOSE AND FUNCTION

# 1

### Standard

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

### CRITERIA

- 1.1 The centre has a statement that clearly defines the purpose and function of the centre, specifies the population it caters for and the service it aims to provide. Centres have agreed this statement with funding Health Boards.
- 1.2 The statement is kept up to date, with responsibility for this clearly identified.
- 1.3 The statement is available in a form that is accessible to young people, families, supervising social workers and any other persons with a legitimate interest in the work of the centre.
- 1.4 The statement lists the key policies that are in place and outlines their availability to young people, their families, social workers and other persons with a legitimate interest in the work of the centre.
- 1.5 Staff are familiar with the content of the statement, understand it and are confident that the statement is reflected in care practice.
- 1.6 The day-to-day operation of the centre reflects the statement of purpose and function.





## MANAGEMENT AND STAFFING

# 2

### Standard

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

### CRITERIA

#### Management

- 2.1 The centre is managed by an appropriately qualified person.
- 2.2 The centre has external management that oversees the work of the centre, approves the statement of purpose and function and all policies, and supports the work of the centre with adequate resources.
- 2.3 The centre manager and external managers satisfy themselves that appropriate and suitable care practices and operational policies are in place, having regard to the number of children living in the centre and the nature of their needs. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 5.*
- 2.4 Managers have in place mechanisms for assessing the quality and effectiveness of the services provided by the unit, particularly outcomes for the young people.
- 2.5 Where a Health Board does not run a centre, the registered proprietor shall notify the Health Board of a change in the person in charge. *Child Care (Standards in Residential Centres) Regulations, 1996, Part III, Article 6.*
- 2.6 Health Boards notify the Social Services Inspectorate of the establishment of a new centre for the residential care of children. This applies to a planned centre or to a centre opened on a temporary basis irrespective of the number of young people who will be accommodated.

#### Register

- 2.7 The manager keeps a register of all young people who live in the centre including those staying there for respite care or as short term emergency placements. Duplicated records are kept centrally in the Health Boards central administrative offices. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21.*

- 2.8 The register states the date of all discharges and the destination to which the young person was discharged.

### Notification of significant events

- 2.9 A Health Board is satisfied that the centre has a prompt notification procedure to the Board of any significant event affecting a child who has been placed there by the Board. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 15, and Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 16.*

### Staffing

- 2.10 The centre has adequate levels of staff to fulfil its purpose and function. Staff are qualified and have the ability to communicate effectively with children. There is a balance of experienced to inexperienced staff on the team to carry out their duties. The centre aims to have at least one qualified staff member at child care leader level on each shift. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 6.*
- 2.11 All staff, relief staff, students and volunteers are appropriately vetted before taking up duties, through the taking up of past employer references, including the most recent reference and requesting criminal records checks from An Garda Síochána, or other police authorities as appropriate.<sup>3</sup>
- 2.12 All new staff members receive formal induction.

### Supervision and support

- 2.13 All staff members receive regular and formal supervision, the details of which are recorded.
- 2.14 There is an effective link between supervision and the implementation of individual placement plans.
- 2.15 Staff meetings, hand-over meetings and other forums take place regularly to facilitate good communication, co-operation and consistency between staff in implementing care plans, providing consistency of care and maintaining safety.
- 2.16 The employer ensures that there are support mechanisms in place for staff, in particular for those who have suffered stress or injury in the course of their work.
- 2.17 The employer ensures that all statutory provisions in relation to employment law are adhered to.

## Training and development

- 2.18 There is an effective ongoing staff development and training programme for care and education of staff. The Board or organisation supports staff members to do qualifying or post qualifying training, consistent with the need for continuity of the service.

## Administrative files

- 2.19 The recording systems are organised and maintained to facilitate effective management and accountability, having regard to the requirements of the Freedom of Information Act, 1997.
- 2.20 Managers monitor the quality of all unit records, incident records and decisions taken by staff and take appropriate action to remedy deficiencies and to safeguard the interests of residents and staff.
- 2.21 Relevant records relating to children (additional to their care files) are kept in perpetuity.
- 2.22 The centre has clear financial management systems and records.



## MONITORING

# 3

### Standard

*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-statutory children's residential centres.*

### CRITERIA

#### Monitoring

- 3.1 An authorised person monitors the centre on a regular basis to ensure compliance with regulations, standards and best practice. Written reports of the monitoring process should be made available on an annual basis to senior managers, centre staff and inspectors. *Child Care (Placement of Children in Residential Care) Regulations 1995, Part III, Article 17.*
- 3.2 The authorised person should not be part of the line management of the centre.
- 3.3 The authorised person notes the requirements of the regulation for the purpose of monitoring and reports in writing under the headings:
  - care practices and operational policies;
  - staffing;
  - accommodation;
  - education;
  - access arrangements;
  - health care;
  - religion;
  - provision of food and cooking facilities;
  - fire precautions;
  - safety precautions;
  - insurance;
  - notification of significant events;
  - records.
- 3.4 The authorised person meets with the young people and enquires about their welfare and happiness.

- 3.5 The authorised person sees that all children have an allocated social worker and that a care plan has been prepared and looks for evidence that decisions taken have been acted upon.
- 3.6 The authorised person reads records of sanctions, physical restraint, complaints and unauthorised absences, and discusses any issues arising from these with the centre manager.
- 3.7 All significant incidents will be routinely notified to the authorised person.
- 3.8 The authorised person shall satisfy himself or herself that the centre is in compliance with all regulations and standards in respect of children's residential centres.

## CHILDREN'S RIGHTS

# 4

### Standard

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

### CRITERIA

#### Consultation:

Young people's views are sought when decisions are being made that affect their daily life and their future. *Child Care (Placement of Children in Residential Care) Regulations 1995, Part III, Article 4.*

- 4.1 Supervising social workers, managers and staff members consult with young people and their families about decisions that affect their lives and future.
- 4.2 The opinions and views of young people are sought and valued. They help inform policies and practice and the daily running of the centre.

#### Complaints:

Young people in residential care are able to express concerns or complain about their care.

- 4.3 There is a complaints procedure agreed by the Health Board and written information about it is given to children, their parents, staff members, social workers and others with a legitimate interest in the centre.
- 4.4 The complaints procedure clearly outlines the following:
  - what constitutes a complaint;
  - how a young person can be helped to make a complaint;
  - who they can complain to, in and outside the centre;
  - the procedure to be followed (steps to be taken, time scale, who investigates the complaint, where and how it is recorded, feedback to the complainant);
  - how a person making a complaint can appeal a decision if they are unhappy with the outcome.
- 4.5 Staff understand the purpose of a complaints procedure and treat complaints professionally. They routinely record how an individual's concerns are resolved.



- 4.6 Young people and parents are able to make a complaint and understand how it will be dealt with.
- 4.7 All serious complaints are promptly notified to the appropriate person in the Health Board.
- 4.8 Complaints made by young people and parents are recorded and taken seriously, and clear conclusions are reached.
- 4.9 There are systems in place to monitor the incidence and outcomes of all complaints.

**Access to information:**

The centre has written policy on young people's access to information. Young people are given access to information about themselves and services available in accordance with their age and level of experience.

- 4.10 Young people have access to information about their rights under the United Nations Convention on the Rights of the Child, 1989 and the Freedom of Information Act, 1997.
- 4.11 Young people are given information verbally and in writing of their right to access their records and information recorded about them, and are guided in how to exercise this right.
- 4.12 Young people and their families receive written information about their placement.

## PLANNING FOR CHILDREN AND YOUNG PEOPLE

# 5

### Standard

*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.*

### CRITERIA

#### Suitable placement and admissions

- 5.1 The supervising social worker and the centre manager are satisfied that the placement is suitable and will meet the needs of the young person.
- 5.2 The centre has a clear policy and agreed procedures describing the process of admission. Young people and their families are invited to visit the centre before admission and the admission process is sensitive to individual needs.
- 5.3 Young people are provided with age appropriate written information describing all aspects of the centre, in particular information about visiting, phone calls, pets, personal belongings, pocket money, local facilities, bedtimes, access to the community and holidays.
- 5.4 Young people are assisted to understand the reason for and the purpose of their placement and know what to expect in the future.
- 5.5 The supervising social worker has a clear responsibility to let the centre have adequate information about the young person in advance of the placement.
- 5.6 Admissions policies and practices take account of the need to protect young people from abuse by their peers.

## Statutory care plans

- 5.7 Placements are supported by a statutory comprehensive written care plan, developed by the supervising social worker in consultation with others, based on
- the aims and objectives of the placement;
  - the support to be provided to the young person, to the residential centre and where appropriate to the parents of the young person by the Health Board;
  - the arrangements for access to the young person by a parent, relative or other named person subject to any court order;
  - the arrangements to review the plan.
- 5.8 Individual statutory care plans include an assessment of each young person's educational, social, emotional, behavioural and health requirements and identify how the placement will support and promote the welfare of each young person.
- 5.9 The plan is in place before or as soon as is practicable after the young person comes to live in the centre. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 23*. In the case of emergency admissions a statutory care plan should be prepared within seven working days.
- 5.10 The statutory care plan distinguishes between the overall long-term plan and the plan dealing with the period the young person is in the centre (placement plan). The placement plan should operate within the wider care plan being implemented by the placing authority.
- 5.11 The young person, their parents and significant others are consulted in the process of drawing up the statutory care plan and confirm that they are aware of the way it is being implemented. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 23*.
- 5.12 A written copy of the statutory care plan is forwarded to the parents, the manager and the young person.

## Statutory care plan reviews

- 5.13 Each young person's care plan is subject to formal, systematic and regular review in accordance with the directions outlined in the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part V, Articles 25 & 26*.
- 5.14 Statutory care plan reviews assess the effectiveness of the care plan, take into account developments and update the care plan giving named people responsibility for pursuing achievable objectives of the plan within a time scale.
- 5.15 Young people and their families are helped prepare for reviews, are invited to attend review meetings, are aware of their purpose, are satisfied with the way

they are conducted and receive copies of the documentation, including decisions made.

- 5.16 Copies of decisions made at review meetings are forwarded to parents, even where they have not attended meetings, unless this is regarded as putting the welfare of the child at risk.
- 5.17 The supervising social worker in conjunction with the residential centre ensures that arrangements for conducting the review process are in place. These include the responsibility for convening, chairing and recording the review process, the venue, the method of issuing invitations and seeking reports, and the distribution of minutes that state the date of the next review.

### Contact with families

- 5.18 Visits from family members, significant others and friends are encouraged and facilitated in private *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 8*, subject to court stipulations.
- 5.19 Where a young person has lost contact with a parent, family or significant others the supervising social worker and staff members actively seek to re-establish contact and to identify key people within the extended family to provide support.
- 5.20 Supervising social workers and care staff in the centre encourage and practically support contact with parents, family and significant others unless the court restricts contact. Arrangements should be made for the supervision of visits if this were needed. The requirements for supervision of visits are decided after careful consideration of all the facts at every care plan review meeting. Parents and the young person are informed of any decision to supervise visits, and the reasons for this. The supervising social worker and centre staff are sensitive to children's wishes on this matter.
- 5.21 Parents are kept informed about events in their child's life. Where possible they have every opportunity to make a positive input to the care of their child and are invited to participate in events such as school meetings and functions and other significant appointments such as medical or dental.
- 5.22 The wishes of siblings to be placed together are respected wherever possible. If they cannot be accommodated together, arrangements are made for them to have high levels of contact, including holidays together.
- 5.23 Where a young person does not have contact with their family, the supervising social worker and staff explain the reasons clearly and these are documented in the care plan and in the review of the care plan.

### Supervision and visiting of young people

- 5.24 A young person placed in a children's residential centre is visited by an authorised person as often as considered necessary, having regard to the care plan and any review of this care plan, but in any event at intervals not exceeding those specified *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 24*. From time to time, the authorised person, usually the supervising social worker, will read records kept in the centre relating to the young person.
- 5.25 A record of every visit to a young person by the supervising social worker is entered in the centre's care file, together with details of any action taken as a result of a visit.

### 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 or concerns they have in relation to any aspects of their care.*

- 5.26 Social work management ensures that supervising social workers:
- provide sufficient background information about the young person to the centre;
  - prepare a care plan;
  - make arrangements to hold care plan reviews;
  - ensure that young people and parents are invited and their views are represented during the review and are reflected in decisions;
  - visit the young person in the centre and see the young person privately;
  - are aware of all significant incidents involving the young person and take appropriate action on receipt of written notifications;
  - receive written notification of all incidents of physical restraint or unauthorised absence of a young person;
  - are satisfied that the young person is safe and well cared for in the centre;
  - from time to time read the child's case file and daily diary;
  - keep an up to date case file including a record of every visit to the child *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 22*.

### Emotional and specialist support

- 5.27 Staff are aware of the emotional and psychological needs of young people, and through the key worker role and the general ethos of the centre, facilitate the assessment and meeting of those needs.
- 5.28 The external manager arranges for external support to staff to provide for assessments, consultancy and treatment or counselling for individual young

people. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 9.*

- 5.29 All children in care shall have early access to specialist services they may require. Supervising social workers and centre staff should keep a record of attempts to access these services.
- 5.30 All professionals involved with the young person will co-ordinate their work and will ensure that any interdisciplinary differences are overcome in the best interests of the young person.
- 5.31 The findings and recommendations of specialist professionals are reflected in the care plan and the work of the centre with the young person.
- 5.32 Where a young person becomes a parent while in the care of the Board, the Board shall have due regard to their overall and developmental needs as well as to those of their infant.

### Preparation for leaving care

- 5.33 Young people are prepared for leaving the centre in ways that are appropriate to their age, understanding and maturity. The preparation reflects whether they are going to live with their family or in a foster family, another children's residential centre, shared care, supported lodgings, an aftercare arrangement, or other agreed plan.
- 5.34 Each young person's key worker has specific responsibility to support the transition of the young person leaving the centre.
- 5.35 Two years prior to a young person reaching the legal age of leaving care the care plan will outline the preparation and support in place for the young person. Included will be the named person who will maintain contact with the young person after they leave the centre, the financial support available to the young person, the living arrangements and support available in times of illness, crisis or seasonal celebration.
- 5.36 The young person and their family are involved in developing the leaving care plan.

### Discharges

- 5.37 Young people are discharged from a centre in a planned manner following consultation with all parties. Centre managers and supervising social workers should endeavour to ensure young people do not leave placements in an unplanned manner.

- 5.38 Staff members ensure that all belongings, photographs, certificates and contact addresses are given to the young person on leaving the centre. Staff members with significant memories of early and key events in the young person's life write these down or audio/video tape them for the young person.

### Aftercare

- 5.39 Each Health Board has a written policy on its aftercare provision. This statement outlines all aspects of support and entitlement for a young person leaving the care system. Young people up to a minimum age of 21 should be supported, as they request, by the aftercare service.

### Children's case and care records

- 5.40 Each young person has a permanent, private and secure record of his or her history and progress that contains all relevant documentation and is maintained by the supervising social worker. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 22.*
- 5.41 Records are written to a standard and in a style defined by the centre, and are clearly expressed and free from colloquialisms and stereotypes.
- 5.42 Care files in the centre have the original or a copy of their birth certificate, care order or parental consent form.
- 5.43 Case and care records are kept in a way that helps effective care planning and maintains appropriate levels of privacy and confidentiality about young people's circumstances. The record shows that the young person's views were sought and recorded.
- 5.44 All case and care files are kept in perpetuity using an appropriate medium.

## CARE OF YOUNG PEOPLE

# 6

### Standard

*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.*

### CRITERIA

#### Individual care in group living

- 6.1 Young people are cared for in a manner that respects and takes account of their wishes, preferences and individuality.
- 6.2 The emotional life of young people in care is given particular attention. Young people know that there is a responsible adult available to them who is capable of understanding and supporting them.
- 6.3 Young people are encouraged to make choices about their personal appearance and clothing, with support and advice from their carers.
- 6.4 Issues of personal hygiene are dealt with sensitively and with dignity.
- 6.5 Young people have opportunities to develop and maintain interests, talents and hobbies and to participate regularly in a range of leisure and recreational opportunities of their choice.
- 6.6 Certificates of achievement, photographs, home videos and other memorabilia are kept safely for the young person.
- 6.7 The centre celebrates festive occasions and young people's birthdays in a special way, with gifts and activities similar to those of their peers.
- 6.8 The care experience provides young people with the skills, competencies and knowledge necessary for adulthood and citizenship.



### Provision of food and cooking facilities

- 6.9 Young people have adequate quantities of nutritious and appetising food and their preferences are taken into account in planning menus. Young people who are vegetarian or who have special dietary requirements are offered a range of suitable and nutritious food. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 11.*
- 6.10 Young people have easy access to food, and are gradually encouraged to develop healthy eating habits.
- 6.11 Staff and young people eat meals together and these are regarded as a positive social event.

### Race, culture, religion, gender and disability

- 6.12 Young people in care enjoy the same opportunities as their peers and are not subject to any form of discrimination.
- 6.13 Staff help young people to understand the nature of discrimination, which some of them may experience, and work with them in finding appropriate ways to deal with this.
- 6.14 Young people are facilitated in the practice of their religion, taking account of views expressed by their parents. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 10.*
- 6.15 The centre recognises the importance of family as a source of heritage and identity. Information about the young person's family and community is collected and shared with the young person in a way that is accessible to them.
- 6.16 Disability is acknowledged and positive approaches to, and positive images of, disability are made available.
- 6.17 All staff are made aware of the centre's policy on diversity and anti-discrimination and operate this in their daily practice.

### Managing behaviour

- 6.18 The centre has a written policy for responding to inappropriate behaviour that clarifies the rights and responsibilities of both young people and staff members. All staff are encouraged to consider the underlying causes of inappropriate behaviour and day-to-day practices are in place to support children in managing their behaviour.
- 6.19 Young people understand the behaviour expected of them. They know that positive behaviour will be rewarded and that sanctions can be applied for unacceptable conduct.

- 6.20 Young people are not subject to any form of treatment that is humiliating or degrading.
- 6.21 The centre has a written policy on bullying that promotes a positive and safe environment.
- 6.22 The centre has a written policy on sanctions that is entirely consistent with promoting the developmental needs of young people as accounted for in their placement plan. It should state what sanctions are permitted and prohibited.
- 6.23 All sanctions are reasonable, humane and age appropriate. They are in proportion to the misbehaviour addressed and are effective in managing it.
- 6.24 All sanctions are recorded in a separate book for monitoring purposes.

### Restraint

- 6.25 The centre uses a method of physical restraint that has been researched and is based on reputable practice. There is a written policy that is understood by all staff and young people in the centre. Where physical restraint is used, it is applied in a way that is consistent with the requirements of the policy.
- 6.26 There is evidence to show that staff have used other methods to try and de-escalate the situation before using physical restraint.
- 6.27 Physical restraint is never used as a sanction or punishment, but only to protect children from immediate risk of injury to self or others, or serious damage to property.
- 6.28 Physical restraint is deployed using the minimum amount of force necessary and for the shortest period of time. The actions of staff are proportionate to the circumstances that led to a child needing to be physically restrained.
- 6.29 Physical restraint is not a regular feature of the care a young person experiences. If a young person is frequently physically restrained a review of the care plan should be arranged as a priority
- 6.30 Staff are appropriately and sufficiently trained in the use of physical restraint. Only those so trained should ever be involved in it. Their competence is checked regularly and refresher training is provided.
- 6.31 The use of physical restraint is recorded in a separate book and closely monitored by the unit manager and line manager for the centre. Social workers see copies of the record of physical restraint and parents are informed of its use. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 15.*

### Absence without authority

- 6.32 There is a written policy and procedure for staff to follow when a young person is absent without authority. This includes who should be notified and within what timeframe.
- 6.33 The policy dealing with children who are absent without authority takes into account the age, developmental stage and personal circumstances of the young person. This is accounted for in the young person's care plan.

## SAFEGUARDING AND CHILD PROTECTION

# 7

### Standard

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

### CRITERIA

- 7.1 The centre has a written policy on safeguarding young people in the centre. The policy complements good care practices, effective management, children's rights, social work supervision and visiting, monitoring and child protection.
- 7.2 The centre's policy includes:
  - recruitment procedures (including Garda vetting);
  - induction and ongoing training, supervision and appraisal of staff;
  - monitoring standards of care;
  - staff understanding that part of their role in safeguarding children is to monitor colleagues' practice and raise concerns as appropriate;
  - complaints procedures;
  - advocacy support for young people;
  - children's rights and participation;
  - interdisciplinary working and informed therapeutic interventions;
  - contact (including access) with family and community members;
  - private access and communication by young people to social workers, advocates, solicitors and other people with a legitimate interest in their welfare.
- 7.3 Staff understand the policy and it is carried out in practice.
- 7.4 The centre has written guidelines on the nature of appropriate professional relationships between staff members and young people, including one-to-one contact and visits to the homes of staff.
- 7.5 Young people have access to facilities for making and receiving telephone calls in private.
- 7.6 Young people know about groups and organisations set up to promote their rights and may participate in their activities if they choose.

- 7.7 Staff members are encouraged and facilitated to question, and where appropriate, express concern about attitudes and practices of colleagues. Staff members are assured they will not be victimised for reporting such concerns and know what support is available to them should they bring to light poor or abusive practices.

## CHILD PROTECTION

### *Standard*

*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.*

### CRITERIA

- 7.8 The centre has written policies and procedures, agreed with the local child care manager and consistent with the national guidelines for the protection of children as set out in Children First, in relation to:
- measures to be taken in the event of an allegation of current abuse or neglect in the children's residential centre;
  - measures to be taken in the event of an allegation of past abuse or neglect in the children's residential centre (or previous care placements);
  - measures to be taken in the event of an allegation concerning the abuse or neglect of a resident of the centre outside that centre.
- 7.9 The centre has agreed arrangements in place with the supervising social worker for bringing allegations of abuse to the attention of parents or guardians.
- 7.10 Staff members are trained in the principles and practices of child protection. Staff members are given guidance in relation to safe care practices.
- 7.11 Staff members are under a clear obligation to report any child protection concerns to the centre manager or, in the event that the concerns relate to the centre manager, to the relevant line manager and Health Board child care manager.

## EDUCATION

# 8

### Standard

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

### CRITERIA

- 8.1 Education is valued and the educational needs of each young person are addressed. Each is encouraged and assisted to reach his or her educational potential.
- 8.2 Where possible, the supervising social worker tries to maintain the young person in his or her own school on coming to live in the centre.
- 8.3 The centre takes an interest in the young person's education, attends all relevant school functions and meetings, and supports the young person in the centre by having the physical facilities and household routine for homework and study.
- 8.4 The supervising social worker and centre manager in consultation with the school, ensure an educational assessment is carried out for any young person where there are any questions relating to ability, specific learning difficulties, under achievement or special talents.
- 8.5 Young people with deficits in educational attainment or temporarily not attending school are supported with extra tuition.
- 8.6 Young people approaching school leaving age are strongly encouraged to participate in third level education or vocational training programmes as appropriate to their abilities, interests and aspirations, and this is reflected in their care plan.



## HEALTH

# 9

### Standard

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

### CRITERIA

- 9.1 A young person has a medical assessment on admission to care, unless the supervising social worker and centre manager are satisfied that this is unnecessary. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 20.*
- 9.2 Care records contain a clear and complete record of all medical and health information from birth. A note is recorded on file where information is absent outlining the efforts made to obtain the information.
- 9.3 Young people receive medical, dental, ophthalmic or other specialist services when required. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 9.*
- 9.4 All young people have access to a general practitioner. When possible, young people remain registered with their family general practitioner. Staff are sensitive to a request from a young person regarding the gender of the general practitioner they attend. All young people have a medical card in their own right.
- 9.5 The centre manager and/or the supervising social worker shares appropriate information with the general practitioner to enable him or her offer optimum care.
- 9.6 Care records contain a clear record of all medication administered, both prescribed and across the counter.
- 9.7 Other than in the case of a medical emergency, the social worker, and where possible the parent of a young person is informed and written parental consent is sought regarding medical care.
- 9.8 Young people and parents are consulted regarding their health care and treatment plans (including immunisations). Young people who are aged sixteen years and over give consent to medical examinations or treatment, in compliance with the Non-Fatal Offences Against the Person Act, 1997, Section 23 (1).



- 9.9 The care plan names a staff member responsible for giving appropriate guidance dependent on age and developmental stage on subjects such as: smoking; alcohol; diet and exercise; physical and sexual development; sexual health and sexually transmitted diseases; and the use of illegal substances.
- 9.10 The centre has a no smoking policy that prohibits staff and young people smoking in the centre or when sharing transport. Young people are encouraged not to smoke outside the centre and are offered real incentives to desist. There are active programmes in place to discourage young people from forming a smoking habit.

## PREMISES AND SAFETY

# 10

### Standard

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

### CRITERIA

#### Accommodation

*Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 7.*

- 10.1 The centre is kept in good structural repair and decorated to a standard which creates a pleasant ambience.
- 10.2 The furnishings and facilities are adequate and sufficient for the number of young people living in the centre.
- 10.3 The centre is adequately lit, heated, ventilated and has suitable facilities for cooking and laundry and all equipment is as domestic in style as possible.
- 10.4 Space is provided within the centre for young people to have visits from friends, family members or social workers that is private and will not disrupt the rest of the centre. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 8.*
- 10.5 Young people have a room to themselves.
- 10.6 The centre has age appropriate play and recreational facilities which are available to young people.
- 10.7 The centre involves young people in decision making when physically relocating, furnishing and decorating the premises.
- 10.8 Young people have access to a space within the centre where their personal belongings can be kept safely and securely.

- 10.9 The centre is adequately insured against accidents or injuries to children *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 14* and details are made available for inspection purposes.

### Maintenance and repairs

- 10.10 Repairs to the centre are dealt with promptly and a record is kept of all such repairs, detailing the need for the repair, the action taken, and date of completion.
- 10.11 External line managers routinely monitor the premises to ensure the maintenance of standards and safety.
- 10.12 Managers have a programme of maintenance and capital works that will ensure the structural and decorative order of the unit is maintained.

### Safety

*Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 13.*

- 10.13 The Health Board has satisfied itself, by undertaking a proper risk assessment, that the centre is a safe and secure place for young people to live in and staff to work in, and has systems in place for reporting accidents and injuries.
- 10.14 The centre has an up to date Health and Safety statement which has been developed in consultation with relevant Health and Safety authorities, and a member of staff is a designated Health and Safety Officer.
- 10.15 There are effective ways of recording and reporting health and safety hazards in the centre and these are dealt with promptly.
- 10.16 An appropriate number of staff are adequately trained in first-aid techniques.
- 10.17 Vehicles used to transport young people are road worthy, legally insured and driven by persons who are properly licensed.
- 10.18 Medicines are safely stored in a secure cabinet to which young people do not have access. The administration of medication is properly recorded in line with centre policy.

### Fire safety

*Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 12.*

- 10.19 The centre has written confirmation from a certified engineer or a qualified architect that all statutory requirements relating to fire safety and building control have been complied with.

- 10.20 The centre has an up to date statement on fire safety, fire precautions and emergency procedures, which has been drawn up in consultation with the Fire Safety Authorities.
- 10.21 Adequate precautions are taken against the risk of fire, including effective means of escape, arrangements for detecting, containing and extinguishing fires and maintenance of fire fighting equipment.
- 10.22 Staff and young people participate in regular fire drills, which are properly recorded.
- 10.23 Staff have received training in fire prevention and evacuation.



**<sup>1</sup> Membership of the Steering Group:**

<b>Frances Spillane</b>	Director, Child Care Services, Department of Health and Children;
<b>Eamon Corcoran</b>	Principal Officer, Child Care Policy Unit, Department of Health and Children;
<b>Angie Noonan</b>	A/Assistant Principal Officer, Child Care Policy Unit, Department of Health and Children;
<b>Brid Clarke</b>	Assistant C.E.O., South Western Area Health Board;
<b>Ger Crowley</b>	Assistant C.E.O., Mid-Western Health Board;
<b>Michèle Clarke</b>	Chief Inspector, Social Services Inspectorate;
<b>Paula O'Reilly</b>	Department of Health and Children, Secretary to the Steering Group.

**<sup>2</sup> Membership of the Standards Committee:**

<b>Eamon Corcoran</b>	Principal Officer, Child Care Policy Unit, Department of Health and Children;
<b>Angie Noonan</b>	A/Assistant Principal Officer, Child Care Policy Unit, Department of Health and Children;
<b>Michèle Clarke</b>	Chief Inspector, Social Services Inspectorate;
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<b>Nuala Doherty</b>	Regional Manager, North Eastern Health Board;
<b>Monica Egan</b>	Irish Association of Social Workers;
<b>Michael Corcoran</b>	Irish Association of Care Workers;
<b>Sr. Goretti Butler</b>	Daughters of Charity;
<b>Paula O'Reilly</b>	Department of Health and Children, Secretary to the Standards Committee.

**<sup>3</sup> See Department of Health and Children Circular dated 8<sup>th</sup> September 1995.**

## NOTES

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