

# **NATIONAL STANDARDS**

**For**

# **SPECIAL CARE UNITS**



Department of Health & Children

## FOREWORD

The 1999 Childrens Bill (when enacted) will legislate for the granting of Special Care Orders by the Courts where “the behaviour of the child is such that it poses a real and substantial risk to his or her health, safety, development or welfare, and the child requires special care or protection which he or she is unlikely to receive unless the court makes such an order”.

These departmental standards have been drawn up on foot of the development of special care units. They provide the basis against which inspectors will form judgements about the quality of care provided by the Health Boards in these units.

The standards have been developed by the Department of Health and Children, the Irish Social Services Inspectorate (ISSI) and the Health Boards in conjunction with representatives of the Voluntary Sector, Irish Association of Social Workers, Irish Association of Care Workers and the Department of Education Special Schools. They subsequently have been endorsed by a <sup>1</sup>Steering Group which was established to oversee the development of the new inspectorate.

The standards have been informed by the existing legislative framework, the draft national standards for the inspection of children’s residential homes and by experience elsewhere. These standards will serve as a basis for promoting quality within the Health Board Special Care Units and provide useful and constructive guidelines for staff and managers working in this area. A programme of inspection, underpinned by a clear set of standards, provides an excellent platform for supporting Health Boards reach that goal.

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## **PURPOSE AND FUNCTION**

### **1**

#### *Standard*

*The unit's role in relation to wider child care services (including regional and national) is clear and set out by the Health Board or Area Health Authority.*

*The unit has a written Statement of Purpose and Function which accurately describes what the unit 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 unit tasks are defined and explain where they fit into other services provided by the Health Board or Area Health Authority.
- 1.2 The unit has a Statement of Purpose and Function which clearly defines the purpose and function of the unit, specifies the population it caters for and the service it aims to provide.
- 1.3 The statement is available in a form which is accessible to young people, parents and placing authorities.
- 1.4 The statement is kept up-to-date with responsibility for this clearly identified.
- 1.5 Staff are familiar with the content of the statement, understand it and are able to give examples of its relevance to practice.

## **MANAGEMENT AND STAFFING**

### **2**

#### *Standard*

*There is an adequate number of staff who are sufficiently experienced and qualified to enable the unit to achieve its purpose and function and meet the needs of the young people.*

*The unit is effectively managed and staff are organised and deployed so as to operate the unit effectively and efficiently to the required standard.*

## **CRITERIA**

### **Staffing**

- 2.1 The number of staff on duty at any time is sufficient to promote the young people's welfare and to maintain safety and security.
- 2.2 The competence, experience and qualifications of staff on duty at any time are adequate for the purpose of the unit, taking into account the resident population.
- 2.3 The composition of the staff team reflects the needs of the residents, and staff recruitment operates within an equal opportunities policy.
- 2.4 The employer has a recruitment process that reflects best practice.
- 2.4 Staff are deployed effectively in order to support the purpose and function of the unit, taking into account the current resident population.
- 2.5 Lines of accountability for all staff are clear including sessional staff brought in for specific purposes.
- 2.6 Working patterns seek to maximise continuity of contact between young people and staff and reflect their differing needs at key points during the day.
- 2.7 Arrangements exist which ensure prompt provision of adequate staff cover when additional staff resources are required e.g. at times of staff sickness, extended leave, critical incidents etc.
- 2.8 Students on placement are supernumerary to staff complement and their placement is supervised at all times.

### **Staff Checks**

- 2.9 All staff and relief workers are appropriately vetted, through the taking up of past employer references, including most recent employer and requesting criminal records checks from An Garda Siochana and other appropriate police authorities. All students are appropriately vetted.

### **Supervision and Support**

- 2.9 Units have a policy on supervision of staff and all staff received regular and formal supervision, the details of which are recorded in accordance with this policy.

- 2.10 There is an effective link between supervision and the implementation of agreed individual care plans.
- 2.11 Staff meetings, hand-over meetings, and other forums take place regularly to ensure cooperation and consistency between all staff (including care, teaching, and other specialists) in implementing care plans and maintaining safety and security.
- 2.12 Staff are supported in their work by explicit policies and procedures, are provided with appropriate direction, and are clear about accountability and reporting lines.

### **Training and Development**

- 2.14 The staff team corporately possesses the skills and knowledge required to work with the young people living in the unit and to maintain their safety and security.
- 2.15 There is an effective ongoing staff development and training programme for care and education staff. This includes training which is appropriate to working in secure accommodation, relates to the needs of the young people accommodated, and provides for induction training for all new staff.
- 2.16 Staff have received training in child protection, race and culture awareness, the management of difficult behaviour and matters related to the rights of the young people. Any persons nominated to act in the interest of the child should have received basic training in child protection and matters related to the rights of the young people.

### **Unit Management**

- 2.17 The recording systems are organised and maintained to facilitate effective management and accountability.
- 2.18 Managers monitor the quality of all unit records, incidents, and decisions taken by staff, and take appropriate action to remedy deficiencies and to safeguard the interests of residents and staff.
- 2.19 The unit has clear financial management systems and records.
- 2.20 Managers have in place mechanisms for assessing the quality and effectiveness of the services provided by the unit, particularly outcomes for the young people.

## **Monitoring**

### **3**

#### **Standard**

*The Health Board, has adequate arrangements 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 regulation, 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.

## **PLANNING FOR YOUNG PEOPLE**

### **4**

#### **Standard**

*There is a written care plan to promote the welfare of each young person which is subject to regular review. This stresses and practically supports contact with families, preparation for adulthood, promotes education and health needs and addresses the emotional and psychological needs of the young people.*

## **CRITERIA**

### **Referral and Placement of Young People**

- 4.1 Decisions to seek a placement in secure accommodation are taken in accordance with Section 23A, Part IVA of the Child Care Act, 1991, to be amended upon passing of the Childrens Bill, 1999.
- 4.2 Young people have been adequately prepared for placement and have an understanding of the reasons for and purpose of their placement in the unit and what may be expected to happen to them in the future.
- 4.3 The placing authority has clear and explicit responsibilities in respect of the supply of adequate information in advance of the placement and in relation to planning and on-going support for the young person.
- 4.4 The placing authority has exhausted all alternative placement options when applying for an order.

### **Statutory Care Plans**

- 4.5 There is a comprehensive statutory care plan based on identified needs to promote the welfare of each young person. This is produced prior to admission, and includes clear objectives, time scales, and the allocation of named responsibilities. In the case of emergency admissions a care plan should be prepared within 3 working days.

- 4.6 Individual statutory care plans include an assessment of each young person's educational, behavioural, social, emotional and health needs.
- 4.7 The statutory care plan distinguishes between the overall long-term plan and the plan dealing with the young person's period of residence (placement plans). The placement plan should operate within the wider care plan being implemented by the placing authority.
- 4.8 The young person, their parents and significant others are fully involved in the process of drawing up the plan and confirm that they are aware of the way it is being implemented.
- 4.9 Copies of the statutory care plan and the placement plan should be incorporated into the unit file and the young people, their parents and significant others should receive their own copy.

### **Reviews**

- 4.10 Each young person's statutory care plan is subject to statutory review and in line with best practice should be held within two weeks of placement and subsequent reviews no longer than four weeks apart.
- 4.11 Statutory reviews focus on the need for continued restriction of liberty, update the care plan and set out measurable objectives, timescales and responsibilities and progress in achieving these. Failure to implement elements of care plans should be documented including reason for none implementation.
- 4.12 Placement plans are subject to systematic and regular review.
- 4.13 Young people and their families confirm that they are helped prepare for reviews, attend review meetings, are aware of their purpose, are satisfied with the way in which they are conducted and confirm they receive copies of the documentation.
- 4.14 Each young person has an identified keyworker to progress their placement plan and to provide support.

### **Contact with Families**

- 4.15 Placement agency staff and care staff of the unit promote and practically support contact with parents, family, and significant others unless contact is restricted by the court.
- 4.16 Visits from family and friends are encouraged and facilitated in private unless safety and security would be compromised, and where necessary supervision will be provided.

- 4.17 The unit records details of non-contact, including efforts made to establish contact or, alternatively, what efforts have been made to contact significant others.
- 4.18 Where contact is prohibited this is clearly explained to young people and family. The reasons for the restriction are well documented and reviewed at the time of the care plan review meetings.

### **Legal and Court Work**

- 4.19 All young people are placed subject to the appropriate legal authority.
- 4.20 Young people are facilitated in accessing legal representation and court personnel.
- 4.21 Young people are well informed, prepared, and supported for attendance at court.

### **Supervision and Visiting of Young People**

- 4.22 Each young person placed in the unit is visited by an authorised person as often as the board considers necessary, having regard to the care plan prepared for the young person and any review of this care plan, but in any event at fortnightly intervals.
- 4.23 A record of every visit to a young person, by an authorised person, is maintained separately in both the care and case records relating to the young person, together with details of any action taken as a result of a visit.

### **Preparation For Moving On / Continued Care / After care**

- 4.24 Young people are prepared for leaving the unit in ways appropriate to their age, understanding and maturity.
- 4.25 Each young person's keyworker and social worker have specific responsibility to support the transition of the young person leaving the unit as outlined in the care plan.
- 4.26 Staff in the unit have knowledge of the Health Board's continuing responsibilities under Section 45 of the Child Care Act, 1991, in cases to which it applies and which may involve other agencies where appropriate.
- 4.27 Parents are fully encouraged to participate in planning the young person's departure from the unit and the subsequent care arrangements that are involved. Unless there is a Court direction or other reason, formally documented, which might limit the degree of the parental involvement.
- 4.28 Young people leaving the unit are able to describe their involvement in making plans for the future, display a knowledge of what will happen to them, and feel prepared for the change.

- 4.29 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 after care service.
- 4.30 The Health Board would seek to ensure that a young person leaving a special care placement has an appropriate educational placement.

### **Emotional and Specialist Support**

- 4.31 Staff have an awareness of the emotional and psychological needs of the young people and through their keyworking role, facilitate the assessment and meeting of those needs.
- 4.32 Care and placement plans include programmes of work to address particular issues of identified need and behaviour.
- 4.33 External support is available to staff to provide for assessments, consultancy and treatment or counselling for individual young people.
- 4.34 Management, internal and external, have negotiated constructive inter-agency cooperation in respect of access to specialist services.
- 4.35 Young people understand the respective roles of the different persons with responsibility for helping them whether on the staff or visiting them in the unit.

### **Children's Individual Case Files**

- 4.36 Each young person has a permanent, private and secure record of their history and progress which contains all relevant documentation.
- 4.37 Young people are aware of their rights to have access to their case records and this is facilitated by staff, in a structured way.
- 4.38 Records are written to a standard and style defined by the unit which is clearly expressed and free from colloquialisms and stereotypes. Observations and assessments are clearly distinguished.
- 4.39 Case records are kept in a way which helps effective care planning and which maintains appropriate levels of privacy and confidentiality about young people's circumstances.
- 4.40 Case records show evidence that the young person's wishes and views have been sought and recorded.
- 4.41 All case files are kept in perpetuity using an appropriate medium.

## **CARE OF YOUNG PEOPLE**

### **5**

#### **Standard**

*Young People are cared for by staff who can relate effectively to them.*

*Day- to- day care is of good quality and provided in a way which takes account of their individual needs in relation to age, race, culture, religion, gender and disability.*

*I. Young people are cared for in a manner which safeguards and actively promotes their legal and civil rights.*

*II. Young people whose conduct is unacceptable are dealt with in accordance with positive disciplinary measures approved by the Health Board.*

## **CRITERIA**

### **Principles of Care**

#### **Protection**

- 5.1 The unit has specific safeguarding policies and practices for keeping young people safe from self harm and abuse from family, staff, visitors, and other residents.
- 5.2 A child protection procedure is agreed within the relevant health board which defines policy in relation to the prompt reporting and investigation of any suspicions or allegations of abuse or neglect of young people while in the unit.
- 5.3 All staff understand the principles and practice involved in the protection of young people and take appropriate action if they have concerns or have reported to them possible evidence of abuse. This should take full account of the requirements set out in the 'Children First' guidelines.
- 5.4 There are agreed arrangements in place for notifying a young person's parents and the relevant person within the health board, without delay, of any significant or untoward event relating to a young person.
- 5.5 Young people confirm that they feel safe in the company of all staff and visitors to the unit.
- 5.6 Young people confirm that they are able to make contact with adults or agencies outside the unit if they have concerns either about the unit or their personal circumstances.

- 5.7 Only staff who are fully trained and competent should engage in formal therapeutic interventions with individuals or groups.
- 5.8 There is evidence of supervision and training of all staff, including relief staff, ancillary staff, and students with regard to all child protection and safeguarding issues and practices, and this is formally recorded.
- 5.9 Management, internal and external, regularly monitor the implementation of agreed safeguarding practices.

### **Staff Relationships**

- 5.10 Staff relate to young people through care practices that take into account the reasons why individual young people have their liberty restricted, including the impact of separation, loss and trauma.
- 5.11 Young people confirm that staff help them with issues relating to daily life in the unit.
- 5.12 Young people confirm that they are able to approach staff to share what they are feeling, and can be confident that they will be responded to with sensitivity and understanding.

### **Race, Culture, Religion, Gender, and Disability**

- 5.13 The unit makes positive arrangements to help young people observe their religious, racial, and cultural identity and young people confirm that their dignity and privacy is respected in relation to race, religion or culture.
- 5.14 The unit recognises the importance of family as a source of the young person's heritage and identity. Information about the young person's past and details about parents, siblings, extended family and community is collected, available and appropriately shared with the young person, in a language and format which is accessible.
- 5.15 Programmes of training and staff development are available which help address issues of race and culture when addressing young people's needs.
- 5.16 Staff and young people are able to describe how racism, sexism, bullying, and other forms of harassment are dealt with and their views are sought about the effectiveness of practice in the unit in this regard.
- 5.17 Disability is acknowledged and positive approaches and positive images of disability are available.
- 5.18 School reports, certificates of achievement, photographs and other memorabilia are preserved.

## **Health**

- 5.19 Staff take steps to gather information about young people's health histories and the unit ensures that the health needs of individual young people are routinely pursued in the context of individual plans.
- 5.20 Case records indicate that health assessments for each young person have been carried out and these are an integral part of the overall care planning process.
- 5.21 Staff are alert to early signs and symptoms of illness, developmental delay, dietary disorders or substance abuse.
- 5.22 The unit has agreed arrangements for access to medical, psychological, counselling, dental, ophthalmic and other specialist health services as required.
- 5.23 Young people confirm that they are consulted about their health care, and those over sixteen or of sufficient maturity are encouraged to make their own decisions.
- 5.24 Programmes of prevention and health education, including sexual health awareness, HIV/AIDS and drug, alcohol and tobacco misuse, appropriate to their age, needs, and level of understanding are made available to young people.
- 5.25 The young person's social worker is notified without delay of any significant problems relating to a young person's health and agreed arrangements are in place for notifying the young person's parents.
- 5.26 Staff present positive role models for young people in relation to health and lifestyle.

## **Access to Information**

- 5.27 Young people have access to information about their rights under the United Nations Convention on the Rights of the Child, 1989.
- 5.28 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.
- 5.29 Young people and their families receive accessible written information relevant to the placement.
- 5.30 Young people are given information about available services and options, sufficient to enable them to make informed views and choices.
- 5.31 Young people receive information about their legal rights including access to legal representation, legal aid, and independent visitors (where available).

## **Consultation**

- 5.32 Young people and their families are fully consulted about decisions which affect their lives. Their views are sought and valued and are used to inform care practices and planning.
- 5.33 Staff create the proper time, circumstances and encouragement for young people to express their views and ensure that the young people meet regularly as a group to share their opinions about daily life in the unit.
- 5.34 Young people are provided with sufficient information in which to support their involvement and enable them to make informed choices.

## **Privacy, Dignity and Individuality**

- 5.35 The daily living arrangements respect young people's privacy and dignity, having regard to their gender, age and understanding.
- 5.36 Individual interests and talents are actively encouraged, consistent with the provisions of security.
- 5.37 Each young person has a designated staff member or key worker with whom they identify and can communicate.
- 5.38 Staff respect young people's rights to privacy and confidentiality in so far as this is consistent with the provisions of security.
- 5.39 Young people confirm that all staff are sensitive to their need for privacy.
- 5.40 Young people can make and receive telephone calls with an appropriate degree of privacy except where it is judged that safety and security would be compromised.
- 5.41 Young people should normally be able to write and receive letters without staff checking the text unless the safety and security of the unit or the individual young person is compromised.
- 5.42 Staff have a sound understanding of the requirements of confidentiality and apply this in their work with young people and their families

## **Aspects of Daily Living**

### ***Meals***

- 5.43 The unit's routine for the purchasing, preparation, serving and consumption of meals is sufficiently flexible to involve young people.
- 5.44 Young people confirm that there is sufficient quantity and choice of food and that meals are pleasant social occasions.

- 5.45 Ethnic and cultural diversity is positively reflected in the choice of meals offered in the unit.
- 5.46 Young people with dietary preferences or medical requirements confirm their needs are met in a sensitive manner.
- 5.47 Healthy eating is promoted through education, information, exercising choice, and the planning and preparation of meals.

### ***Personal Appearance***

- 5.48 Young people confirm that they have a choice in the purchase of clothing and that they are not obliged to share clothes.
- 5.49 There is regard for religious and cultural preferences and individual needs when choosing clothes.
- 5.50 Appropriate clothing is provided for sporting and other activities.

### **Leisure Activities**

- 5.51 The unit provides a planned programme of purposeful activities, which takes account of the needs, interests, and potential of current residents.
- 5.52 Young people have sufficient opportunity to engage in purposeful and enjoyable activities and are encouraged to take full advantage of these.
- 5.53 There is an adequate budget to fund suitable activities for young people.
- 5.54 The choice of leisure activities is not constrained by gender stereotypes.
- 5.55 There are adequate staff on duty to facilitate choice and opportunities for leisure for young people.

### **Promoting Good Order**

- 5.56 Discussions with young people about the issues of conduct and control are a feature of life in the unit in order that the need for staff intervention is clearly understood.
- 5.57 The unit has a policy on the use of sanctions which is entirely consistent with promoting the developmental needs of young people by progressively encouraging them to exercise greater degrees of self-control and discipline.
- 5.58 Staff are provided with adequate instructions on the maintenance of good order and the application of sanctions. They are able to describe clearly the basis on which they make judgements on the interventions necessary to maintain control.

- 5.59 Young people confirm that staff have a consistent approach assisting them to control their behaviour rather than simply reacting when they misbehave.
- 5.60 The sanctions applied in the unit are reasonable, humane, and age appropriate and are proportionate and appropriate to the misbehaviour being addressed.
- 5.61 The sanctions policy outlines the sanctions that may be applied and those correction measures that are expressly prohibited. All sanctions employed are recorded in a distinct and separate book that is available for inspection by any authorized person.
- 5.62 Statements of measures of control are reviewed at the prescribed intervals and the use of disciplinary measures is regularly monitored by management.

### **Restraint and Single Separation**

- 5.63 Physical restraint is never used as a punishment, but only to protect from immediate risk of injury to self or others, or serious damage to property.
- 5.64 Staff are appropriately and sufficiently trained in the use of physical restraint. Their competence is checked regularly and refresher training is provided.
- 5.65 There is a policy and written guidance on the use of physical restraint 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.
- 5.66 Single separation is used exceptionally and conforms to the regulations provided for by section 23K(6) of the Childrens Bill, 1999.
- 5.67 The use of physical restraint and single separation is recorded and closely monitored by the unit manager and line management for unit.

### **Complaints**

- 5.68 There is written information available to staff and young people on how to make a complaint if they are unhappy about any aspect of life in the unit or their personal circumstances.
- 5.69 A complaints procedure is in place which is known to young people, parents, staff and social workers, and such procedures are easily accessed.
- 5.70 All serious complaints are promptly notified to the appropriate person in the health board.
- 5.71 Procedures are in place for the prompt investigation of any complaints, whether made by young people or parents, and for recording their outcome.

- 5.72 Staff treat complaints seriously and understand and routinely record how an individual's concerns are being resolved. Young people and parents confirm that they feel able to complain.
- 5.73 Young people and parents who have made complaints confirm that these have been taken seriously with clear conclusions reached.
- 5.74 There are systems in place to record all complaints in a specified complaints book and to monitor the incidence and outcomes of complaints.

### **Absences without Authority**

- 5.75 Young people know what measures will be taken to prevent them leaving the unit without permission.
- 5.76 There are written procedures for staff to follow when a young person is absent without authority, including who should be notified, and when, and that protocols are in place outlining arrangements for informing parents and significant others, An Garda Siochana, social workers and management. Staff maintain a written record of all action taken.
- 4.77 Staff in the unit have developed positive strategies for receiving young people who have been returned to the unit following being absent without authority, which are aimed at re-engaging the young people, ascertaining the reasons why they absconded and informing care practices within the unit.

## **PREMISES, SAFETY AND SECURITY**

### **6**

#### **STANDARD:**

*The premises and associated outdoor areas are designed to prevent unauthorised entry or exit. They should facilitate supervision and minimise opportunities for self harm while providing accommodation which is, in so far as practicable, appropriate to its designation as a children's home. It must also be properly maintained and furnished.*

#### **CRITERIA:**

##### **Risk Assessment**

- 6.1 A systematic and formal approach is taken to assessing risk particularly in relation to new admissions, personal possessions in young people's rooms, mobility and the use of high risk areas. This is reflected in written policy and guidance.

## **Location and Design**

- 6.2 The secure perimeter provides adequate protection from unauthorised entry or exit and the passage of contraband
- 6.3 The design and external appearance of the unit does not draw attention to its functions as a secure unit.
- 6.4 Within the constraints of safety and security, the unit provides a domestic and homely living environment.

## **Accommodation – General**

- 6.5 There is sufficient space to meet the full range of young people's identified needs. Young people have space for recreational activities both indoors and outdoors and appropriate to their age, ability and interests.
- 6.6 The unit provides facilities to allow activities to take place separately.
- 6.7 The unit is decorated to a good standard and equipment and furnishings are clean and of suitable quality.
- 6.8 Units are adequately lit, heated and ventilated.

## **Accommodation for Individual Children**

- 6.9 Young people have their own room which is furnished to acceptable standards and permits personalisation to the extent approved.
- 6.10 There is guidance about young people's entitlements to furniture and personal possessions on admission. Any withdrawal of entitlements is clearly documented and justified in the interests of safety and security. Young people are aware of the unit's policy in this regard.
- 6.11 There is sufficient space for the storage of clothes and personal possessions.
- 6.12 Young people can use bathrooms and toilets without being overlooked.
- 6.13 Young people confirm that they have access to laundry facilities.

## **Maintenance and Repairs**

- 6.14 New units should be designed with consideration of safety, robust construction, durability and ease of maintenance in mind.
- 6.15 Within the unit there is a systematic approach to maintenance and premises checks. Hazards are notified to line managers and they are dealt with swiftly.
- 6.16 Repairs are prioritised, appropriately recorded and signed off when completed. A record is kept in the unit so that progress and outstanding issues can be monitored.
- 6.17 External line managers routinely monitor the premises to ensure the maintenance of standards, safety and security.
- 6.18 Managers are able to indicate a planned programme of maintenance and capital works which will ensure the structural and decorative order of the unit.

### **Safety and Fire Precautions**

- 6.19 The unit should be designed in such a way that will seek to reduce the risk or opportunity of harm being inflicted by a resident on themselves or on others.
- 6.20 Managers provide written statements on safety policy, fire precautions and emergency procedures (to be agreed in advance with the relevant Authorities) for implementation by trained staff. These policies are to be explained to all residents.
- 6.21 There are arrangements with the Fire Authority to make annual visits to the unit to advise on fire safety and monitor previous recommendations.
- 6.22 The unit is equipped with suitable fire safety equipment, including smoke and fire detector alarms, on advice from the Fire Authority.
- 6.23 Routine checking of fire safety appliances and fire drills takes place.
- 6.24 Combustible substances in the unit should be rigorously controlled and stored safely. Soft furnishings must be fire retardant.
- 6.25 There is effective record keeping with regard to fire drills and checks and responses to accidents or incidents.
- 6.26 Glass in the unit is to be safe and shatterproof (laminated). Policies are to be put in place to minimise the risk of damage being done to the structure and fabric of the unit.
- 6.27 Medicines are stored in a secure cabinet to which young people do not have access. Arrangements allow for self administration of medicines in appropriate cases where safety is not an issue. The administration of medicines is properly documented in line with the unit's policy.

- 6.28 Staff demonstrate safe kitchen practices and managers arrange for the appropriate advice on food safety and hygiene regulations.
- 6.29 There is to be a standby generator in the unit for use in the event of a power failure, in addition to battery operated emergency lighting. Electric points in bedrooms are fitted with safety devices preventing electrocution.
- 6.30 Policies are to be put in place to allow for the safe use of rooms containing potentially hazardous material and equipment, such as kitchens, certain classrooms and the like.

### **Security**

- 6.31 Persons entering or leaving the unit should only be permitted to do so with verified authority.
- 6.32 There is a comprehensive strategy for preventing the illicit import of specified dangerous or prohibited items to the unit by young people, visitors or staff.
- 6.33 There is detailed policy and guidance which should include keeping appropriate records on room and clothing search including the way in which searches will be carried out and in what circumstances. Whenever possible young people should be present when their rooms are being searched.
- 6.34 Systematic and scheduled security checks are carried out as part of the routine premises checks.
- 6.35 The administration of keys and the locking of doors is well managed.
- 6.36 There are means for gaining speedy access in an emergency to areas locked or barricaded.
- 6.37 There is an effective and reliable call system which enables young people to summon immediate help from their bedrooms.
- 6.38 Units must be fitted with a system to enable staff in the event of an emergency to summon immediate skilled help and to manage and deal with the situation whether caused by illness, fire, outbreak of disorder or system failure.
- 6.39 There is written agreement with emergency services specifying actions and responsibilities in crisis situations.
- 6.40 Security of the unit is to be supported by the provision of appropriate perimeter lighting and CCTV installation.

## **EDUCATION**

### **7**

#### ***Standard***

*Education should be seen as an integral part of the care of the young person. The education of all young people should be actively promoted by all involved. In so far as it is practicable, units should aim to provide, for those of school age, a broad and balanced curriculum appropriate to their age, ability and level of attainment with a view to continuing in open conditions or a return to mainstream school. Where appropriate young people over the age of sixteen should be offered a programme of vocational preparation, training and work experience or transition to further education.*

## **CRITERIA**

### **Principles**

- 7.1 The unit conveys an ethos where learning is valued and young people are encouraged to improve their standards of educational achievement.

### **Educational Standards Achieved by Young People at the Unit**

#### ***Attainment and progress***

- 7.2 Young people make progress in relation to prior attainments and the standards achieved at the time of entry to the unit

#### ***Attitudes, behaviour and personal development***

- 7.3 Young people show an interest in their work and are able to sustain concentration.
- 7.4 They behave well, are courteous and show respect for property.
- 7.5 They form constructive relationships with one another, with teachers and other adults. They work collaboratively when required and show initiative.

#### ***Attendance***

- 7.6 Young people show a willingness to come to lessons and actively participate in the educational provision.

### **The Quality of Education Provided.**

- 7.7 Teachers have a competent knowledge and understanding of the subjects or areas they teach.
- 7.8 Teachers employ teaching methods and organisational strategies appropriate to the needs of the young people.
- 7.9 Teachers are informed of young people's needs and progress through assessment and recording procedures.
- 7.10 The educational programme and teachers are subject to the normal monitoring arrangements by the Department of Education and Science Inspectorate.

### **Curriculum**

- 7.11 The curriculum is balanced and broadly based, promoting young people's intellectual, physical and personal development.
- 7.12 Young people's competencies in the key skills of reading, writing, speaking and listening, numeracy and IT are effectively promoted.
- 7.13 As far as possible the National Curriculum should form the basis for planning for young people of statutory school age.
- 7.14 The curriculum prepares young people for the next stage of education, training or employment. It includes careers education and guidance.
- 7.15 Opportunities are provided for young people to take external examinations including State Examinations or other externally accredited courses.
- 7.16 Those over school age are expected to pursue formal education or an appropriate programme of vocational training.
- 7.17 Educational reports provide a clear statement of individual attainments and the progress made.

### **Support, Guidance and Welfare**

- 7.18 Young people are provided with effective support and advice to promote their social and moral development and academic progress.
- 7.19 There are effective measures to eliminate oppressive behaviour including all forms of harassment and bullying.

- 7.20 The education plan for each individual dovetails effectively with care planning.
- 7.21 The unit establishes links with the community.

### **The Educational Management of the Unit**

#### ***Management and leadership***

- 7.22 The management is effective and all agencies involved work together co-operatively.
- 7.23 The teacher in charge provides clear educational direction in line with the unit's aims, values and policies.
- 7.24 There is an effective development plan. Outcomes are monitored and evaluated.
- 7.25 Statutory requirements are met.

#### **Staffing, Accommodation and Learning Resources**

- 7.26 The number, qualifications and experience of the teachers and other classroom staff match the demands of the curriculum and the needs of the young people.
- 7.27 There are arrangements for the induction, appraisal and professional development of the teaching staff.
- 7.28 There is appropriate accommodation for the range of educational activities.
- 7.29 The provision of learning resources is adequate and capitation allowances take account of turnover and level of student need.

#### **The Efficiency of the Unit**

- 7.30 Educational developments are supported through careful financial planning.
- 7.31 Effective use is made of staff, accommodation and learning resources.
- 7.32 There is efficient financial control and unit administration.