



Ashdale Care (Ireland) Ltd

STATEMENT OF PURPOSE AND FUNCTION

Revised and Updated April 2017

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Foreword

Ashdale Care (Ireland) Ltd is an independent child care organisation set up in 1999 to provide a quality of high level support to children in residential child care services, in the Republic of Ireland and Northern Ireland. In the Republic of Ireland our registered company name is Ashdale Care (Ireland) Ltd.

We believe that positive outcomes for children/young people in residential care aged 11-18 years can be best achieved by providing:

- Small (4 places or less), mixed gender homes
- Child Centred thinking and Planning
- Evidence based therapeutic interventions
- A focus on positive outcomes
- A focus on quality improvement
- A skilled, competent and supported staff team
- A learning culture
- A model of partnership working
- Explicit objective of providing a stabilising period of care which will
- Enable the young person to return to more familial care or live independently as soon as deemed possible.

Ashdale care have four homes for children/young people between the ages of 11 to 18 years. All our homes are located within a short distance from each other and are analogous in their purpose and constitution.

The aim of this document is to describe in some detail the purpose and function of the homes, their admission criteria and procedures, staffing and organisational arrangements, policies and procedures and other such matters which bear on the ethos of the homes and their day to day operations.

All homes are the subject of registration and monitoring by the TUSLA.

This Statement of Purpose and Function has been prepared in accordance with the provisions of the Child Care Act 1991, The Child Care Regulations 1995, Child Care (Standards in Children's Residential Centres) Regulations 1996, Children First National Guidelines for the Protection and Welfare of Children and United Nations Guidelines for Alternative Care 2009.

SECTION 1: ORGANISATIONAL STRUCTURE AND OBJECTIVES

Overall aim, objectives and core values

Our overall aim is to provide specialist residential care to young people with particular emotional and behavioural problems who cannot be adequately cared for in a mainstream residential setting. We provide an open and transparent Person-Centred therapeutic service which is based on emotional containment and positive reinforcement to assist young people to develop internal controls of behaviour to promote resilience and responsibility.

Our working practices respect and value individuals whatever their culture, gender, sexual orientation, race, religion, age or disability and reflect the rights and responsibilities of all.

Our aim is to create a warm and caring environment where young people can come to terms with their past and prepare for the future in a setting that meets their individual needs and cares for them in a non-institutional way

Outcome Objectives

- To provide a safe and structured high level of support within a residential living environment
- To provide an inclusive professional ongoing residential service, which meets the social, emotional, behavioural, therapeutic, health and educational needs of the young people placed.
- To provide a responsive, specialist service as an alternative to more secure forms of care, whilst ensuring each child/young person's emotional and behavioural responses are, as far as possible, age and situation appropriate whilst acknowledging the range of personalities that exist and the impact of abuse, trauma, separation and loss.
- To plan for the return of the child /young person to a less structured environment or family placement as soon as is in their best interests
- Where this is not practical or undesirable, the staff teams shall assist the child/young person in the preparation for adulthood and independent living.

Core Values

We are committed to:

- Promoting healthy attachment which is a developmental requirement for all human beings and should be seen as a basic human right (Service Standards for Therapeutic Communities for Children and Young People: RC Psych.2009)
- Promoting a sense of happiness, well-being and belonging for each young person
- Promoting independence in a manner that is akin to each individual developmental stage
- Respecting the dignity and privacy of each child and young person
- Providing continuity in the lives of the children/young people by promoting positive, caring consistent relationships with carers, family members, peers, schools and significant others in their lives
- Ensuring each young person has a structure to their daily life that is age appropriate and conducive to meeting individual needs.
- Ensuring each young person can access information about his/her rights and his/her right to advocacy in exercising these rights.
- Working in partnership with the child/young person, their parents/carers, social workers, relevant agencies and significant others involved in their lives in order to optimise the quality of planning and consequential care provided.
- Providing an open and transparent system of complaints, recognition and resolution for each young person.
- Providing a safe and nurturing living environment that is safe from abuse and the threat of abuse.
- Effective recruitment and progression of staff in order to optimise the quality of care provided
- Working in partnership with the child/young person, their parents/carers, social workers, relevant agencies and significant others involved in their lives in order to optimise the quality of planning and consequential care provided.
- Ensuring each young person is assessed appropriately to ensure that their placement is capable of meeting their needs as identified within their individual care plans
- Equipping each child/young person with the essential life skills to enable them to manage transitions such as placement change, independent living or a return home to family.

- The provision of a specialist therapeutic intervention and emotional support system to address specific assessed needs and incumbent behavioural and emotional issues
- Ensuring all health needs are met through the provision of comprehensive health care and emphasis on a daily routine that promotes physical and emotional health and well-being.
- Promoting educational achievement through active involvement with appropriate educational and/or training and employment services.
- The provision of a comfortable, safe and supportive living environment.
- Ensuring a level of governance and management that is capable in recognising and meeting the identified needs of each young person and achieving designated outcomes in accordance with each individual care plan.

(ii) Facilities & Services including Therapeutic Services

Facilities and Description of Home:

The homes are private residential children's homes providing intensive therapeutic care and high levels of support for up to 4 children/young people, aged between 11 to 18 years of age. Programmes of care will be provided for an initial period of 6-12 months, but decisions on this will be dependent on individual need. Shorter timescales for placements (e.g. 3 months) are not long enough to allow an effective therapeutic input.

Description of homes;

Clarnagh House; is a detached, storey and a half building situated in a rural location approximately 8 miles from Monaghan town. It consists of 1 living room, a conservatory, a fully equipped kitchen, utility room, and a guest toilet all which are communal areas. It also has 4 bedrooms for children/young people, a staff bedroom and a staff office. There is one bathroom with a toilet, sink, bath and shower on the ground floor and a shower room with shower, toilet and sink on the upper floor. There is also a separate toilet for the staff in the upstairs of the premises.

Killylaragh House; The Home itself is a detached, 2 story building situated in a rural location approximately 10 miles from Monaghan town. It consists of 2 living rooms, a fully equipped kitchen, utility room, and a guest toilet all which are communal areas. It also has 4 bedrooms for children/young people, a staff bedroom with an ensuite and a staff office. There is one bathroom with a toilet, sink, bath and shower on the upper floor and a shower room with shower, toilet and sink on the ground floor.

Drumbenagh House; The Home itself is a detached, single storey house situated in a rural location approximately 3 miles from Monaghan town. It consists of 2 living rooms, a

conservatory, a fully equipped kitchen, utility room, and a guest toilet all which are communal areas. It also has 3 bedrooms for children/young people, 2 staff bedrooms and a staff office. There is one bathroom room with a toilet, sink, bath and shower as well as two of the bedrooms having ensuite shower rooms. There are gardens to both the front and rear of the house.

Tydavnet House;

The Home itself is a detached, storey and a half building situated in a rural location approximately 3 miles from Monaghan town. It consists of 1 living room, a fully equipped kitchen, utility room, and a guest toilet all which are communal areas. It also has 3 bedrooms for children/young people, a staff bedroom with an ensuite and a staff office. There is one bathroom room with a toilet, sink, bath and shower on the upper floor and a shower room with shower, toilet and sink on the ground floor.

A wide range of facilities are on offer within the locality which are intrinsic to the positive social and cultural development of the young people in our care. These include primary and secondary schools, community centres, churches, cinema, bowling arena, library, shopping centre, and leisure centre.

Each home has 2 house cars to facilitate transportation of the young people to family contact, health appointments, education, recreational outings, religious observance or general social outings.

Bedrooms

Each child/young person has their own bedroom. Each child/young person will know that their right to privacy will be respected. However in the event of child protection concerns in relation to significant harm to self or others the welfare principle can and will override the right to privacy Where practical advice will be sought from a senior member of staff on duty in collaboration with the responsible authority if a significant concern emerges which results in the need for staff to enter a room without permission of a child/young person in order to ensure their safety.

Correspondence and personal effects

The child/young person will receive their mail unopened. Whist their right to privacy will be largely upheld, mail may be intercepted in exceptional circumstances such as when a child protection concern has been identified. In such instances approval must be given verbally and in writing by a parent, in the case of a voluntarily accommodated child/young person, or by a Social Worker in the case of a child/young person who is the subject of a Care Order. Such a decision will also be discussed and approved at relevant planning forums such as a child protection conference and/or a child/young person's care planning meeting.

Telephone calls

Young people have access to the house-phone in order to contact social workers, family and any other agreed persons or to receive calls. All appropriate and

inappropriate contact names and numbers must be submitted to staff prior to admission to ensure such contact can be effectively managed. The young person will be part of drawing up a contract around appropriate use of same. All mobile phones must be handed in at night and will be held in a secure cabinet in the house office.

Personal Belongings

Each child/young person are responsible for the upkeep of their own belongings. During the admission procedure a list is compiled of such important belongings and kept in the child/young person's file.

Clothing

A clothing allowance and toiletries will be allocated to the child/young person each month.

Key Workers will support the child/young person in shopping for clothing and toiletries and encourage sound financial awareness and budgeting skills. If on admission a child/young person is in need of toiletries and essential clothing an emergency clothing allowance will be made available.

Laundry of clothing

In accordance with age and levels of responsibility young people will be required to take responsibility for the regular laundering of their clothing with the support of staff if necessary.

Cleaning Arrangements

Within all homes, in a bid to uphold an ethos of normalisation all day to day cleaning of the home is undertaken by staff. Young people will be encouraged to assist in this to promote independent living skills and to encourage young people to take pride in and respect their living environment.

Pocket money

The amount of pocket money a child/young person receives is in line with their age. Each child/young person receives their pocket money on a Friday afternoon. They will be encouraged to budget the money throughout the week with staff's support. If there are any concerns or risks associated with the management of their pocket money it may be reviewed within risk management practices and restrictions applied in accordance with regulations and guidelines and in agreement with the responsible authority.

Services

All our homes operate a person centred, multi-professional approach in caring for every child/young person admitted to our care.

At the point of referral a group impact risk assessment is undertaken to consider the suitability of each young person placed with a home and the impact and management of same. Prior to admission a Pre-Placement Plan is devised which provides time for a child/young person, their families/carers and staff to get to know each other. It provides an opportunity to assess the suitability of the placement with regards to the needs of the child/young person. An admission date will be set when all parties have agreed that the placement is suitable to commence. A Key worker is then introduced to the child/young person and along with the person-centred planning co-ordinator will endeavour to make the child/young person's transition into their home as smooth as possible. The child/young person will be encouraged to become involved in decisions regarding the daily life within the home from these initial stages.

Key Work sessions will be directed by the young person's Care Plans and Individual Development Plans (IDP's) and will endeavour to: -

- achieve tasks identified in the Care Plan and IDP
- help the child/young person to understand life events, which led to their admission to their new placement
- enhance self-esteem and facilitate the development of personal abilities and strengths
- address and manage challenging behaviour providing capacity for constructive choice
- carry out and review a risk assessment /management plans
- work in conjunction with the Therapeutic Team
- prepare reports for care planning meetings and assist the child/young person in preparing for their own Care Planning meeting.

Approaches and Methods of Intervention:-

Aspects of Person Centred Planning and associated approaches

- Therapeutic Crisis Intervention
- Group work
- Family Work
- Behaviour Modification
- Experiential Learning
- Consequential thinking
- Social skills development
- Self-esteem work
- Anger management
- Independent living skills
- One to one Art Psychotherapy
- Outdoor Pursuits

- Counselling
- CATT (Children's Accelerated Trauma Treatment)

Each child/young person will be provided with a level of support in respect of their personal care as denoted by their age and level of understanding.

Within Ashdale Care Ireland Ltd. we have a specialist therapeutic team which is accessible and available for all young people resident in the homes.

THERAPEUTIC SERVICES

Art Psychotherapist

An Art Psychotherapist is available on site in Ashdale House to support Young People and staff.

Through the use of a wide variety of art material, art therapy:

- Encourages creative expression and provides an alternative means of exploring, expressing and communicating difficult feelings and experiences in a safe, confidential space.
- Provides an opportunity to explore and develop emotional and psychological understanding of self and others.
- Promotes relationship and trust building
- Promotes the development of new resources and coping skills
- Assists at risk young people to explore understand emotional triggers and develop empathy

Art therapy is a proven form of therapeutic intervention that can positively address emotional, behavioural and social challenges, and improve emotional and psychological well being

On admission, the young person completes an initial six week art therapy assessment. This assessment informs the direction of the therapeutic intervention. This collaborative approach is inclusive of the child/young person. They are then encouraged to attend an art therapy session at least once a week. Progress reports are available on a 6-8 weekly basis. Additional reports can be made available on request.

Peer supervision between the Art Psychotherapist and Psychology department is conducted on a regular basis to streamline therapeutic work, and the Art Psychotherapist receives monthly external clinical supervision.

Psychology

Within the organisation we employ a Psychologist, who is available to work with each

young person and to provide clinical support and guidance to staff in managing young people effectively.

- assessing a young person's needs, abilities or behaviour using a variety of methods, including psychometric tests, interviews and direct observation of behaviour;
- devising and monitoring appropriate programmes of work, including therapy, counselling or advice, in collaboration with staff;
- offering therapy and appropriate plans of work for difficulties relating to mental health problems such as anxiety, depression, addiction, social and interpersonal problems and challenging behaviour;
- Developing and evaluating service provision for young people within the organisation.

Psychology intervention will only be undertaken with a young person either after the completion of a six week art therapy assessment or if directed in the young person's care plan. Clinical consults with staff within the organisation is provided on a needs basis by the psychologist. This gives staff the opportunity to reflect on their own practice within the homes, gain professional opinion on same to assist personal appraisal and development.

Person Centred Planning

Aspects of Person Centred Planning ethos and approach runs consistently through all services provided by Ashdale Care (Ireland) Ltd. Each child/young person remains at the centre of all planning for their time in their placement. Young people resident in their home will have the opportunity to undertake individual Person Centred Plans which are sensitive to their age, level of understanding and developmental needs. It is the PCP Co-ordinators role to ensure that each child/young person has the support of the residential staff team and is provided with opportunities to fully engage in the planning process and have agreed actions fulfilled. In this way young people are empowered to accept greater responsibility for their actions and behaviour facilitating greater control of their lives

Let's Get Going! : Personal Development Programme.

This Personal Development Programme combines physical achievements and experiential learning with emotional and psychological development which is an alternative therapeutic tool in working with young people with low self-esteem, attempting to heal their pain based trauma or emotional difficulties.

2. Education

Ashdale Care (Ireland) Ltd is aware of the value of education in improving life opportunity and are committed to supporting young people in achieving the best

educational outcomes possible. We have developed excellent working relationships with our local schools and Youth Reach Projects which we access through our designated Educational Welfare Officer. Every effort is made to secure a school placement for a young person on admission to the home. However, where this is not possible, robust efforts are applied to secure an educational placement as soon as possible after the commencement of a young person's placement.

We acknowledge that the structure of a mainstream educational setting, while appropriate for some, will not benefit all young people in achieving their full academic potential.

In response to this we have registered with ASDAN, a charitable Organisation (Reg. Charity No. 1066927) which formally recognises young people's success in a wide range of skills. ASDAN is a pioneering curriculum development organisation and internationally recognised awarding body, offering programmes and qualifications that explicitly grow skills for learning, skills for employment and skills for life. Together we work outside the realms of mainstream education and create an environment and learning regime based on individual skills, interests and void of the stress and fear of failure more associated with formal academia.

Our course rewards small steps of achievement regularly and progressively, enhancing a young person's self-esteem, confidence and ambition. This is co-ordinated by our accredited ASDAN practitioner who has scheduled individual time with each young person on a weekly basis.

Additional education support is provided via one to one tuition by qualified onsite teachers.

6. Additional Resources

We also have 3 fully qualified and accredited TCI instructors within our staff team who alongside providing all TCI training within the organisation are available on a consultative basis to staff when required to deal with any practice issues or concerns.

(iii) Responsible Body and Person in charge

Ashdale Care (Ireland) Ltd.

Administrative Base: Ashdale House,
72 Armaghlughey Road, Ballygawley
Co Tyrone BT0 2LG

The Directors of Ashdale Care (Ireland) Ltd have registered Ashdale Care (Ireland) Ltd as the company name in the Republic of Ireland however we also continue to operate as Care (Northern Ireland) Ltd in Northern Ireland.

Telephone: 028-85567755 (NI) or 048-85567755 (RoI)

Facsimile: 028-85567766 (NI) or 048-85567766 (RoI)

Email: info@ashdalecare.com

Website: www.ashdalecare.com

Managing Director **Enda McVeigh MB BCh BAO MPhil MRCOG**

Company Secretary/Director **Mrs Darine Donnelly BSc CQSW**

Operations Manager Ms Kerry Gildernew BSc (Hons) in Social Work and DIP SW

Deputy Operations Manager: Mrs. Edel McGibbon DIP in Community & Youth Work and a Bsc in Combined Studies

Home Managers Mrs Jean Andersen

Mrs Samantha Erskine

Mr Ian Bell

Ms Tracey Lee

The day-to-day management of the home will be undertaken by the Home Manager.

To ensure effective management systems are in place and to promote quality assurance, the Operations manager, Ms Kerry Gildernew and Deputy Operations manager Edel Mc Gibbon will attend the homes when required in order to provide management support.

Experience and Qualifications of Staff

Clarnagh House:

Home Manager: Ms Jean Fitzpatrick

Deputy Home Manager: Ms Valerie Johnston

Senior Practitioner: Martina Greenan

Residential Staff Team The residential staff team within Clarnagh House is composed of ten staff with a diversity of skills and qualifications ranging from social work and social care qualifications to youth work and counselling.

Tydavnet House:

Home Manager: Samantha Erskine

Deputy Home Manager: Kate Nicholl

Senior Practitioner: Dermot Martin

Residential Staff Team The residential staff team within Tydavnet House is composed of ten staff with a diversity of skills and qualifications ranging from social work and social care qualifications to youth work and counselling.

Killylaragh House:

Home Manager: Ian Bell

Deputy Home Manager: Emma Harkin

Residential Staff Team The residential staff team within Killylaragh House is composed of ten staff with a diversity of skills and qualifications ranging from social work and social care qualifications to youth work and counselling

Drumbenagh House:

Home Manager: Tracey Lee

Deputy Home Manager: Glenda Brown

Senior Practitioner: Sinead Mohan

Residential Staff Team The residential staff team within Drumbenagh House is composed of ten staff with a diversity of skills and qualifications ranging from social work and social care qualifications to youth work and counselling

Within the teams there is a wealth of professional and practical experience of a diverse nature to meet the complexity and extremity of behaviour and emotional trauma presented in this role. All staff are TCI trained and receive regular and proficient training on specific areas of their employment with Ashdale Care (Ireland) Ltd.

(vi) Supervision, Training & Development of Employees

Within the ethos of Ashdale Care (Ireland) Ltd; it is recognised that all employees must receive ongoing and regular supervision in individual and group formats to ensure an optimum level of care and support is provided to meet the complex and transient needs of the young people entrusted to our care.

Supervision

Formal supervision is provided to all staff at a minimum interval of 4 weeks. Effective supervision with staff will be open to exploring issues at all levels of their experience and in relation to each component of the broader organisational structure within which they work. The overall purpose is to improve the quality of their work to achieve agreed objectives and outcomes and to optimise the capacity of the young people to lead

independent and fulfilling lives. These objectives are competence, accountability, continuous professional development and personal support. (See Ashdale Care (Ireland) Ltd. Policy and Procedures Manual.)

Training

The clinical and therapeutic team facilitates a series of in-house Training and Awareness Workshops to enhance ethical and professional practice throughout the organisation and increase awareness of the specialised skills necessary for the provision of a therapeutic service for children and young people in care. This in-house Training and Awareness programme supports the Continuing Professional Development of staff, increasing their knowledge base and expanding their thought processes to assist them in the development of effective responses to the challenges faced in the practice. The programme is designed to satisfy a training needs analysis as well as providing therapeutic support for staff. The programme is delivered through monthly reflective practice groups, team development training days, case presentations, staff sensitivity groups and experiential workshops. Training presentations and workshops include the following topics:

- DRCC Body Right Programme for Young People: Sexual Violence
- Suicide and Self-Harm Awareness
- Art Psychotherapy and Trauma Treatment
- Boundaries and Containment
- Resourcing and Grounding
- Anger and Management of Feelings
- Grief and Loss
- Defence Mechanisms: Transference and Counter-transference
- Child Sexual Abuse and Drama Triangles
- Attachment and Loss
- Basic DBT Skills and Approaches
- Basic CBT Skills and Approaches
- TAP

Ashdale Care (Ireland) Ltd also procure training from other independent trainers, and from within the Tusla to ensure all identified training needs are appropriately met. Ashdale Care (Ireland) Ltd. will ensure that all staff working within the home will have received training in our Person Centred Planning Approach, TCI (Therapeutic Crisis Intervention), Basic Food Hygiene Training, Child Protection, Fire Safety Training and Basic First Aid as an integral part of their induction plan.

Child Protection training is delivered in accordance with Children First: National Guidelines for the Protection and Welfare of Children and aims to equip personnel with knowledge of the relevant child care legislation, national and local agency policies, procedures and protocols (as well as a knowledge of the local network within which they work) and skills in the use of these. The fundamental aim of the company is that

all relevant staff who work directly with children and families on a regular basis should be trained in the recognition of signs of abuse and what immediate action to take. Such information is outlined clearly in the company Care and control policy and procedures.

Individual Development Plans

The team meet monthly where Individual Development Plans for each young person are reviewed and revised, issues pertaining to each young person are explored in depth by staff, management, Operational management and the clinical and therapeutic team. Long term, medium term and short terms goals for each young person are agreed.

(vii) Organisational Structure of Ashdale care (Ireland) Ltd



The Residential Social Workers (RSWs) and Residential Care Workers (RCWs) are managerially accountable to the Deputy Home Manager and Home Manager with the latter providing professional supervision to the RSWs and the Deputy Home Manager providing professional supervision to the RCWs.

Shift System.

We operate a shift system within the homes, which ensures that management cover from the hours of 9am-5pm, Monday to Friday. Our on call system also ensures that a senior member of staff is accessible via the telephone 24 hours a day, 7 days a week.

Within our daily routine, two Residential Care/Social Workers sleep in the homes every night and a support staff will be on shift until 9pm each evening.

Our shift system is designed to enable a high level of consistency and continuity of care, and to facilitate comprehensive handover meetings each day. Further to this full staff team meetings are held once fortnightly and all staff are scheduled to attend these as part of their contracted hours.

The Home Manager, Deputy Home Manager and/or Senior Residential staff are available Monday to Friday, 9am to 5pm and where the rota dictates at evenings and weekends

The Art Therapist is available three days per week in Ashdale House. She also attends weekly IDP's with each staff team.

Our Psychologist is available three days per week for appointments at Ashdale House or in a specified venue at times that suit the child/young person's schedule. She also provides a Skype consultation weekly. The Psychologist also attends the weekly IDP's with each staff team.

Clinical consults are available to the Home Manager's, Deputy Home Manager's and staff, as and when required.

SECTION 2: RIGHT TO A QUALITY LIFE

(i) Happiness and Well-being

Within the homes it is imperative that each young person understands that his/her happiness is a priority concern of those involved in their care. This is manifested through the provision of a service that ensures the wishes and needs of the young person remains central and the opportunity is available to develop and maintain a sense of belonging and security. Staff are trained to develop safe, supportive, empowering and nurturing relationships with the young people in their care demonstrating emotional warmth and positive regard.

Aspects of Person Centred Planning ethos and approach runs consistently through all services provided by Ashdale Care (Ireland) Ltd. Each child/young person remains at the centre of all planning for their time in their placement.

On admission each child/young person will be assigned where possible two Key Workers. The Key Workers role is to protect and represent the child/young person's interests.

The Key Worker will:-

- Ensure that aspects of a person centred approach is upheld for the child/young person
- Contribute to the assessment, planning and review process
- Liaise with relevant others
- Access appropriate services
- Make contact with local groups in the area that the child/young person may have an interest in e.g. football, drama,, youth clubs
- Maintain all files
- Advocate on behalf of the child/young person
- Undertake individual key work sessions as per Care Plan

Daily plans are encouraged to offer each young person structure and opportunity within their day to day living experience and is focused on the needs and interests of the young person affording play leisure and recreation. There is a strong ethos of mutual respect and unconditional positive regard irrespective of race, culture, religion, age, gender, sexuality, ability and level of maturity.

Each young person will also have an Individual Development Plan which will highlight clearly the outline of the placement expectations in accordance with the agreed care plan, how these will be met and within what time frames varying from long term, medium term and short term goals. IDP'S are reviewed and evaluated monthly along with the therapeutic team to assess progress and facilitate future planning. IDP's are a dynamic tool and form an integral part of care planning within the homes. Each young person and their social worker will receive a copy of this plan regularly.

Autonomy and Independence

Within the homes we understand the importance of encouraging young people to assert age appropriate independence and the significance of this in promoting feelings of positive self-worth and developing self-esteem and social aptitude. (See Section 1 (ii) Facilities and Services)

Staff will employ their professional skills to provide a therapeutic environment within which a child/young person will be supported in:

- Developing effective communication skills
- Participating in the care planning process
- Having regard to their right to respect and dignity
- Recognising their needs and engaging in the therapeutic process in order to meet these needs
- Developing effective coping mechanisms and pursue positive life opportunities

Overall, we will strive to provide a therapeutic environment within which an individual, supported by the group, can be helped to better understand and cope with the roots of difficult and painful feelings. The staff team will use the Therapeutic Crisis Intervention

Model as a means of helping the young people we work with to reduce the risk and stress in their lives and to learn constructive and effective ways to deal with stress or painful feelings.

Alongside this we understand the importance in developing resilience in the young people in our care and readily implement strategies to promote increased resilience and emotional well-being.

We recognise the importance of each child/young person's cultural and religious heritage and operate in accordance with the United Nations Convention on the Rights of the child/young person being able and supported in choosing their own religion and having their own beliefs and opinions. (**Article 14 – The Human Rights Act 1988**)

We require information at the referral and pre-admission planning stages from the responsible authority of specific arrangements to be made in relation to a child/young person's religious and cultural observance. This information must incorporate the religious and cultural background of the children/young people and any specific cultural issues that we should be aware of e.g. dietary requirements. On receipt of this information, we will make enquiries and arrangements for the facilitation of religious observance.

All young people in their placements will be encouraged and supported in the observations of their own religious denomination. Young people who have close contact with their families may wish to join them for religious observance. This will be facilitated by staff in the homes and should be detailed in a child/young person's Care Plan.

Children/young people will also be encouraged and supported in maintaining links with their Church activities e.g. youth clubs, scouts, in keeping with their culture and ethnic backgrounds.

Privacy and Dignity

“Children must be treated with dignity and respect at all times and must benefit from effective protection from abuse, neglect and all forms of exploitation, whether on the part of care providers, peers or third parties, in whatever care setting they may find themselves.”

(Part 12 UN Guidelines for the Alternative Care of Children 2009)

Within the homes we understand the importance of a young person feeling respected through the stringent adherence to rules and regulations which respect confidentiality and the maintenance of appropriate boundaries within the home.

Each child/young person has their own bedroom and will know that their right to privacy will be respected. Each young person will receive their mail unopened unless otherwise directed by their social worker and have the right to make telephone calls to friends, family and approved significant others. Young people will also be afforded appropriate time and facility to avail of visitors within the home when this does not impinge on the safety or privacy of other young people. In instances where there this may be the case staff will endeavour to facilitate such contact in a suitable venue in the locality.

In the event however that child protection concerns may arise in relation to potential abuse from inappropriate contacts, staff will have the right to implement strategies to limit correspondence either written or verbal to the young person until a full investigation is undertaken. Strategies that can be employed include intercepting mail, refusing mobile phone usage and monitoring phone calls. Such a decision will also be discussed and approved at relevant planning forums such as a child protection conference and/or a child/young person's care planning meeting. This is in accordance with the **Children First: National Guidance for the Protection and Welfare of Children 2011**. In the event of such restrictions being implemented the underlying reasons are explained clearly to both the young person and their parents in a communication style that is conducive to their level of understanding.

Personal communications through the medium of personal mobile phones and social networking sites will be appropriately supported, however will be assessed taking into account the young person's age, understanding and stage of development and any safeguarding concerns pertinent to the individual as outlined in their pre-admission risk assessment. In the abuse of the privilege of mobile phone usage or social networking these will be revoked indefinitely.

Prior to admission a full itinerary of personal belongings will be devised and maintained in their individual file.

Each young person will have access to accurate and relevant information about his/her background and can request this through their designated keyworker who will arrange a scheduled time to undertake dissemination of such information in a managed and controlled manner. In the event that it is felt this information may negatively impact on the young person this decision to share this information will have to be taken in consultation with the home manager and young person's social worker.

Important Relationships

“When a child is placed in alternative care, contact with his/her family, as well as with other persons close to him or her, such as friends, neighbours and previous carers, should be encouraged and facilitated, in keeping with the child's protection and best interests. The child should have access to information on the situation of his/her family members in the absence of contact with them.”

(Part 80 UN Guidelines for the Alternative Care of Children 2009)

Contact is a broad term, which covers, not only visiting between a child/young person and his/her parents, relatives and friends, but also overnight stays, as well as contact by telephone, and by writing, exchanging cards and photographs.

Contact is a means of enabling a child/young person to maintain a close knowledge and understanding of his/her family and community, and to keep alive a flourishing a sense of his/her origins and unique identity.

This is of crucial importance to a child/young person's well-being and health development; whether he/she is to spend a short or lengthy period of time being looked after by the responsible Authority.

The arrangements acknowledge the principles of good practice and guidance contained within the following:

- The Child Care Regulations 1995, Child care (Standards in Children's Residential centres) Regulations 1996.

- The Child Care Act 1991
- The National Standards for Children's Residential Centres (2001)
- The Children (N.I.) Order 1995
- The Children (NI) Order 1995, Regulations and Guidance Vol. 4 Residential care (Chapter 11).

It also takes account of the provisions of the Human Rights Act 1988 and the European Convention for the Protection of Human Rights and Fundamental Freedoms.

Procedure

In order to promote contact between a child/young person and his/her parents, relatives, friends and significant others, we require, from the responsible authority, information in relation to the specific arrangements to be made in relation to a child/young person's contact with family, carers and friends. This information must specify who a child/young person is to have contact with, where the contact is to take place, frequency, and whether or not the contact is to be supervised or unsupervised.

This information must also specify if there are any persons who are restricted from having contact with a child and if there are Court Orders in place specific to contact.

Contact arrangements will be discussed and agreed during the pre-admission planning stage and will be incorporated within the child/young person's placement and care plans. They will then be subject to regular review through the care planning review process.

Staff will actively consult with young people regarding their views about contact arrangements and encourage young people to maintain contact with their families/carers and friends unless such action is not responsibly practicable or is not consistent with the child/young person's welfare.

In order to facilitate contact, all our houses have a private telephone to which the young people have access. We will also encourage and assist young people in writing letters/emails.

Staff may in exceptional circumstances monitor calls if directed within a care plan and where permissible end the call if the child/young person is deemed at risk of significant harm. A decision to monitor must be made at a child protection conference or case/care planning meeting. The child/young person is made aware of this decision.

We have a designated room within the homes for visits to a child/young person

which is both congenial and private.

We welcome regular phone contact from family members and significant others. The child/young person's Key Worker will be responsible for maintaining close contact with significant people in the child/young person's life and will maintain weekly contact with family/carers so as to develop a positive and supportive relationship and keep them duly informed of any events within the child/young person's life.

All staff within the homes have comprehensive guidance notes on arrangements for contact. The guidance notes are contained in the Homes' Policy and Procedures located in the general office. The essential elements of these are as follows:

- Promoting contact
- Supervising contact
- Unplanned visits and appropriate responses
- Court Orders and inappropriate visits
- Threatening or abusive behaviour by parents or carers to a child, young person or member of staff.

Visiting arrangements in the homes are flexible, although it is expected that contact is pre-arranged and visits will end by 7pm so as to facilitate supper and bed times.

Daily life

Within all our homes there is a strong belief that young people derive a sense of safety and security through regularity and predictability in their daily routines. We endeavour where practicable to replicate the living experience a young person would reasonably expect within a typical family home through the implementation of routine and boundaries apposite to their developmental age.

Within the homes there is a set structure for general day to day living including meal times, bed times, getting up times and education times. Alongside this each young person will be encouraged to devise a weekly plan to incorporate alternative social, educational and physical activities conducive to a positive group living experience and positive personal development. Within such a plan the young person is encouraged to designate time on a weekly basis for religious or cultural observations to promote individuality and to meet personal needs.

This plan is generally devised on a Sunday evening for the forthcoming week and with staff assistance.

Each young person will be encouraged to include in their plan:

- Medical appointments

- Contact with family or friends
- Appointments with therapists
- Physical activities e.g. swimming, football, walking, running
- Group outings from the house
- Social outings including as appropriate the cinema, bowling, discos
- Education
- Social worker visits
- Guardian Ad Litem visits
- Professional meetings
- Key work times

(This list is not exhaustive)

Alongside the structure and routine offered by each house special care and consideration is employed to mark and celebrate special occasions for each young person. This can include birthdays, Christmas or other religious celebrations. This is done in a way that is reflective of the needs of each individual within the home and in a way that is age appropriate. Each young person will also receive a monetary allowance at each of these times to purchase personal presents. The shopping for such gifts is done with the young person and his/her keyworker and the amount received is determined by the age of the young person.



SECTION 3: CHILDREN'S AND YOUNG PEOPLE'S RIGHTS

(i) Information and Advocacy

“No child should be without the support and protection of a legal guardian or other recognised responsible adult or competent public body at any time”

(Part 18 UN Guidelines for the Alternative Care of Children 2009)

Ashdale Care (Ireland) Ltd is committed to promoting and protecting the welfare of every child/young person placed in its care. We will take all reasonable steps to advocate the best interests of the child/young person and ensure a person centred approach to their care is upheld.

All staff are committed to safeguarding young people's rights to privacy, confidentiality and the inherent need for data protection. In fulfilling this commitment we recognise the key child care and social work principles of empowerment, equality, openness, rights and participation and consequently, in recognising such, adopt approaches in our practice which uphold these principles.

We believe that the provision of information is a central component in ensuring the effective implementation of a child/young person's basic rights as detailed in the Freedom of Information Act, 1997 and Freedom of Information Act Amended 2003. We, therefore, adopt a proactive approach in ensuring that young people have access to information written about them. Young People and their parents or carers are informed orally and in writing through the use of an age appropriate manner (please refer to the Child/young person's Booklet) about their right to access information recorded about them and are guided in following the procedure involved in exercising that right. Alongside this each young person will have access to a variety of media outlets whilst resident within the home including TV, radio, internet and newspapers and can utilise these as a means to communicate or gain information.

There may be times when a child/young person, their parents/carers or a person who is significant to a child including other professionals involved may be unhappy with the service provided by Ashdale Care. When this is the case a complaint may be made either by telling someone face to face, by writing it down, or by telephone. A contact card will also be provided for all children/young people which can be sent to a designated manager or designated Complaints officer in the TUSLA area or Health Trust. Alongside this each child or young person can access external sources of information and advocacy such as the Empowering People in Care (EPIC) and the Office of the Ombudsman for Children (OCO).

Each young person will have a key worker within the home that will support them in suitable expression of their views and feelings and assist in giving realistic explanations of his/her circumstances as required. Within each house the key worker will also attend all statutory meetings and reviews as an advocate for the young person and to represent their views and opinions.

(ii) Consultation and Participation

In line with our primary purpose and Person Centred ethos, we ensure that every child/young person in our care is consulted on an ongoing basis.

We seek to actively encourage the honest and open expression of feelings in an appropriate way. Within this context we offer young people a safe, secure and consistent care environment based upon a familial model of practice.

We actively encourage the young people to establish contact with EPIC – Empowering People in Care. Young people are also encouraged to participate in house meetings, which consider aspects of the day-to-day operation of the Home. There is an expectation that these meetings should occur once weekly. Any grievances raised are brought to the staff team meeting for discussion and future planning. A Senior Staff member will meet with the young people to provide feedback from the staff team meeting. To support the young people in exploring issues within the home the person centred planner (independent from the home setting) can facilitate these meetings and support the young people in presenting their points to the staff team. We will actively encourage young people to take ownership of the Home and promote their attendance at these meetings so that their wishes and feelings can be taken into account.

The young people are encouraged to maintain a record of discussions and decisions in the Young Peoples Minutes book and within the Team meeting records as part of the feedback and action planning process.

Outside of the House meeting, the young people's views are sought in relation to the formulation of a weekly menu, shopping, and weekly activities. Young people are also encouraged to choose the decoration for their own bedroom and communal areas.

Within our daily routines we will actively encourage a child/young person to take ownership and responsibility for their living environment.

Young people are encouraged to meet with the Person Centred Co-ordinator individually on a regular basis to explore their wishes and feelings with regard to

their care in their placement and to spend time exploring their hopes, aspirations and plans for their future.

Prior to a child/young person's care planning meeting, we support and assist a child/young person to share what they feel about their current care arrangements and what they would like to happen in the future, this is facilitated in whatever way is appropriate for them i.e. through creative arts or use of media. A child/young person's Key Worker and Person Centred Planner will assist the child/young person in thinking this through and consider all aspects of their care.

The Key Worker will also assist the child/young person to share their opinions and views with those professionals who attend review meetings in whatever format they choose and will advocate on their behalf to ensure their wishes and feelings are duly considered.

A child/young person's Social Worker is expected to visit him/her at least once every 4 weeks. This too provides an opportunity for consideration to be given to his/her future. At the end of each of these visits, we require a Social Worker to complete our Statutory Visit Feedback forms, which outline any concerns the child/young person may have been discussed or any information, which may help promote a child/young person's wellbeing.

This process is further built on through ongoing Key Work sessions with the Person Centred Planner where individual plans can be devised in consultation with the child/young person which highlights care, health, education, career and contact plans and obtainable targets identified by the child/young person.

The importance of the home as part of a child/young person's future networks must also be considered and clear agreements must be made about the future relationship between the child/young person and the Home.

In line with the recommendations of each child/young person's care plan, we will work in partnership with the child/young person, their social worker and other key individuals in the child/young person's life to explore options available. Key skills and issues specific to each child/young person will be identified and a programme of work developed to best support the child/young person preparing to leave care.

(iii) Grievances/Complaints

“Children in care should have access to a known, effective and impartial mechanism whereby they can notify complaints or concerns regarding their treatment or conditions of placement”

(Part 98 UN Guidelines for the Alternative Care of Children 2009)

All our homes will care for children/ young people who are in the care of Health Service Executive areas in the Republic of Ireland or “looked after” by Health & Social Care Trusts in Northern Ireland. The complaints procedure which applies to children placed by such authorities will be applied. In terms of ensuring optimum service provision is maintained and developed our homes operates a culture of openness and transparency which is promoted through discussion provoked by concerns raised or complaints made.

How can a grievance/complaint be made?

Grievance may be defined as a real or imagined cause for complaint, especially unfair treatment

And a

Complaint may be defined as any expression of dissatisfaction with the service provided within the home.

There may be times when a child/young person, their parents/carers or a person who is significant to a child including other professionals involved may be unhappy with the service provided by Ashdale Care. When this is the case a grievance/complaint may be made either by telling someone face to face, by writing it down, or by telephone. A complaint form will also be provided for all children/young people which can be sent to a designated manager or designated Complaints officer in the TUSLA area or Health Trust. Alongside this each child or young person can access external sources of information and advocacy such as the Empowering People in Care – EPIC (Formerly known as IAYPIC) and the Office of the Ombudsman for Children (OCO).

To whom can a grievance/complaint be made?

A grievance/complaint may be made to any member of the staff, the Home Manager in the home, the Ashdale Care (Ireland) Ltd Operations/Deputy Operations Manager, child’s social worker, TUSLA/Trust manager or designated Complaints officer, Director of Children’s Services or any other TUSLA or Trust staff.

The telephone number of Child-Line is situated on a notice board in the home as is the telephone number of Empowering People in Care – EPIC (Formerly known as IAYPIC), Tusla Monitoring officer and the ombudsman for children Ireland. The child/young person can make contact with any of these organisations if they feel that, for some reason, they cannot talk to staff in the home or their social worker.

What will happen?

In accordance with the guidance every effort will be made to address a grievance or problem satisfactorily before it becomes a complaint. This will generally involve individual house staff making efforts to resolve the problem by discussion, reconsideration of a decision or explanation as to why a decision was made and the actions taken. Ashdale Care (Ireland) Ltd may consider the involvement of an advocate for the child/young person if this is seen as necessary to provide support to the child. Whilst every effort will be made to address concerns at this problem solving stage there should be no undue delay referring the problem for resolution as a formal complaint. It is expected that concerns or problems should be dealt with within 10 days and if not they should be dealt with as a formal complaint.

There are some concerns or problems which will be treated as formal complaints from the outset. These include:

- Where the level of distress is such that resolution at the informal stage appears unlikely to be successful
- Where serious matters are concerned i.e. perceived or an actual risk to the child
- Where there is a potential or actual Health and Safety issue
- Staff action which could result in disciplinary proceedings
- Where the child/young person or parent states that they will inform or involve the media or political representatives.

In addition the Dublin North East TUSLA Monitoring officer will be notified of any serious complaint about the home or persons working in it.

Complaint by Child

On introduction to their placement, each child/young person will be provided with a 'Young Persons booklet' which contains details of how to complain and a Complaints Card which can be completed and given to Senior Staff. For those children/young people who can use the written form of communication this method may be appropriate, however for those with communication difficulties, staff will endeavour to engage with the child/young person in a flexible and creative manner, using whatever communication means the individual finds most accommodating, in order to facilitate the individual to express their concerns and consequently have them addressed.

It is recognised that a child/young person may lack the confidence to make a complaint and consideration will be given in liaison with the child/young person's social worker as to the involvement of an independent advocate to support and represent the child/young person. It is also important that the placing Social Worker visits the child/young person in accordance with Ashdale Care (Ireland) Ltd policy, that is, a minimum of once every month and feedback provided to staff at that time to ensure that the opportunity is available for the child/young person to make a complaint to someone outside of the home.

If a child/young person tells a member of staff that they are unhappy about any aspect of their care, then the member of staff will try to help the child discuss the matter. If the child/young person is dissatisfied with this the Home Manager or designated officer will meet with the child/young person to determine if a solution to the complaint can be found. If the child/young person is not satisfied with the outcome they will be advised that the complaint will be dealt with using the Ashdale Care (Ireland) Ltd complaints procedure. The child/young person will also be informed of their right to pursue the complaint under their TUSLA or Trusts complaints procedure. Throughout this process the child will be reassured that there will be no adverse consequences for raising a concern.

A child/young person may at any time request that a complaint is referred to their TUSLA or Health Trust for investigation. The child/young person's social worker will always be informed when any complaint is made and advised as to the actions being taken by Ashdale Care Ireland staff. Details of any complaints and their outcome will also be discussed at the child looked after children review.

Parents and other persons with parental responsibility will also be informed of the complaint unless to do so would be detrimental to the welfare of the child. A decision not to inform a parent can only be made by a senior officer of the placing Trust.

The child/young person will be kept informed of their rights under the complaints procedure at every stage in the investigation process. Advocacy or specialist help may also be provided at any stage in the process. Staff are advised also in correlation with all governing child protection legislation and guidance that their responsibility to hear the concerns of each child or young person in their care takes precedence over loyalty to colleagues. This is reiterated through regular child protection training provided within the company.

In accordance with guidelines from **Children First: National Guidance for the Protection and Welfare of Children (July 2011)**, *"Children and staff need to be reassured that raising concerns is important. Management should respond to all reports of a concern quickly and appropriately, and ensure that effective action is*

taken. A written record of the report should be confirmed with the person who reported the concern.” (8.7.2)

Complaints from Parents or Other Significant Persons

Complaints from parents or significant other persons such as other professionals involved with the child/young person may be made verbally or in writing. Where they are made verbally then the staff member to whom the complaint has been made will provide a written summary of the complaint which they will copy to the complainant in order to ensure that it is an accurate account of the complaint. The Home Manager will investigate all such complaints and will generally speak to the parent/significant person, child/young person and any staff who may be involved. Should the complainant remain unhappy with the outcome of the investigation by the Home Manager then they will be advised that the matter will be referred to the Ashdale Care (Ireland) Ltd designated officer for complaints investigation under the organisations complaints procedure. The parents will also be advised of their right to have the complaint investigated using the **TUSLA or Trust complaints procedure**.

Parents or significant other persons who have made a complaint will also be kept informed at every stage in the process.

“Whistle Blowing” Policy

In the event of a member of staff having concerns with regard to the attitude, behaviour or practice of a colleague, it is imperative that they are supported in reporting their concerns to senior management with the assurance that these matters will be taken seriously and addressed promptly. Ashdale Care (Ireland) Ltd has a “whistle blowing” policy and encourages whistle blowing in the interests of the children in its care.

In the event of a complaint being made by a member of staff against another staff member the Operations Manager or Director will arrange for the complaint to be fully investigated using the most appropriate procedures.

A serious complaint concerning staff, for example, an alleged abuse of a resident, will not be recorded as a complaint but rather as an untoward incident and relevant authorities i.e. placing authority, local TUSLA child care manager, Gardai and TUSLA Monitoring officer notified. In addition procedures other than the complaints procedure will be applied such as the homes disciplinary procedures and relevant child protection procedures.

In the case of a member of staff having concerns about a manager in the home it is expected that they will contact the Operations Manager/Director of CARE (Northern Ireland), TUSLA Monitoring Officer, local Child Care manager or Gardai to share their concerns. It is understood that staff may also wish to contact any of these individuals or organisations if their concerns are not fully addressed.

Application of Appropriate Procedures

Whilst investigating complaints links may have to be made with other policies and procedures such as the Children First Policy & Procedures, and/or Ashdale Care's grievance or disciplinary procedures. In such cases the Operations Manager will consult with senior managers in placing Trusts/Authorities and the local TUSLA Child Care manager in accordance with agreed protocols.

Recording of Complaints

In keeping with good practice every effort will be made to resolve issues including complaints at a problem solving level and through the usual consultation and planning processes. All complaints will be recorded in the complaints book and copied to the child/young person's file.

A summary of all complaints including details of their outcome will be held in the Homes Complaints Record which is a permanent record for inspection by senior managers and the TUSLA Monitoring Officer. Copies of all monitoring reports will be made available to placing TUSLA areas or HSC Trusts. A copy of the forms used to record complaints will be placed in the child/young person's residential case file with a copy forwarded to the child/young person's social worker for the fieldwork file.

The management of all complaints will be in accordance with the relevant TUSLA or Health & Social Care Trusts Complaints procedures.

In the first instance, young people will be encouraged to share their feelings with their assigned Key Worker and or any other staff member on duty. If the matter cannot be resolved by either of these means then the child/young person will be encouraged to meet privately with the Home Manager.

Young people will also be encouraged to voice their complaints either individually or, if appropriate, by means of a 'house meeting'. This can either be on the agenda of the next 'house meeting' or a special meeting can be called with the consensus of the group.

SECTION 4: KEEPING CHILDREN AND YOUNG PEOPLE SAFE AND PROTECTED

It is the policy of Ashdale Care (Ireland) Ltd. to safeguard the welfare of all young people protecting them from physical, sexual and emotional harm and neglect.

We know that being a young person makes them vulnerable to abuse by adults. The purpose of this policy is to make sure that the actions of any adult in the context of the work carried out by the organisation are transparent and safeguard and promote the welfare of all young people.

Principles upon which our Safeguarding Children Policy is founded are:

- The welfare of a child or young person will always be paramount
- All children and young people will be valued equally
- The welfare of families will be promoted
- The rights, wishes and feelings of children, young people and their families will be respected and listened to

Those people in positions of responsibility within the organisation will work in accordance with the interests of children and young people and follow the policy outlined below. We acknowledge that Safeguarding Young People is about more than child protection. It means taking a comprehensive approach that prevents young people from any potential source of harm.

SAFE RECRUITMENT & SELECTION

As an organisation that provide services to children we have a responsibility to incorporate measures that help deter, reject or identify people who might abuse children, or be otherwise unsuited to work with them. Ashdale Care (Ireland) Ltd.'s recruitment procedure follows the guidelines set out in "Choosing with Care" – The Warner Report.

Choosing with Care, the 1992 Warner report focuses on staff selection, development and management in children's homes, highlighted particular areas of concern related to recruitment, and made a number of recommendations.

Within Ashdale Care Ireland we have a policy and procedure which ensures that all potential paid staff:

- Complete an application form and CV. This includes: address, evidence of relevant qualifications, the reasons why they want to work with children and

young people, paid work and voluntary work experience and all criminal convictions.

- Provide three pieces of identification which confirm both identity and address.
- Undergo a formal interview involving at least two interviewers.
- Three written references are required one of which is from the applicants present employer (or last employer if they are unemployed). Referees are provided with a job description and person specification and we encourage frank comments on strengths and weaknesses in relation to these two documents. Verbal references will also be obtained from all three referees.
- Ashdale Care will ask applicants to provide proof of identity and qualifications.
- Ashdale Care (Ireland) Ltd has made arrangements with the National Recruitment Federation to carry out checks on all staff, (i.e. part-time, full-time, domestic, administrative and ancillary staff) and any other person within our organisation who will have substantial access to the individuals living within our homes.
- New staff and volunteers awaiting a Garda Vetting Clearance complete a self-disclosure form declaring details of any criminal convictions or convictions pending. This includes any “spent” convictions.
- We understand that a person who is barred from working with children or vulnerable adults is breaking the law if they work or volunteer, or try to work or volunteer with these groups.
- We understand that an organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law.

MANAGEMENT & SUPPORT OF STAFF

All staff are provided with a job description outlining their main responsibilities. This includes a requirement to comply with our Safeguarding Policy and procedures and all policies governing best practice. They will also receive an induction prior to commencing their role which will include the dissemination of information on all the organisation’s policies and procedures.

As outlined in the company Statement of Main Terms of Employment all staff will be on probation initially for a period of 6 months during which time their work performance and general suitability will be assessed and if satisfactory their employment will continue. However, if work performance is not up to the required standard or the individual is considered generally unsuitable, we may either take remedial action or terminate their employment without recourse to the capability or, if a conduct matter, the disciplinary procedure.

If during the probationary period significant concerns arise with the staff members’ performance and suitability the Operations Manager must be informed in order to review appropriate steps. It is critical to initiate this contact early in the probationary period, preferably before the mid-point of the probationary period at the latest.

If it is then determined that a staff member has clearly failed to demonstrate suitability for continued employment prior to the end of the probationary period then their contract may be terminated.

(See Company PROBATIONARY PERIOD REVIEW POLICY).

All staff are given formal staff supervision at least every 4 weeks by their line Manager and attend regular ongoing safeguarding training appropriate to their role. (See Company Supervision Policy).

GOOD PRACTICE TO PROMOTE HIGH STANDARDS OF SAFEGUARDING

Each child in the home has a designated key worker and it is the responsibility of the key worker to ensure that they spend time with the young person, affording him/her the opportunity to share any concerns or worries they may have. These discussions will be recorded as Key work and will be stored in the young person's file.

Key work staff will also ensure that young people have access to adults whom they can trust outside of the home i.e. their social worker, mentor or independent visitor. Staff will also make sure that young people have access to external services such as EPIC (Empowering People in Care) and The Ombudsman for Children in Ireland. All contact details are available in Young Person's Booklet. Young people will be encouraged to attend weekly young person's meetings with other residents and will be encouraged to discuss issues about care and protection and keeping themselves safe. They will also be encouraged to attend and participate in discussions and decision-making processes regarding their care and protection.

Young people will be encouraged to wear appropriate clothing at all times when in communal living areas to ensure the safety and comfort of all children and will not be permitted in each other's bedrooms unless there is appropriate staff supervision. Team meetings are used on a regular basis to raise any issues of concern and develop clear management strategies if required.

Whilst on shift staff will be aware at all times of the whereabouts of their colleagues and the young people to ensure, protection and support for each other.

All staff ensure at all times that the living environment is free from any potential weapons and all household appliances i.e. iron, screwdrivers, knives and any other item that may be used to inflict harm are stored securely in the staff office.

A detailed risk assessment is completed in respect of each young person on

admission highlighting the vulnerability and risk particular to the individual. A copy is placed in the young person's file and each staff has a responsibility to ensure they read such assessments and carry out recommendations.

All staff at all times control access to the home by ensuring they answer the front door and request all visitors to sign in and out in the visitor's book.

Young people will be encouraged to adhere to all routines and boundaries within the home including meal times, bed times, keeping appointments, attending school and taking care of their living environment. Young people will also be asked to contribute to their own safety by keeping staff informed about where they are and what activities they are involved in outside the home if they have unsupervised free time.

In accordance to the company's personal and professional boundaries policy staff are under no circumstances permitted to bring young people to their own home or provide children with their personal phone numbers email addresses. Staff are also strongly advised not to befriend young people in their care or who they have cared for in the past on social networking sites.

All staff have a responsibility to report any issues, incidents or concerns regarding Child Protection where a member of staff maybe involved and have a sound awareness of the written policy and procedure on Whistle blowing.

PROVIDING SAFE ACTIVITIES AND TRIPS

All staff within the homes undertaking specialist roles, (e.g. taking children and young people off site on trips) are provided with appropriate training.

All activities are risk assessed to ensure that all reasonable steps are taken to prevent children and young people being harmed whilst participating in the organisation's activities. E.g. swimming, ice-skating, hill climbing and all safety equipment will be provided or made available.

Employer's liability and/or public liability insurance has been taken out to ensure that all activities and services and all people taking part, are covered.

All activities being provided are properly planned and organised. Planning ensures that the activities are: age-appropriate, appropriately supervised, take **account of staff ratio** and use qualified instructors.

The organisation has a policy about taking and using photographs of children and young people and a consent form for the use of photographs and filming. No young people will be photographed or filmed until prior agreement with parent or carer.

TRANSPORT

We ensure that our transport has:

- Appropriate insurance cover
- Tax and MOT/NCT if required
- Appropriate seats (including booster seats and seatbelts)
- A first aid box
- Drivers hold the correct driving license

Everyone must wear a seatbelt when being transported by staff and at no times act in a way that is unsafe. If young people act in a way that places themselves or other passengers in the car at risk transport restrictions may be put in place e.g. they can only be transported by 2 staff members. Smoking is not permitted in any of the company vehicles.

COMPUTERS, DVD'S & MOBILE PHONES

Young people have no access to the internet in the homes however, can use it in the local library. No young people will have permission to access the internet until prior agreement has been sought from main parent or carer. All computers used by children and young people are equipped with “parental controls” to ensure safe internet use and they will be guided through an agreement about using the internet. This includes appropriate use of social networking sites. Children and young people are supervised by staff at all times whilst using the internet.

Upon admission to their placement a multi-professional decision is made, based on the presenting risks, as to whether or not it is safe for a young person to have a mobile phone. This will also be dependent and level of maturity. If it is deemed safe for a young person to have a mobile phone the designated key worker will talk to the young person about the safe use of it and how mobile phones can be used to bully and threaten other people. Staff will keep a note of each young person's mobile number and house rules state all mobile phones must be handed in at night and will be re-issued the following morning. All mobile phone use will be withdrawn and the mobile phone indefinitely confiscated if a child protection concern arises as a result of a young person having a mobile phone or if it is being misused in any way.

In each home young people have regular usage of computer games and DVD's and staff at all times ensure that these are of an appropriate age and adhere to the Irish Film Board's age classification for movies shown on television, in the cinema

and on DVDs.

BULLYING

Bullying will not be accepted or condoned. All forms of bullying will be addressed and dealt with in an appropriate manner in accordance with the company Bullying Policy.

Bullying can include:

- Physical pushing, kicking, hitting, pinching etc.
- Name calling, sarcasm, spreading rumours, persistent teasing and emotional torment through ridicule, humiliation and the continual ignoring of individuals.
- Sectarian/racial taunts, graffiti, gestures.
- Sexual comments and/or suggestions.
- Unwanted physical contact.

Children from ethnic minorities, disabled children, young people who are gay or lesbian, or those with learning difficulties are more vulnerable to this form of abuse and may well be targeted.

We acknowledge that everybody has the responsibility to work together to stop bullying and there is an understanding that early identification of bullying and prompt, collective action is required to deal with it effectively.

Anyone who reports an incident of bullying will be listened to carefully and be supported, whether it's the child/young person being bullied or the child/young person who is bullying.

Any reported incident of bullying will be investigated objectively and will involve listening carefully to all those involved.

Children/young people being bullied will be supported and assistance given to uphold their right to play and live in a safe environment which allows their healthy development.

Those who bully will be supported and encouraged to stop bullying.

COMPLAINTS POLICY

Within Ashdale Care Ireland Ltd. we have a Complaints Policy and procedure so that children and young people and staff can utilise it if felt necessary. This policy

is also outlined in the Young Person's booklet and is explained to each young person on arrival and each new staff member as part of the induction program.

CHILD PROTECTION POLICY & PROCEDURES

Directors and staff within Ashdale Care (Ireland) Ltd are committed to practice, which promotes the welfare of children and protects them from harm. We wish to ensure that all children placed in our homes are cared for in a safe environment which is child centred and where they feel valued.

Staff in this organisation accept and recognise our responsibilities to develop awareness of the issues which cause children harm, and to establish and maintain a safe environment for them. We are committed to reviewing our policy, procedures and practice at regular intervals, at least every three years.

We will endeavour to safeguard children by:

- following carefully the procedures laid down for recruitment and selection of staff;
- Providing effective management for staff through regular professional supervision, support and training;
- Reporting concerns to statutory agencies who need to know and involving parents and children appropriately;
- Adopting child protection guidelines through a code of behaviour for staff and students;
- Sharing information about child protection and good practice with children, parents, staff and students;
- Ensuring safe caring practices are adhered to.

It is our duty to ensure that individuals are protected while in our care and therefore all members of staff must familiarise themselves with "Children First – the National Guidelines for the Protection and Welfare of Children 2010". In relation to children placed from Northern Ireland a protocol has also been drawn up by Boards and Trusts in Northern Ireland outlining the roles and responsibilities of placing Trusts and the Home provider in relation to the management of child protection concerns "Co-operating to Safeguard Children" 2003 and staff will also need to familiarise themselves with this if appropriate. Appropriate children first training will be provided for staff. Staff should build on this knowledge through team meetings and professional supervision.

In order to safeguard and protect children in our care it is a requirement of all placements that a comprehensive Group Impact Risk Assessment are completed

in respect of each child/young person before a placement commences. The risk assessment must clearly identify risks including child protection risks, the risk of bullying or being bullied and incorporate relevant Child Protection Strategies/Safeguards to reduce or remove any risks to the child/young person. This risk assessment will be reviewed on a regular basis or as often as necessary.

It is essential that where a child/young person is the subject of a child protection plan this plan is made available by the placing authority and that prior to admission appropriate recommendations are incorporated within the child/young person's risk management plan and care plan.

Residential social work/social care staff have a key role in identifying different types of abuse and in bringing this to the attention to the Home Manager or Senior members of staff on duty.

❖ Procedure

- Where a concern arises about possible abuse to a child/young person it must be immediately reported to the Home Manager or Deputy Home Manager. All concerns must be conveyed immediately on the day of the incident or disclosure. There must be no delay caused by the unavailability of an immediate line manager.
- The Home Manager or Deputy Home Manager will immediately report the concerns by telephone to the child/young person's Social Worker/Senior Social Worker. They will also verbally notify a designated officer (Child Care Manager/Principal Social Worker) within the local TUSLA office. These concerns will be forwarded in writing to the respective TUSLA or HSC Trust office within 24 hours. All telephone contact with placing Authorities will be recorded as soon as possible after the event. It is vital that our recording is factual and accurate as this recording is essential to any investigation that may take place.
- The TUSLA Inspector will also be advised of any child protection concerns which have arisen in respect of a child/young person in the home and the actions taken by home staff.
- The Home Manager will ensure that the member of staff reporting the concern is given support, guidance and time to make a detailed written report of the concern or allegations expressed. The Home Manager will also ensure that the child/young person in question is given immediate protection. Advice will be sought from the placing Trust as to how to ensure the emotional well-being and safety of the child/young person concerned.

Outside normal office hours the GARDA may be contacted if an urgent police response is required. In relation to children placed from Northern Ireland information should be shared with the Out of Hours Co-ordinator for the relevant Health Trust area.

When a child protection concern arises the important messages for staff are:

- **Do Not Panic**
- Share concerns with a more senior member of staff who will provide support and guidance to both you and the child/young person concerned.
- Remember the principals and importance of confidentiality. Record all information as soon possible.
- Always err on the side of caution and report concerns quickly rather than adopt a policy of wait and see. This is crucial where there are allegations against or suspicions about a member of staff or where there may be abuse to one child/young person by another. Failure to report such concerns promptly can lead to suspicion of collusion or cover up.
- It is not the responsibility of home staff to determine who does what externally, only to provide the professionals concerned with the necessary information and assistance.
- If a child/young person alleges abuse then this must be recorded and reported. In such a situation a child/young person should not be questioned as this could contaminate evidence. Equally the child/young person should not be silenced if he/she wishes to talk. If a child/young person wants to talk then staff involved must avoid leading the child/young person. You may have your own suspicions or anxieties about the perpetrator but do not voice them to a child/young person. The Home Manager will not question staff under suspicion of abuse unless the investigating authority specifically requests this to be done.

❖ Allegations of Abuse by a Member of Staff,

When allegations of abuse by a staff member are received the Children First Guidance and company policy will be applied. The child protection investigation should be carried out by a senior member of the local TUSLA staff and should include an independent person. Staff and management should co-operate fully with the investigation. The possibility of involvement and collusion of other members of staff must be recognised. Where such abuse is suspected, it will be necessary for An Garda Síochána and senior staff from the TUSLA, when agreeing their strategy for investigation, to weigh the need for evidence carefully against the rights of the individual children concerned.

The TUSLA staff will liaise with senior managers within the placing authority and the company in relation to the investigation. No action will be taken by company staff which might interfere with the investigative process or prejudice its possible outcome.

Any member of staff under suspicion of having abused a child will be immediately suspended while investigations are carried out.

Investigation into abuse by a member of Ashdale Care (Ireland) Ltd staff will have three related, but independent strands:

- child protection inquiries, relating to the safety and welfare of any children who are or who may have been involved
- a police investigation into a possible offence
- disciplinary procedures, where it appears that the allegations may amount to misconduct or gross misconduct on the part of staff. A similar process will take place in responding to any concerns about students on placement.

The facts of the alleged abuse will be considered within each of the three strands of possible enquiries/investigation. The child's interests are the paramount concern and his views and wishes must be given careful consideration at all times.

Ashdale Care (Ireland) Ltd managers and staff will co-operate fully with any investigation of this nature and regular liaison will take place between the General Manager and the agencies involved including attendance at meetings as appropriate.

❖ Organised Abuse

Organised abuse means abuse that may involve a number of abusers, a number of abused children and often encompasses different forms of abuse. It involves an element of organisation. Staff also need to be aware that children looked after may also be vulnerable to such abuse. The Children First Guidance will again apply and any concerns in relation to possible organised abuse will be brought to the attention of the local TUSLA Child Care Manager, relevant placing authorities and the TUSLA Monitoring officer.

❖ Safe Caring Practice

The ethos and style of the home is intended to generate a warmth and acceptance between staff and children/young people. This should create an environment in which the children/young are able to unburden themselves, be aware of personal

feelings and episodes in their past life which have hitherto remained 'locked away' through feelings of guilt, uncertainty and lack of opportunity.

It is essential that staff approach children/young not only from a professional standpoint but also with empathy and sympathy on the basis of friendship and emotional involvement.

There is a potential danger and conflict for staff and children/young alike in attempting to operate in such a style and all staff must have a clear awareness of the ground rules needed for the protection of children/young and their own professional safety. This applies to any domestic and ancillary staff as well as those professionally involved with children/young. Again the risk assessments undertaken in respect of each child/young person prior to admission and on an on-going basis should inform staff as to the safe caring practices required to protect the child/young person and themselves. Staff will also receive regular training in relation to safe caring practice within a residential environment.

❖ Private conversations/Therapeutic Sessions

We believe that children/young people have the right to hold private conversations with adults and similarly the need to speak to children/young people on a private, therapeutic basis.

The rules in each home are that it is permissible for a member of staff to see a young person in a room alone and, in some cases, it will be natural for the door to be closed, attendance at therapeutic sessions. Once again the risk assessment to be undertaken prior to admission should identify any potential risks to male or female staff.

In terms of safe caring practice other members of staff should be made aware that the young person is going to be seen privately and there should be an indication of the location and duration of the meeting.

Where appropriate notes should be made of the meeting in order to inform all staff of its occurrence and appropriate members of staff should be informed of the content and outcome of any discussions as deemed appropriate and with respect for their confidentiality. This is for the protection of staff undertaking such an interview from any possible negative consequences such as the young person claiming inappropriate or unprofessional behaviour.

In this case, as in all others, the child/young person should be aware of our procedures and the needs for their cooperation in order to make the procedures work for their benefit. They should be aware that they have the right to seek a

private interview.

It is permissible for a child/young person to seek an interview with a member of staff from which information is shared of a personal nature, especially with regard to matters to do with sexuality. The member of staff concerned should consider terminating the interview (appropriately and with consideration for the child/young person) and seek the advice of management. If required other procedures may then follow as laid down in policy documents concerned with child protection and disclosure. It may also be deemed more appropriate for the child/young person's key worker or other member of the therapeutic team to continue with such an interview.

Each home will normally employ male and female members of staff to work as residential social workers and care workers. There are occasions when male members of staff will be needed to supervise female residents. Safe caring issues can arise particularly in relation to sleeping and bathing areas. There are commonly accepted ground rules for conduct in such situations.

It is permissible for staff of both sexes to enter any sleeping area occupied by a child/young person in order to ensure their safety and in order to facilitate agreed routines provided that their entry is preceded by a knock to the door, several times if necessary before entering. The child/young person's name will be called when entering the room and staff will ensure that the door remains open and that a colleague knows where they are. If a female colleague is available then she should be invited to enter the bedroom in the first instance.

Access to bedrooms will be required for a number of reasons including:

- permitting access to trades people to undertake work (staff will ensure that young people's valuables are secure at this time)
- when there is evidence or suspicion of danger or risk to a child/young person
E.g. child/young person may be sick, injured or under the influence of alcohol or drugs;
- to look for a missing child/young person
- to check the cleanliness of a room and to clean the room where appropriate.

❖ Physical Contact/Touch

As a natural development of the children/young person's trust in the staff we would expect certain interactions to involve touching. It is permissible for a member of staff and an individual to greet one another or say farewell with an embrace or handshake. It is permissible to ruffle an individual's hair or touch an individual on

occasions of mutual approach.

In both the above cases the carrying out of such intimate gestures can only be undertaken when it is fully understood by both parties concerned that it is appropriate and in line with their wishes at the time. The action will not be able to be undertaken without there being a base knowledge of one another which will usually be determined by the length of time the two people have been acquainted, together with the nature of their ongoing contact within the home.

If there is a sound relationship between a member of staff and any particular child/young person then such actions described above are not only normal but a real expectation on the part of the individual.

The professional aspect of the care of the children/young people can also be discussed at review meetings, key worker meetings and staff meetings. There are children/young who are overt in their emotional display and for whom this may not be genuine but part of their cycle of deprivation and in these circumstances members of staff are expected to resist such advances in a gentle and considerate fashion. They may take the individual to one side and counsel them in the inappropriateness of such a display of affection. This will form part of our therapeutic approach to working with children/young people.

All the children/young people are made aware of the appropriateness of displaying emotion as part of their social education and have full knowledge that it is a permissible part of adult/individual interaction within the home.

❖ Dealing with Sexuality and Personal Relationships

Staff will have an important part to play in helping children/young become responsible adults and to engage in age appropriate sexual activity and personal relationships. Many of the children/young people may not have experienced age appropriate relationships. This will be addressed within the context of the on-going multi-disciplinary assessment of appropriate actions in relation to relationships and sexual development will be included within the child/young person's care and placement plans.

❖ Lone working (see lone working policy for details).

Engagement with children/young people while out in the community, for example while transporting them, will take place in accordance with the proposed plan of work, agreed and contracted with both the client, those with parental responsibility and referring agents. No unauthorised changes will be made to this schedule of work without prior knowledge of all those concerned. All staff will have access to a

mobile phone and emergency contact numbers and must ensure that a senior staff member is aware of their location and proposed plan and timescale for their time away from the home.

Staff reserve the right to request assistance from other staff if they assess that the child/young person presents a risk to themselves, the individual member of staff or a member of the community while away from the home. Staff may request the assistance of the police if this is assessed as necessary. Staff must inform those with parental responsibility and a senior member of staff within the home immediately of any incident that requires such action.

❖ Confidentiality

The organisation ensures that any records made in relation to a child protection referral should be kept confidentially and in a secure place and information in relation to child protection concerns should be shared on a "need to know" basis. However, the sharing of information is vital to child

Useful telephone Numbers

**Monaghan Child Protection
Social Work Department
Health Centre Unit
Rooskey, Co Monaghan
Tel: (047) 30426/427**

Outside Working Hours all matters should be referred to An Garda Síochana

Garda Station
Monaghan
Co Monaghan
Tel: - (047) 82222

In respect of children placed from Northern Ireland the appropriate Out of Hours Coordinator should also be notified.



SECTION 5: PROFESSIONAL STAFF

Within the homes there is a strong ethos that aims to promote a deinstitutionalization strategy and promote an environment that is conducive to a system of care based on positive familial experience and principles.

The aim of the company is to maximize the motivation of staff, promote job satisfaction aiming for consistency and continuity among a staff team that has the disposition and experience to fulfil their role in an efficient and effective manner and our philosophy is based on the principles of normalisation, social inclusion, rights and responsibilities, choice and unconditional positive regard for the individual

All our homes are managed by Home Managers who have sufficient experience and are suitably qualified to undertake their professional and statutory duties (See Section 1 part (IV))

Managerial assistance is provided by a similarly qualified person who adopts the management responsibilities in the absence of the manager. The residential staff team within the homes are composed of 10 adults both male and female with a diversity of skills and qualifications ranging from social work and social care qualifications to youth work. Within the team there is a wealth of professional and practical experience of a diverse nature to meet the complexity and extremity of behaviour and emotional trauma presented in this role.

The recruitment procedure for Ashdale Care (Ireland) Ltd follows the guidelines set out in “Choosing with Care” – The Warner Report. This means an enhanced disclosure from the TUSLA West, Garda Vetting Liaison Office will be requested as well as satisfactory references (including present or most recent employer) & a health check prior to an offer of employment. All staff within Ashdale Care (Ireland) Ltd are recruited with particular care using clear selection and vetting procedures, designed to protect individuals, and achieve appropriate competence and balance in the staff group. (See staff recruitment policy for further details)

Alongside the professional qualification and experience required to undertake their role to an optimum level, staff need to possess an appropriate skills and value base that correlates to the ethos of the company. Staff need to be at all times respectful and dignified in their interactions with the young people with awareness of professional boundaries and provide support, encouragement and emotional warmth to reinforce feelings of safety and security. Professional accountability and self-awareness are paramount whilst upholding all company policy and procedural guidance and national legislation governing their role.

Our homes are registered as up to four-bedded homes therefore can and will only

provide residential care for a maximum of up to four young people at any one time. This ensures that staffing ratios can remain consistent and young people are afforded the time and effort to develop and sustain effective working relationships and personalised programs of care allied to their individual needs.

Staff within the homes are aware of their responsibility to ensure adherence at all times to all policy and legislative framework governing their roles. This is a compulsory aspect of the company induction plan and staffs progression through this process is monitored through regular staff supervision (See Section 1 part VI) and monitoring. This is further enforced through a staff training program that includes:

- Communicating and consulting with children and young people
- Meeting the changing needs of the children and young people
- Fulfilling the aims and philosophy and implementing the policies and procedures of the service
- Understanding their responsibility for the safety and welfare of the children and young people.
- Equipping staff with the skills and knowledge to work effectively and flexibly in caring for young people
- Support for staff to grow, develop and realise their potential;

Alongside the formal supervision process we aim also to promote the effective utilisation of Clinical consults as a structured means of additional staff support. These sessions are provided by the organisational psychology team and are based on the assertions that if we discuss our professional feelings and experiences in a way to understand them, they will provide an educational opportunity through which our practice can subsequently improve, hence enhancing the outcomes for the young people in our care.

As outlined in *UN Guidelines for the Alternative Care of Children 2009 Part 115: "Training in dealing appropriately with challenging behaviour, including conflict resolution techniques and means to prevent acts of self-harm, should be provided to all care staff employed by agencies or facilities"*. Within the homes we are fully alert to the challenging behaviours that our young people can exhibit and understand the need for all staff to be trained in managing this risk within a proven and effective framework. The approach used by Ashdale Care Ireland Ltd. is TCI (Therapeutic Crisis Intervention) with the goal of the training program being to train care workers to help young people develop new responses to their environment that will enable them to achieve a higher level of social and emotional maturity. All new staff are provided with a full 5 day TCI training course prior to taking up their employment alongside twice annual refreshers which are provided to the full staff teams. The company has 3 staff members who are fully qualified TCI instructors who provide all TCI training and refresher training as required.

SECTION 6: EDUCATION, HEALTH & SOCIAL DEVELOPMENT

(i) Care Planning and Review.

Ashdale Care (Ireland) Ltd is committed to promoting and protecting the welfare of every child/young person placed in its care. We will take all reasonable steps to advocate the best interests of the child/young person and ensure a person centred approach to their care is upheld.

To this end we have specific procedural requirements which support and confirm our adherence to statutory regulations, effective care planning and endorse our compliance with the TUSLA Child Protection Policies and Procedures contained within Children First Children First: National Guidelines for the Protection and Welfare of Children (2011) and governing legislation including Child Care Act 1991 and Child Care (Placement of children in Residential Care) Regulations 1995.

Within the homes we adhere strongly to a child-centred multi-professional approach to care provision and to assist in achieving this each child/young person's care will be guided by a Care Plan and a comprehensive multi-disciplinary assessment of need and risk which must be provided at point of referral. If available, assessment reports from other disciplines such as psychology must also be provided.

There must be a clear and concise Care plan regarding education, health, specialist input, contact with family and peers, addressing offending behaviour and emotional well-being with clear objectives, tasks and timeframes as per Child Care (Placement of children in residential care) Regulations, 1995. We ensure that the Care Plan also includes agreed strategies to address risk and outlines clearly the roles and responsibilities of individuals involved in the care of the young person. In conjunction with this upon admission each young person will have an Individual Development Plan (IDP) which will outline the identified needs of each young persons and how these can be best met within designated time scales of either, long term, medium term or short term. These are reviewed and evaluated regularly to assess progress.

The resulting proposed Care Plan must be explicit and subject to review. Within Ashdale Care Ireland Ltd Homes, we will devise an Individual Development Plan which is extracted from a child/young person's care plan and developed in conjunction with the child/young person's needs and wishes with oversight from the therapeutic team. This tool outlines the long term, medium term and short term goals for child/young person to meet the objectives of the Care Plan. It assists in giving the young person structure and routine alongside ensuring that all

psychological emotional, social, recreational and physical needs of the young person are being sufficiently met. This is subject to internal regular review and evaluation by both the residential team and the Therapeutic Team.

A holistic approach to care is taken and significant people within a child/young person's life are encouraged and supported to actively engage in the implementation of care plans with a collective goal of achieving positive outcomes and assisting the young person in fulfilling his/her potential.

Commensurate with a child/young person's age and ability, a child/young person's participation in the assessment and planning processes will be encouraged and facilitated via person centred planning approaches. In broad terms, the objective is to protect and promote the welfare of young people and enhance their quality of life.

In ensuring that the young person has an appropriate channel through which he/she can voice his/her views and wishes, a key worker system is operational within the homes. Prior to admission a young person will be assigned a key worker after careful consideration is given to the key worker's ability to meet the needs of the young person through the effective implementation of their own skills and knowledge base. We acknowledge the importance of the working relationship in the caring profession and endeavour to ensure key worker assignment will be conducive to the development of a positive working relationship based on shared interests and ability to communicate and relate.

(ii) Admission to Services

Within Ashdale Care Ireland Ltd. we have specific procedural requirements which support and confirm our adherence to statutory regulations, effective care planning and endorse our compliance with the TUSLA Child Protection Policies and Procedures contained within Children First Children First: National Guidelines for the Protection and Welfare of Children (2011) and governing legislation including Child Care Act 1991 and Child Care (Placement of children in Residential Care) Regulations 1995.

Enquiry Stage – Referral's from Northern Ireland

At the point of placement enquiry, we will invite a young person's Social Worker to visit the home for an informal discussion. The aim of this visit is to explore our service and identify whether the home can fulfil the needs of a particular young person. Following this we must receive a completed referral form and undertake a group impact risk assessment. This will be considered by our Admissions Panel. If the referral is accepted the referring social worker will be notified and provided with

a schedule of fees and services. Formal approval will then be required from the Child Care Manager or other senior officer within the referring agency in order for the placement to proceed. When funding for a placement is approved a contract/service level agreement will be agreed by Ashdale Care (Ireland) Ltd and the placing authority.

Enquiry Stage – Referral’s from Republic of Ireland

All referrals are now received from the National Placement Team for Children’s Residential Services. Referrals are then reviewed to assess suitability of placement within the organisation regarding our ability to meet needs of young person.

A Group Impact Risk Assessment is completed involving Home Management, Operations Management and the Clinical Team. A placement proposal is then completed if assessed that placement is suitable. Both Placement Proposal and Group Impact Risk Assessment are then emailed back to Placement Team. The Placement Team then forward all potential placement proposals to the placing Social Work Departments for consideration. The National Placement Team are required to request this same information from three private providers at the same time.

N.B If a young person is aged under 12 years of age the Derogation process must be adhered too.

Pre-Placement Planning

Once there is agreement concerning the proposed placement a pre-admission planning meeting will take place involving the field social worker, other relevant professionals, carers/parents and the child/young person to discuss the child/young person’s current needs and to devise a plan to facilitate the young person’s placement. Group Impact Risk Assessment is forwarded to all social workers pertaining to young people already resident in the identified home.

Pre-placement work will involve the development of an individually tailored plan which must be drawn up and agreed with the placing authority prior to admission.

If during this plan it is assessed that the placement is not suitable for the young person and the young person is not willing or able to comply with the boundaries and routines within the home or indeed additional risks have surfaced and there are no strategies in place to address these, the pre-placement plan can be suspended to enable further planning to take place. This may result in an amendment to the plan or the referral reviewed and a decision made not to proceed with the placement.

A key worker will be identified prior to the commencement of the plan and will facilitate all visits and contact between the young person and the home. Key worker selection is given careful consideration and is based on the key worker’s ability to

meet the needs of the young person through the effective implementation of their own skills and knowledge base. We acknowledge the importance of the working relationship in the caring profession and endeavour to ensure key worker assignment will be conducive to the development of a positive working relationship based on shared interests and ability to communicate and relate.

The pre-placement process will include visits to the home by the young person, initially on a day basis, progressing to overnights and weekends if appropriate. The duration of this plan is approximately 4-6 weeks. Introductions will be made with the Art therapist, Clinical Psychologist during this induction period. The young person will also be given an up to date copy of our Young Person's Handbook in which is devised in an age appropriate format and within which information on the service is clearly outlined. This information includes the role and responsibility of the organisation in the care of the young person and also the expectations of the child within the placement.

Pre-Placement Information Required

In addition to the original referral form the Placing Authority must provide the following information prior to placement:

1. **A Comprehensive multi-disciplinary assessment** of need making **specific** reference to the objectives of the placement and the therapeutic interventions required.

If this is not available at the point of referral, we require a definitive date for the receipt of same.

2. **A Comprehensive Group Impact Risk Assessment** including any Child Protection issues. This Risk Assessment must incorporate clear management strategies with specific reference to the residential task. Please specify if a child is subject to Child Protection notification or registration, indicating the date of the next Child Protection Review meeting. (Please note - if a child placed in one of the four homes is subject to Child Protection Notification, the responsible authority must notify the relevant Child Care Manager within the Dublin North East TUSLA North Eastern Health Trust. This is in accordance with 'Children First requirements. The Monitoring Officer, Dublin North East TUSLA will be notified by Ashdale Care (Ireland) Ltd of any proposed new admissions.

3. **An Agreed Placement Plan and Initial Care Plan** which must reflect the young person's current circumstances and must include clearly identified objectives, specific tasks to be undertaken by identified person (s), defined timescales and expected outcomes.

The following arrangements must be addressed and recorded within the context of

the child/young person's placement plan and initial care plan.

a. The Specific arrangements to be made in respect of a young person's education requirements. Please make reference to current education arrangements and provide all current education assessments. Education arrangements should be in place at the commencement of placement.

b. The specific arrangements to be made in respect of a young person's health. Please make reference to any current medication prescribed and arrangements to day-to-day administration. Please state the name and address of all current health professionals.

c. The specific arrangements to be made in relation to a young person's contact with family/carers/friends and specify who, where, and how often and whether or not the contact is supervised/ unsupervised. Please specify if there are any persons who are restricted from having contact with the young person.

d. The specific arrangements and frequency of field social worker visits to a young person. A minimum of one visit per month is expected in accordance to the statutory requirements. Please confirm compliance with our requirement that a field social worker will visit a young person within 24 hours if a child protection or specific issue should arise.

e. Arrangements for addressing child protection concerns which may arise with specific reference to individual roles and responsibilities.

f. Details of actions to be taken if a young person is absent from the home without consent. Please detail arrangements for making contact with family/carers, the Garda, Out-of-Hours Co-ordinator (placements from N. Ireland only) with specific reference to individual roles and responsibilities.

g. Arrangements for dealing with emergency situations, e.g. road accident, with details of designated contacts.

Placing authorities will be required to comply with the requirements of the Child Care Act 1991 and S.I. No. 259/1995 — Child Care (Placement of Children in Residential Care) Regulations, HSC Trusts from Northern Ireland will also be expected to comply with the requirements of the Children Order (1995) NI and its associated Regulations and Guidance. A placement in our homes can only proceed when we are in receipt of all aforementioned information.

(iii) Preparation for Adult Life and After Care Support

When a child/young person reaches the age of 16 (two years prior to them reaching the legal age of leaving care) their care plan will be reviewed in order to outline the preparation and support required to prepare for leaving care. Leaving Care generally denotes the circumstances of young people leaving residential care as part of a transition towards independent living and adulthood. The Person Centred Planning Co-ordinator will ensure that the child/young person will have opportunities to explore their hopes and dreams for the future and will encourage them, using various PCP approaches to make these known and plan appropriately for life after care. The key worker will address issues of preparing to leave care and the skills needed to live independently, if that is the proposed plan, and liaise with relevant other professionals in preparation. Preparation and planning is essential to achieving positive outcomes for care leavers and within each home we understand the significance of young people being actively engaged in this process. Their views about when they feel ready to move on are listened to with due care and consideration. We also realise the importance of the incorporation of contingency plans as a backup for supporting young people in the event of initial leaving care arrangements breaking down and our responsibility in this planning process.

As part of the preparation for independent living young people with the homes will have a suitably adapted day to day living plan in place which will afford the young person to opportunity to learn life skills, take developmentally appropriate risks and assume increasing levels of responsibility. This can include increased responsibility in their day to day care including household tasks and meal preparation, financial awareness and the acquisition of the relevant skills and training to assist with gaining successful employment. These will be planned and implemented in a way that is appropriate to the stage of development, understanding and maturity of the young person. The responsibility of overseeing this plan will essentially be undertaken by the keyworker however will form an integral aspect of the day to day living to be monitored by all staff on duty.

Problems associated with the transition of leaving care are well documented, through research, surveys and national statistics so it is of great significance that time and effort is invested in preparing young people for this transition to post care accommodation as arranged by the relevant TUSLA or TUSLA Trust. There will be arrangements in place for the staff team and significant people in the child/young person's life to remain in contact with young people for a period of six weeks after discharge. Further arrangements can be made in consultation with the child/young person to continue contact after this period of time if it is deemed helpful and supportive to the child/young person.

(iv) Meeting the emotional and behavioural needs of children and young people.

Given the often complex and multi-dimensional level of emotional and psychological needs presented by the young people who are placed in our homes/Ashdale Care Ireland Ltd, it is imperative that appropriate planning and implementation ensues to ensure adequate and relevant emotional support and specialist intervention is provided to assist in meeting the assessed needs.

Each child/young person's care within the homes will be guided by a Care Plan and a comprehensive multi-disciplinary assessment of need and risk which must be provided at point of referral. If available, assessment reports from other disciplines such as psychology must also be provided in order that a full and concise assessment of emotional need can be made.

Following evaluation of all external reports and completion of all statutory pre placement planning and admission work will commence on developing an Individual Development Plan This tool assists in goal setting and achieving within realistic time scales to meet the objectives of the Care Plan including the identified psycho emotional, social, recreational and physical needs of the young person. This is subject to internal regular and evaluation review and oversight by both the residential team and the Therapeutic Team within Ashdale Care Ireland Ltd.

Staff will employ their professional skills to provide a therapeutic milieu within which a child/young person will be supported in:

- Developing effective communication skills
- Participating in the care planning process
- Having regard to their right to respect and dignity
- Recognising their needs and engaging in the therapeutic process in order to meet these needs
- Developing effective coping mechanisms and pursuing positive life opportunities

Overall, we will strive to provide a therapeutic environment within which an individual, supported by the group, can be helped to better understand and cope with the roots of difficult and painful feelings. The staff team will use the Therapeutic Crisis Intervention Model as a means of helping the young people we work with to reduce the risk and stress in their lives and to learn constructive and effective ways to deal with stress or painful feelings.

Our eclectic approach draws on a number of theoretical bases including:

- Humanistic Theory
- Attachment Theory
- Resilience theory
- Theories of Trauma and Loss
- Task centred practice
- Therapeutic Crisis Intervention
-

Within these theoretical approaches, all members of staff utilise a number of skills and strategies.

Humanistic Theory

- Person Centred Planning
- Active Listening
- Empathic Reflection
- Unconditional Positive

Regard Attachment Theory

- Identification of attachment styles
- Understanding of best practice when working with specific attachment styles
- Understanding own attachment styles and transference and counter transference.

Theories of Trauma and Loss

- Understanding trauma related symptomology and relevant triggers
- Managing trauma related responses
- Understanding the stages of bereavement and loss and how to support child/young person's through these stages.

Task Centred Practice

- Individual Behaviour Management
- Behaviour Modification using token economy
- Life Story Work
- Self-expression through programmes using different creative media (Arts and crafts)
- Risk management programmes
- Education programmes
- Health promotion programmes
- Self-protection skills programmes

- Preparation for Leaving Care programmes
- Practical Skills programmes

Direct work through:

- Person Centred Planning Sessions
- Key work Sessions
- Clinical/Child Psychology Therapy including Children's Accelerated Trauma Treatment
- Direct Work with Families
- Art Therapy
- Let's Get Going programme
- Health Promotion Programme

(NB. This list is non-exhaustive. Other approaches are used depending on the presenting needs of the individual)

As outlined in Section 1 Part (ii) Ashdale Care Ireland Ltd. A therapeutic team are employed by the company

Our practice is determined by the individual needs of the young people we care for and will be amended and tailored to the changing needs of the child/young person through the Child in Care Review process.

We are aware that very often upon admission a young person may be engaging in other therapeutic provision e.g. CAHMS and recognise the importance in continuing this process. All staff will facilitate as required any scheduled appointments and consult with the relevant persons to assist in supporting staff and guiding practice.

(v) Care, Control, Discipline including the use of restraint.

The residential child care task is such that there are times when it will inevitably involve dealing with young people who are sad, angry, disaffected, troubled and confused. A balance between care and control is one of the cornerstones to providing good and empowering residential child care. Achieving this balance has always been part of the residential task but in recent years it has become an even greater challenge. It is accepted that consistent guidelines and boundaries form an integral part of a child/young person's development. As a child/young person develops they gradually internalise these controls and reduce the need for external reinforcement.

Control within a residential home rests, as it does in a family, in demonstrating that within its walls a child/young person receives more physical care, more love,

understanding and encouragement than he or she is likely to experience outside. Positive relationships between staff and young people are key to providing the appropriate balance between care and control.

“Coupled with the need for continuity is the need for children and young people to feel able to trust those who care for them to build proper relationships with adults and to learn to become independent and self-confident.”

(Kahan, B. ‘Growing up in Groups’ 1994).

For a child/young person, continued residence within the residential home should not be conditional upon fulfilling a contract or being good, but should grow out of the belief that he/she is cared for their own sake and that ultimately they will benefit from their stay in the home in terms of future outcomes and opportunity.

The more dependent young people become in the home through the relationships and the support they receive, the more they will become amenable to controls by disapproval and discouragement. Essential to this process is the establishment of a trusting relationship between the worker and the child/young person. Through the interactions with the Therapeutic Team and programmes introduced by their Key worker, alternative positive behaviours will be explored. Consequential thinking and the maintenance of change will be actively addressed (as outlined in the TCI policy).

Progress or change can only be brought about by a shift in the child/young person’s beliefs or perception of their status in relation to relevant authority figures. Using a system they mistrust to alter their beliefs will have less of a long lasting impact than offering a period of re-evaluation for the child/young person.

This re-evaluation is to regain balance and to create an environment of equality. In this way self-esteem can be nurtured and with this a re-direction of behaviour is possible.

General Practices within the homes

Staff are supported and encouraged in empowering young people in managing and controlling their behaviour through continuous positive dialogue. Acceptable behaviour will always be encouraged, and if deemed appropriate rewarded, as a normal part of day-to-day living.

Young people will be encouraged to examine their behaviours through involvement with the residential workers and the Therapeutic Team. Young people will have access to choices, which will enable them to seek alternative ways to behave, develop coping mechanisms, improve their self-esteem reflect on their own

behaviour and shift the power base to themselves.

Young people are consulted in relation to the formulation of a risk management plan, which identifies those behaviours that are harmful to them or those around them. Within this plan young people are assisted in helping to identify relevant and reasonable consequences in relation to inappropriate behaviours.

Natural consequences are used sparingly and after all other alternatives have been considered. Natural consequences are based on a sound knowledge of the child/young person and tailored to the presenting behaviour. They will also be intrinsically linked to the child/young person's Care Plan and programme of care. Staff on duty will discuss the sanction with the child/young person and ensure they understand the reason for the sanction. Appropriate consequences must be linked to the child/young person's emotional state, understanding of their transgression and the effect that imposing a sanction will have on future relationships.

The measures taken must be age appropriate and the individual's circumstances considered. Each situation must be evaluated and acted on its own merit.

Reasons for natural consequences may include:

- Criminal Damage – such as damage to property.
- Consistent disruptive behaviour.
- High risk behaviours

Permitted sanctions within each house are:

- The withdrawal of an extra privilege such as extended bedtime or special outing.
- The imposition of a household chore. This will never detract from the child/young person's dignity and will always have a purposeful objective.
- Making reparation for damaged property out of pocket money. This amount will take into account the child/young person's financial commitments and in any event will not exceed two thirds of their pocket money. (N.B. wherever possible, the child/young person should be given the opportunity to participate in making things right directly).
- Increased supervision. Staff may increase levels of supervision e.g. if a child/young person is engaging in anti-social activities, if they have been persistently absconding. The aim of which is to re-establish trust. This increased supervision will time limited and closely monitored and reviewed.
- The imposition of a 'grounding' for part of a day or the whole of a day.

'Grounding' is a common and acceptable natural consequence

- Removal of personal possessions. Staff will only remove personal possessions if they are being used in an adverse manner, e.g. a snooker cue may be removed if it is being used as a weapon to threaten staff and young people. A radio or T.V can be removed if it is being played too loudly and disrupting the Home.
- Period of reflection. When a child/young person has caused harm or disruption, they can be encouraged to spend time on their own and reflect on their actions, behaviours and attitude.
- Supervise the spending of pocket money. In certain circumstances if staff suspect that pocket money is being used inappropriately by the child/young person, e.g. to purchase drugs, alcohol, solvents or gambling, they have the discretion to oversee the spending of the child/young person's pocket money for a limited time period only.

All Natural Consequences will be recorded in a permanent record and a child/young person will be encouraged to comment on and sign this record. The Home Manager will monitor this record on a regular basis. The record for each child/young person will be discussed at their Case Planning/LAC Review and an agreed strategy will be agreed for persistent behaviours. A copy of the natural consequence record will be forwarded to the field social worker on a monthly basis or as deemed necessary.

Inappropriate Natural Consequences:

We will:

NEVER impose physical punishment on a child/young person

NEVER deprive a child/young person of feed, sleep or medical help

NEVER deprive a child/young person of our care and attention

NEVER detract from a child/young person's dignity

NEVER stop a child/young person from visiting their family.

NEVER threaten to withdraw clothing money

If a child/young person or those with parental responsibility views a natural consequence to be inappropriate, then they will be encouraged and supported in

accessing the Representations and Complaints procedure. In the first instance the Home Manager will meet with the parent/child/young person and discuss the matter further in order to come to some resolution. A contract may be drawn up between parties to assist in developing an agreed solution. If this is not agreeable then, this matter may be discussed more openly through case and/or care planning meetings. It is equally important to reinforce and support positive behaviour through the use of rewards and as a staff team therefore we undertake periodic checks on the balance between rewards and sanctions being used and action is taken to redress any apparent imbalance with a view that purely retributive punishment does not serve children who are struggling to gain control of their behaviour.

Control and Restraint

Our homes follow the framework and guidelines of Therapeutic Crisis Intervention Model of practice and the “Best Practice Guidelines in the Use of Physical Restraint – Child Care: Residential Units” April 2006.

The ethos of the home recognises the fundamental importance of fostering positive and respectful relationships between carers and children and the pivotal role affirmative relationships play in the provision of high-quality residential child care provision.

Practice in the home is based on the following:

1. Listening and responding with respect
2. Communicating a frame work for understanding (TCI)
3. Building rapport and relationships
4. Establishing structure and routine
5. Inspiring commitment
6. Offering emotional and developmental support
7. Challenging
8. Sharing power and decision making
9. Respecting personal space and time
10. Discovering and uncovering potential
11. Providing resources

Ref: James P. Anglin (Pain, Normality, and the Struggle for Congruence, 2002)

Therapeutic Crisis Intervention (TCI) is a total system for preventing and managing

challenging behaviour. TCI is a behaviour support programme explicitly designed to reduce the use of reactive strategies when supporting people in crisis.

The aim of the programme is to reduce or eliminate the need for physical intervention. It aims to provide staff that work with people who challenge with the skills and knowledge to become the catalyst through which people change old habits, destructive responses and negative behaviour patterns.

The goal is to provide immediate emotional and environmental support in order to reduce stress and risk and to develop coping strategies.

The key focus is on prevention and de-escalation, and moves on to the provision of support for people in crisis. The programme is orientated toward giving staff the tools they need to help people learn appropriate and constructive ways to deal with feelings of frustration, failure, anger and pain. This is achieved by helping people learn from an experience and working with them to develop improved ways of coping and dealing with such situations in the future.

The programme was designed by the Residential Child Care Project, Cornell University New York, and is also accredited by BILD (British Institute for Learning Disabilities)

All our homes have chosen TCI as its main crisis prevention and behaviour management system and expects that all its employees will fully embrace its spirit and values as well as its specific skills and techniques.

Protective Interventions utilise a protective physical hold to contain extremely threatening and self-injurious behaviours which might otherwise escalate into physical injury to the child/young person, staff or others. Physical restraint is defined as “*the use of staff members to hold a child/young person in order to contain acute physical behaviour*” (TCI, 2009).

Acute physical behaviour: is defined as behaviour likely to result in physical injury; the child/young person, other clients, staff members, or others are at imminent risk of physical harm.

Physical Restraint will only be used in situations of absolute necessity where the risk of not restraining a child a child or young person is greater than the risk of restraining him or her. Such situations are likely to arise when a child or young person is causing, or is likely to cause, serious harm to him/herself or others and when

- Ashdale Care (Ireland) Ltd policy and State regulations approve its use

- The child/young person's individual crisis management plan indicates it
- Staff's professional judgement indicates it is necessary.

All residential workers have been trained and are experienced in dealing with aggressive and challenging behaviours. In addition all staff members have received training in Therapeutic Crisis Intervention. The staff team receive refresher training on a six monthly basis and new staff are fully trained as they are recruited. There is a recognition that **a failure to restrain a child where there is a serious risk of harm could amount to failure in the duty of care.**

Ashdale Care (Ireland) Ltd. ensures that no restrictive procedure will be used to manage a child or young person's behaviour unless:

- it is being used only to ensure the safety of the child or young person or another person
- the procedure chosen is one that is expressly permitted in the service
- provider's policy and it is carried out in strict accordance with that policy
- there is clearly documented evidence that less restrictive alternatives have been tried and are not effective
- it is subject to a review attended by the professionals involved in the care and/or treatment of the child or young person
- if used on more than a single occasion, there is a written plan with goals and timelines to reduce and/or discontinue its use
- the child or young person is advised of his/her right to seek advice, including the advice of a legal representative/ independent advocate, in relation to the matter
- the intervention is recorded
- the intervention is notified to the Social Services Inspectorate within three working days.

Alongside the duty of care incumbent within physical restraint we acknowledge and fully implement a duty of care after a restraint affording the young person the support and opportunity to reflect and learn from the experience. Each young person is offered medical treatment if required after the restraint and through the effective use of LSI (Life Space Interview) can be returned to normal functioning and reintegrated back into the house routine.

(vi) Promoting good health

We understand and fully respect the rights to and benefits of a holistic and thorough regard to an individual's health and physical well-being. Health care implies a positive approach to a child/young person's health and should be taken to include

general surveillance and care for health and developmental progress as well as treatment for illness and accidents.

Adequate health care can only be provided for a child/young person by close co-operation, aiming to develop effective arrangements for the communication of information relating to a child/young person's health to all the health professionals who are involved with the child/young person.

Upon admission each young person is registered with a General Practitioner, Dentist and Optician and, wherever possible, arrangements are made for young people to retain or return to their own G.P. Dentist and Optician. Such registration with a G.P. Dentist or Optician appropriately takes account of the wishes of the child/young person.

Staff are actively involved in monitoring the health of young people in the home and encouraging them to keep healthy. Parents and significant others are involved, when appropriate, in decisions about the health of the child/young person whilst in the home.

Health Promotion Programmes

We take a holistic approach to health and well-being. We have developed links with several organisations that assist our awareness in relation to promoting health awareness and enhancing overall practice.

The home has a written Policy, Procedure and Operational Staff Guidance on promoting the health of the young people in the home which guides staff practice and awareness on the subject. This includes arrangements for the transfer of health information, continuity of treatment for young people, staff responsibilities in day-to-day health care and education, and addresses issues of confidentiality.

Staff can provide an educative role in promoting good health care to the young people i.e. in the consideration of the relationship between:

- Personal hygiene
- Diet
- Abuse of alcohol
- Sexual relationships
- Smoking
- Drugs and Health

Those staff who smoke are encouraged not to smoke in front of the young people. A designated area is assigned for staff smoking which is not in view of the young people.

No smoking is permitted in the home's vehicles at any time or in any staff member's vehicle when young people are present. In order to assist the no-smoking practice, smoking cessation programmes that are run by the local Health Centre via the practice nurse would be introduced through key work and staff are encouraged to become actively involved in such programmes.

The Home has defined practices which aim to provide support, advice and controls to discourage young people from, and inform them of the Health risks involved in smoking, taking alcohol, drug and solvent abuse. Where staff have reason to suspect or have evidence that a child/young person's health is being put at risk by abuse of alcohol and drugs, encouragement is given to the child/young person to accept support from health and counselling services.

Our Physical Activity co-ordinator will, in partnership with the child/young person and through the assistance of person centred planning methods, develop individual plans for each child/young person which incorporate healthy eating, individual fitness, outdoor pursuits, building confidence and self-esteem through Physical challenges (i.e. hill walking, mountain climbing, night line, outdoor pursuits, swimming and other water sports, group exercises, problem solving group exercises).

Permission will be sought from carers and the responsible authority for young people to take part in Physical Activities.

The young people are encouraged to identify, explore and develop leisure interests and talents or abilities they may have. The young people are provided with opportunities to meet regularly together with staff to discuss the general running of the home, to plan activities and to make their views known. Young people's views are integral to a nurturing and progressive home environment.

Diet and nutrition

Young people within the home are provided with a healthy and balanced diet to meet their nutritional needs. They are afforded the opportunity to assist in menu development and house shopping on a weekly basis and are encouraged to assist in meal preparation. Fresh fruit and snacks are available between main meal times and any specific dietary requirements are met including nut allergies, lactose intolerance or any cultural requirements.

Personal Hygiene

Young people are expected to maintain an age appropriate level of personal hygiene. They receive a monthly allowance to purchase all personal care products and are encouraged to shower regularly and maintain personal laundry to an acceptable level. Where young people struggle within these areas staff will provide

support and encouragement as required.

We are committed to working flexibly and imaginatively with all other professionals and families to ensure that the best interests of every child/young person in our care are consistently met.

To ensure that each child/young person receives adequate and appropriate health care during placement we will work collaboratively with the responsible authority to pursue a positive and protective approach to every child/young person's health, which will include:

- Assessment prior to or as soon as possible after the child/young person is placed.
- Ongoing assessment of a child/young person's state of health including emotional health/well being
- Surveillance of health promoting the physical, social and emotional development of the child/young person
- The need for preventative measures, such as vaccination, immunisation and screening for vision and hearing
- Treatment for illness and accident
- Dental Care
- Optical Care
- Education in birth control and prevention of sexually transmitted infections
- Education relating to alcohol and substance misuse aiming to provide support, advice and controls to discourage young people from and inform them of the health risks. Encouragement is given to the child/young person to accept support from health and counselling services.
- Education on health and personal hygiene
- Health promotion through physical activity

To inform this process, we require the responsible authority to provide details of specific arrangements to be made in respect of a child/young person's health. They must make reference to any current medication prescribed and arrangements to day-to-day administration. The name and address of all current Health Professionals involved with a child/young person must be provided.

To enable registration we require a child/young person's medical card to be provided by the responsible authority.

We will ensure that a child/young person is accompanied to medical examinations, appointments, and for treatment with their key worker or with a staff team member who they are comfortable with. The same staff member will endeavour to attend all

such appointments in order to promote continuity of care. Staff will consult with both their G.P. and community Pharmacist regarding the administration of any prescribed medication.

Self-administration of medications will be discussed if the child/young person expresses a wish to do so or if the medication dictates i.e. asthma inhalers.

In line with care planning procedures, we require the responsible authority to arrange for a community Paediatrician, Community Medical Officer or G.P. to arrange for a medical examination and a written health assessment of a child/young person's health and health care needs prior to admission to any Ashdale Care Ireland Home.

At least once in every period of twelve months we will arrange a Statutory Medical Review for child/young person. We will provide a report at Care planning meetings and this will detail all health aspects in respect of a child/young person and will inform the responsible authority, parents/carers of any concerns that may arise.

In the case of major procedures or operations, we will always attempt to ensure that a parent/carer is present if a child/young person has to be admitted to hospital, except in emergencies where any delay would be dangerous. As per the Homes policy and procedures regarding medication, staff are trained regularly by a senior social worker regarding the procedures with respect to the safe handling of medication.

Self-Administration

All young people may be provided with a lockable drawer in their room for the purposes of keeping their medication safe. It is only by the expressed written permission by the G.P that a child/young person may self-administer their own medication, as per the guidelines. This can be reviewed as required and in the event of risks emerging around self-administering a decision will be made to revoke it as necessary in the interest of protecting the young person's immediate safety.

See Policy and Procedure Manual Re: The safe handling, administration and storage and control of medicines.

(vii) Promoting educational achievement

We recognise and endorse the importance of education in enhancing the future life opportunities of young people.

Every effort will be made to maintain a child/young person in his or her own school unless distances involved make this impractical. In such circumstances, we will

assist the child/young person's Social Worker in making arrangements for an alternative school place within the Homes locality and additional support and appropriate assistance will be provided when managing such transitions.

Staff have developed comprehensive links with education organisations and support systems, which will assist a comprehensive education plan for the young people.

It is vital that our staff are familiar with the educational histories and educational needs of a child/young person. To this end, we require from the responsible authority a Statement of specific arrangements to be made in relation to a child/young person's education. This statement will make reference to current education arrangements and provide all current education assessments.

The team will be responsible for monitoring a child/young person's progress at school and will liaise regularly with teachers and Education Welfare Officers if one is assigned. In the absence of a parent/carer, a child/young person's Key Worker will attend school functions. Staff will provide support in respect of home work and study.

In the event of a child/young person being suspended from school, the key worker will contact the school immediately in order to ascertain the reasons for this action. Once formal written notification has been received, a meeting with the appropriate school staff will be convened. A child/young person's Social Worker will be expected to attend this meeting and/or a parent/carer. The purpose of this meeting will be to explore what needs to be done to secure the early return of the child/young person to school.

During a child/young person's suspension, we will work in partnership with the school to ensure that the child/young person has specific school work to continue with during the period of suspension and will support the child/young person in completing this work.

If a child/young person has been excluded from school, in collaboration with the responsible authority, we will liaise with the relevant School Management Boards' Education Welfare Officer and the field social worker for the provision of an alternative education plan. This can include Youth Reach, which is an integral part of the national programme of second-chance education and training in Ireland and is a central part of the Government's contribution to the achievement of a lifelong learning society.

The programme is directed at unemployed young early school leavers aged 15-20. It offers participants the opportunity to identify and pursue viable options within adult

life, and provides them with opportunities to acquire certification. It operates on a full-time, year-round basis.

Other alternative education provision can include vocational based training or one-to-one tuition either in the home or at Ashdale Care (Ireland) Ltd. Head office. Tuition is undertaken by a qualified teacher and covers all teaching as required by the specific curriculum. One-to-one tuition is only implemented in agreement with the placing authority and in conjunction with the regional EWO and is not deemed as a viable long term educational provision.

As outlined in Section 1 part ii we have registered with ASDAN, a charitable Organisation (Reg. Charity No. 1066927) which formally recognises young people's success in a wide range of skills. ASDAN is a pioneering curriculum development organisation and internationally recognised awarding body, offering programmes and qualifications that explicitly grow skills for learning, skills for employment and skills for life. Together we work outside the realms of mainstream education and create an environment and learning regime based on individual skills, interests and void of the stress and fear of failure more associated with formal academia

All matters pertaining to a child/young person's education plan are reviewed regularly and co-ordinated by the field social worker.

We will actively support the arrangements made for the continued education, training and employment of young people over statutory school age. We have developed links with local career services, job centres and employment and training agencies.

To support a child/young person's educational needs, each child/young person has a desk in their room for private study and are afforded time and space to undertake such work either independently or with staff assistance.

A child/young person's education plan and progress will be regularly reviewed through the Case/Care Planning process and efforts will remain ongoing to provide a positive and rewarding educational experience.

In the event that a young person is defined as having special educational needs all necessary support will be given to promote educational inclusion and an appropriate educational experience suited to their individual needs.

SECTION 7: THE PHYSICAL ENVIRONMENT

(i) The Living Environment

We acknowledge the importance of the physical environment in terms of safety and appearance. Within Ashdale Care Ireland Ltd. we acknowledge the state of the building both inside and outside conveys powerful messages to young people and staff who live and work in the home and aim to maintain an optimum level of comfort and safety within our homes at all times.

The Homes are detached houses situated in a rural locations approximately 3 to 8 miles from Monaghan town. All bedrooms and communal living area are furnished adequately and facilities within the home are sufficient to the number of young people who use the home on a daily basis. This includes laundry facilities, dining facilities and recreational facilities. All young people have their own bedrooms and are encouraged to be involved in decisions around décor choosing bedding, pictures and other soft furnishings wherever possible. Young people are encouraged to take a sense of belonging and pride in their living space.

(ii) Safety in the home

All health and safety policy and practice within Ashdale Care Ireland Ltd. is underpinned by the legislative framework of The Safety Health and Welfare Act 2005 with a full understanding of its duty as an employer to manage and conduct work activities in such a way as to ensure, so far as is reasonably practicable, the safety, health and welfare at work of all employees. **(See company Health and Safety policy)**

Within the homes we acknowledge the importance of young people being involved as much as possible in the fire and emergency procedures within the home and are aware of why such procedures are important. We endeavour to do this by, wherever possible, involving young people in the task of ensuring that the equipment is working well and that fire and emergency drills are carried out and understood. Again the principle and practice of helping young people to feel that they belong to the home can be explored through their active involvement in this area of responsibility.

Repairs and Maintenance

The general scheduled maintenance and up keep of the homes occurs on a regular basis and when there is a need for repairs, these, as a general rule, will be attended to quickly and effectively. It is acknowledged, however, that there may be circumstances when a young person has damaged property and the approach is for the young person to help repair the damage that may involve a delay; for

instance, removing graffiti. We ensure our overriding principle of safety and good maintenance is adhered to and the home is not allowed to fall into a state of untidy disrepair. A detailed record of all repairs undertaken is maintained within the home and a procedure is in place to report any new or outstanding maintenance requests.

Fire precautions and emergency procedures

As stated previously the overriding concern has to be one of safety. It is therefore important and indeed mandatory that the fire and emergency procedures are adhered to. The Unit Manager carries overall responsibility for ensuring the fire equipment is checked and that all young people and staff are aware of the fire and emergency drills. This is a duty that may of course be delegated to a member of staff.

The homes have obtained a Fire Safety Certificate from Monaghan County Council. The Homes and grounds are structured to ensure maximum safety for our young people, staff and visitors to the Homes. A current Fire Risk Assessment is available within the Home.

A NO SMOKING POLICY OPERATES WITHIN BUILDINGS

The Homes are equipped with integrated smoke detectors in every room, including our out buildings, which are connected to a central fire alarm system.

The Homes are also equipped with internal fire safety doors and fire-fighting equipment is located in recommended areas throughout the buildings.

The homes have retained the services of a recognised technical Fire Safety organisation (RES Ltd.) that are contracted to carry out 3 monthly inspections of all firefighting equipment and fire alarm systems. A written service report is provided to the Manager of the Home who has responsibility to ensure that any recommendations are immediately followed up.

All electrical appliances and equipment within the homes are tested at a minimum annually or as and when required. These tests will also be conducted on any personal equipment brought into the Homes by a child/young person residing there. All materials contained in bedding and the internal furnishings of the residential centre have adequate fire retardant properties and low levels of toxicity in the event of a fire

It is the responsibility of the Home Manager or senior staff on duty to ensure that day-to- day safety of all persons residing at/or employed in or in any other way using the premises. These responsibilities include:

- To ensure that the Fire Alarm System is operational at all times

- To ensure that the Fire Alarm System is tested on a weekly basis. This includes a random test of 'break glass points' throughout the buildings.
- To ensure that a permanent record of weekly tests is maintained giving the date of the test, the location of the tested break glass point and the signature of the person carrying on the test.
- Fire Drills within The Homes are carried out as per Fire Safety Requirements within the regulations.
- Reporting faults or concerns immediately to a service engineer who will visit to rectify the fault.
- To ensure that all staff and young people within the Home are made aware of their responsibilities, and in the case of staff, their duties, regarding the prevention of fire and understand the procedure for evacuation of the building in the case of a fire.
- To ensure Fire Safety Training is provided by a recognised professional Instructor to all staff at regular intervals. A permanent record of the names and signatures of attendees must be retained within the Home for inspection. Topics covered include the use of firefighting equipment, recognition of risk and hazard, and procedures.
- To ensure that any equipment that is deemed as dangerous or is a fire hazard is taken out of use immediately, labelled as such and replaced.
- To ensure that a register of visitors to the Home is maintained on a daily basis
- To ensure that all staff are made aware of the importance of knowing the whereabouts of all of the young people within the Home throughout the day and night.

General Duties and Responsibilities of all Staff within the Home

- ❖ Know the location of fire exits and break glass points throughout the buildings.
- ❖ Know the location of the fire-fighting equipment and have a sound understanding of their use.
- ❖ Call the Fire Brigade in an emergency.
- ❖ Be aware of the areas in the Home that are high risk in relation to the outbreak of a fire. A site Risk Assessment and Risk management Plan is available which has been carried out by a recognised Technical Officer.
- ❖ Keep Fire Doors closed at all times.
- ❖ Keep the fire exits clear of furniture and equipment at all times.
- ❖ Ensure that young people are supervised at all times in the kitchen area.
- ❖ Ensure that all young people residing within the homes are made aware and understand the dangers of fire and the procedures within the Home

in case of a fire. Staff induction programme ensures all new staff are made aware of this plan. Regular Fire awareness training also ensures that staff are aware of procedures. Pre-placement plan also ensures that all new young people are made aware of the Fire Procedures prior to admission. Parents/cares are also informed at this point. Records of such are held in child/young person file. With regard to staff all matter pertaining to training are held in staff training file and in their supervision records.

Security of the building (including security of the keys)

The security of the building including security of the keys is the responsibility of all staff within the home, ensuring that the building is safe from intrusion. We acknowledge further the importance of explaining this to young people. They also need to know that the building needs to be safe from any possible intruders and that their bedrooms are safe from intrusion from one another. In this sense we understand the significance of enlisting young people's support and understanding about the need for security of the building.

Areas where confidential information is kept i.e. staff office are kept locked at all times and it is necessary for staff to carry keys to the building throughout their shift. The security of the keys is an important responsibility.

Young people can request that their bedrooms are locked when they leave the house and staffs ensure this is due fully undertaken to protect the safety of their personal belongings and personal living space.

The main living area is locked at bedtime and as part of the bedtime routine within the homes. This takes place at 10.30pm during the week and 11.00pm at the weekends. Alongside this the main access in the buildings are also locked at bedtime and remain locked for the duration of the night.

Transportation

All homes have 2 house cars which are used to transport young people as required to any necessary appointments, education, and shopping, family contact or planned house activities. All vehicles are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and insured.

SECTION 8: GOVERNANCE ARRANGEMENTS

In Ashdale Care (Ireland) Ltd the Operations Manager reports to the Director who is the Accountable Officer and is responsible for ensuring the implementation of sound governance throughout the company.

The Operations Manager and the Directors meet monthly to:

- review reports on the effectiveness of systems for internal financial control, company controls, clinical and social care governance and risk management including regular review of the company risk register
- Analyse the scope and effectiveness of the systems established to identify, assess, manage and monitor risks.

Specific issues discussed include:

- TUSLA Inspection and/or Monitoring reports
- Untoward Incidents/Events recording, reporting and management
- Complaints Management
- The application of Therapeutic Crisis Intervention (TCI)
- Human Resource Issues e.g. recruitment & selection, POCVA compliance,
- Professional Issues including supervision/appraisal systems, continuous professional development, professional regulation etc.
- User Involvement
- Compliance with Statutory Duties
- Health & Safety Reports
- Financial Performance and controls
- Estates Management Issues
- Compliance with Company Policies & Procedures
- Audit or other quality assurance reports

Management Team Meetings

The operations Manager also chairs monthly meetings of the management team which comprises of Home Managers, Deputy Home Managers, Clinical Team Leader and Senior Practitioners.

SECTION 9: PRACTICE POLICY AND GUIDANCE

(i) Arrangements for Dealing with any Unauthorised Absence of a Child/young person from the Home.

Within our homes, staff will at all times take reasonable and proportionate measures to prevent a child or young person leaving the home without permission. These measures take into account the child or young person's age and stage of development and the degree of risk involved in leaving the placement. Such measures include increased staffing or the provision of a waking night presence if required. However when despite these efforts a child/young person leaves the House without permission from staff on duty, they will be regarded as being 'absent without authorisation'.

All staff are made fully aware during the induction process, of the reasons why young people sometimes go missing from home and the potential vulnerability young people face when they do go absent without consent. We ensure the response to a missing young person from our homes is consistent with all governing legislation and the departmental policy and procedure.

Due to the complexity of the needs of the young people we care for, we must consider any unauthorised absence as critical and a high-risk act and immediately invoke the missing from care strategy ensuring all matters of high risk are reported to the placing Authority and the Inspector for the TUSLA North Eastern Area. All Child Protection notifications and investigations will be undertaken in accordance with **Children First: National Guidance for the Protection and Welfare of Children 9 July 2011**

As part of our admissions procedure, we require a statement from the placing authority detailing the action to be taken if a child/young person is absent from the home without consent. This statement must detail arrangements for contact with family/carers, the Garda, the police, out-of-hours Duty Co-ordinator with specific reference to individual roles and responsibilities.

Procedure to be followed:

If a child/young person is absent from the home without agreement staff will refer

to their individual risk management plan. When deemed necessary the following process will be adhered to.

- Conduct a thorough search of the building, grounds and immediate locality
- Notify the senior staff member on duty
- Refer to risk management plan in relation to informing parents/carers and other significant adult
- Contact a child/young person's Social Worker (in the case of a child/young person placed from Northern Ireland the Out of Hours coordinator will be informed if the incident occurs after office hours)

If An Garda Síochána involvement is required, full adherence in **Children missing from care -A joint protocol 2009** is applied. As outlined in Section 2.4 of this document:

“Children who go missing from care may place themselves and others at risk and may be in potential danger. The reasons for their going missing are often varied and complex and cannot be viewed in isolation from their home circumstances and their experiences of care”

Alongside this there is an understanding that the fact that the child may have been absent on a number of previous occasions does not reduce the risk and short absences may be as risky as lengthy ones.

When the An Garda Síochána are notified the below information must be forwarded via telephone,

- The time the child/young person left the Home without permission and presenting behaviours at this time. Details of any incident that may have occurred prior to absconding must be given.
- Legal status in the event the Garda may need to take legal proceeding.
- The child/young person's physical description – including age, height, weight, description of clothing, distinguishing marks
- All relevant details of behaviour that is likely to increase the risk to the child/young person including details included in the most up to date risk assessment and management plan.
- Advise the An Garda Síochána if the child/young person requires any regular

medication

- Addresses of any associates, if relevant
- Address and telephone number of parents/carers and Social Worker.
- Details of whether they left on their own or in the company of another child in the home or someone else.

Staff on duty should make contact with known adults and friends of the child/young person to try and ascertain their whereabouts and provide all information to the Garda. A telephone report of a missing child in care must be immediately followed by a completed Missing Child from Care report form and a photograph, if a recent photograph is not already in possession of the Garda Síochána. In respect of unauthorised absence where a child is regarded as at risk and his/her location is known and where carers are unable to arrange the return of the child, they may request Garda assistance. An Garda Síochána may assist and categorise the event as a, “**Health Service Executive Child Return Request.**”

On Return

When a child/young person is recovered and safely returned to their allocated House, staff on duty will ensure that the child/young person is welcomed back and given individual time and support and will attend to their immediate needs, i.e. staff will ascertain if the child/young person is well or obtain medical assistance if required.

Staff on duty will ensure that all relevant professionals including the Garda and all relevant carers are informed of the child/young person’s return. Following the return of the child and depending on the event, it may be necessary for the Gardaí to interview the child in circumstances where the child was a victim, a witness or an offender.

At an appropriate time, follow up will be carried out with the child/young person to ascertain the reasons they ran away and explore whether or not any untoward incident occurred during their absence. It is important that they are able to talk to someone about why they went missing. This must be facilitated in a way that does not pre-judge the reasons and in certain circumstances this may need to be someone independent from the staff team. This can include, the social worker for the young person, a children’s rights worker or an Independent advocate.

A detailed record of events is kept and a subsequent Incident report is completed by staff on duty. This is the single record of events. A managerial comment is completed by the Home Manager/Team Leader. Follow up is completed with the

child/young person by staff on duty. The Key worker will complete further follow up through planned Key work sessions. Risk Management Plans are reviewed and updated in consideration of event. All records are kept in the child/young person's case record file and a hard copy is kept within the Home for monitoring purposes. A copy is sent to the field social worker and inspectorate.

(ii) Policy statement in relation to Anti-discriminatory Practice

Ashdale Care Ireland Ltd. is committed to eliminating discrimination and promoting equality and diversity in its own policies, practices and procedures and in those areas in which it has influence.

In accordance with UN Convention on the Rights of the Child (1989) Article 2

“We take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinion, or beliefs of the child's parents, legal guardians, or family members.”

We endeavour to treat everyone equally and with same attention, courtesy and respect regardless of their disability, gender, marital status, race, racial group, colour, ethnic or national origin, nationality, religion or belief or sexual orientation.

All company policy and strategy for anti-discriminatory practice is in adherence to **National Childcare Strategy 2006-2010 - Diversity and Equality guidelines for childcare providers** and is founded on the premise that children who feel valued and supported are more likely to develop a positive sense of self.

iii) Access to information, confidentiality and Data Protection

Our staff are committed to safeguarding young people's rights to privacy, confidentiality and the inherent need for data protection. In fulfilling this commitment we recognise the key child care and social work principles of empowerment, equality, openness, rights and participation and consequently, in recognising such, adopt approaches in our practice which uphold these principles.

We believe that the provision of information is a central component in ensuring the effective implementation of a child/young person's basic rights. We, therefore, adopt a proactive approach in ensuring that young people have access to information written about them. Young People are informed orally and in writing through the use of an age appropriate manner (please refer to the Child/young person's Booklet about their right to access information recorded about them) and are guided in following the procedure involved in exercising that right.

If a child/young person makes a request to read information on their file three factors must be considered in order to proceed with this request.

1. If the information held on a file is written by a member of the residential home then the young people will have open access to all records and staff will ensure that appropriate time and space is made available in the normal routine of the home to support young people reading such often sensitive information. The child/young person's social worker will be notified of any request to read information on a file which is written by a third party.
2. In the case of a third party writing a report on a child/young person in the home staff will actively seek permission from the author in order for the child/young person to gain access to this.
3. In the case of therapeutic reports written by staff attached to the home, permission will be sought by the author to share the reports with the child/young person.

In all cases the social worker with responsibility for the child/young person will be informed of the request to access file information. If the social worker, TUSLA, Trust, or other professionals feel that the access to certain information would cause the child/young person any harm then the child/young person should not be given this information. In this case the child/young person will be given an explanation as to why they have not gained access to their records.

All information about a child/young person should be recorded with the understanding that the child/young person will have access to this material when they request it.

Entries must be prompt, accurate, concise and free from value judgements, flippancy remarks or colloquialisms. Professional opinions should of course be included but some indication of reasoning should be apparent within the text.

In addition to written entries, photographs, mementos and any additional relevant material should be kept on file to give a 'feel' to past significant events.

All third party information should be kept within the 'Restricted' section of the file, although reference to this information can be made in the child/young person's personal section. When such material is of a highly sensitive nature, consideration should be given as to whether it should be held on the file in the respite unit at all.

When a child/young person requests to see their file, the request must be passed on to the Home Manager in order to ensure that no information is available that comprises third parties, and that adequate preparation is made to ensure that the child/young person is capable of making best use of the material in conjunction with their key worker or social worker.

We understand that a child/young person's file should always be treated as strictly

confidential and must remain in a locked filing cabinet unless actively being used.

Confidentiality

Confidentiality means that any information which a staff member acquires or has access to in the course of duty, must not be disclosed to third parties other than officially authorised circles, for example, individual Care Reviews.

Ashdale Care Ireland Ltd recognises and upholds its obligations under law in accordance with the **Data protection (amendment) act 2003** and the **Freedom of Information Acts 1997 and 2003**.

Children/young people have a right to expect that our services will hold information about them in confidence. Confidentiality is central to trust between children/young people and staff. Our handling of confidential personal information must:

- promote, support and protect the privacy, dignity and rights of the children/young people
- command the support of the children/young people, staff, and partner agencies
- comply with best practice
- conform with the law
- promote the care and welfare of the children/young people and the effective operation of the service.
- Without assurances about confidentiality, the children/young people may be reluctant to give the information we need in order to provide high-quality care.
- Staff must always be able to justify decisions about information sharing or disclosure in accordance with our guidance on confidentiality.
- Failure to comply with this guidance may lead to disciplinary proceedings.

Children and young people of all ages have the same rights to confidentiality as adults. They also have the right to talk **in confidence** with any other person. If the child does not understand the consequences of confidentiality, staff must explain to the child that some information may need to be shared with the people with parental responsibility for the child or with other people, especially if there are exceptional circumstances such as child protection concerns.

Any decision not to share information with parents will be made by the responsible authority and a record will be placed on the child/young person's file to indicate the reasons for this. Children/young people who are deemed capable of understanding the implications of medical treatment and, therefore, capable of consenting to it,

have the right to be consulted and to be treated by medical practitioners in confidence.

Normal limits of information sharing/disclosure

To carry out assessments and to provide effective services, we will usually have to seek information from, and share information with, other agencies or individuals who hold relevant information. This may include:

- ❖ Staff, including students, directly involved in the child/young person's care
- ❖ Senior staff who have line management functions or who are involved in the investigation of complaints
- ❖ Other colleagues, including service support staff (administrative staff, maintenance), who will need or will have access to information as part of their work
- ❖ Other agencies and professional staff, for example, health, education and housing, to enable the right provision to be made

Exceptional circumstances in which information may be disclosed without consent

If the child/young person is deemed to be capable of understanding the consequences of confidentiality, their consent is required for disclosure or access to records. In relation to data protection and access to records, a child of 12 or over is normally assumed to have sufficient understanding. There are however exceptional circumstances when a child/young person's refusal to give consent may be overridden and these include:

- Where there are child protection concerns (Refer to Children First Guidance)
- Where there are life threatening or dangerous situations, for example, where a child/young person:
 - shows signs of physical, emotional or sexual abuse
 - is at risk of significant harm or threatening suicide
 - is threatening to kill or severely harm another person
- The prevention, detection or prosecution of crime
- The risk assessment of sex offenders.
- Where children/young people are missing

There is also a legal obligation to provide information in the following circumstances:

- Requirement by a court/police.

- Requirement by a Guardian ad Litem.

Except in the case of an emergency such as where a child/young person is deemed to be at immediate risk a decision to override a child/young person's right to refuse disclosure of information will be taken by the responsible authority and recorded in the child/young person's case file.

Keeping information safe

Staff must make sure that personal information is protected against improper disclosure at all times. Staff must not discuss identifiable children/young people in circumstances that do not come within the normal limits or exceptional circumstances described earlier. When discussing children/young people staff must ensure that they cannot be overheard by anyone not bound by the same requirements of confidentiality towards that children/young person.

Material containing personal data, either on paper or on computer screen must not be left where it can be seen by other children/young people, unauthorised staff or other visitors to the home. All case files and records containing information about children/young people will be stored in a lockable, fireproof cabinet within the staff office. Each staff member will be allocated keys to the staff office and must ensure that this door is locked at all times when staff are not present. Computers must be switched off to avoid access to client information, or they must be put into a password-protected mode, when they are not being used.

Retention of Records

On discharge from our homes all individual records are simultaneously returned to the placing authority. These records will be retained and archived by the appropriate responsible authority for a period of seventy five years after the young person's sixteenth birthday or for twenty five years if the child/young person dies prior to their sixteenth birthday. The responsible authority must sign the discharge register and acknowledge receipt of the file and any archived records.

The nature of the information retained in respect of young people is in line with the National Quality Standards for Residential and Foster Care Services for Children and Young People. Recording systems are maintained with regard to the Freedom of Information Act, 1997, and the United Nations Convention on the Rights of the Child, 1989, Article 8.

REFERENCES

- Child Care Act 1991
- Child Care Regulations 1995
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- Choosing with Care – The Warner Report 1992
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- Education of Persons with Special Education Needs Act 2004
- The safety, health and welfare Act 2005
- Children Missing from Care – A joint Protocol 2009
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