

SOCIAL SERVICES INSPECTORATE PRACTICE GUIDELINES ON:

**SAFEGUARDING AND CHILD PROTECTION  
IN CHILDREN'S RESIDENTIAL CENTRES**

**Revised version: December 2003**

Introduction

SSI developed practice guidelines for use by service providers in relation to a number of issues in 2001. These included children's rights and safeguarding and child protection. This document expands on the earlier guidelines on safeguarding and child protection. It incorporates the contents of the earlier document and contains some new material including suggestions made to inspectors by fellow professionals who had read and considered the first guidelines.

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## **1. Making residential care safer: some general considerations**

The aim of a safeguarding and child protection policy in a children's residential centre is to ensure that the young people are cared for safely and that any threat to their safety is expeditiously and comprehensively eliminated in a way that respects the rights of all concerned including those against whom allegations of abuse are made.

Procedures of themselves are unlikely to protect young people unless accompanied by appropriate practice and by an ethos or culture within a centre that attends to the concerns of young people. It is difficult to define precisely what is meant by the 'culture' of a children's residential centre but the term refers to that quality which gives the centre a distinctive identity and makes it different from other centres doing a similar job with a similar client group. The culture of a centre can be assessed by the manner in which everyday events are managed, such as, the arrival of a new resident, a visit from a family member, an episode of anti-social behaviour and so on. Having a positive culture is not a matter of making the 'right' decisions but rather of agreement between staff on a particular course of action that is clearly in the young person's best interests. A positive culture is underpinned by a value system that emphasises respect for each individual in the centre, a respect that extends outwards to dealings with the family and friends of the young people and to other professionals. Within such a value system respect for children's rights is seen as central to the operation of the centre and not merely as a set of discrete procedures for dealing with particular situations.

In general, open systems are safer than closed ones. The dynamics of abuse are such that abusers will attempt to isolate and dis-empower their victims. It is important, therefore, that there is good access to young people in residential care for family members, friends, social workers and others with a legitimate interest in their welfare. It is also vital that managers external to the centre keep themselves informed of care practices within the centre and of critical incidents, complaints, use of restraint and time out/ single separation. Open systems help to protect young people. They are not safe, only safer. There is always going to be a need for procedures for dealing with concerns about and allegations of abuse.

There are particular challenges for centres where young people are detained. By the nature of the service provided the young people in these centres have less contact with the world outside than young people in open centres. Nevertheless, it is still possible to refer to a culture of openness within these centres. Such a culture promotes healthy and trusting relationships between young people and staff members, involves young people in decisions about the care they receive, and ensures that young people know that any concerns that they raise will be taken seriously and dealt with appropriately.

Centres in which children and young people are cared for alone, separate from other children, poses challenges of a different nature. There may be fewer people visiting the centre, relationships between staff and young people may be more intense than in a situation where children are part of a group and there may be situations where a young person is alone with one member of staff for long periods. Children cared for in centres where education is provided on the same campus as the centre have less contact with the outside world than children in ordinary children's residential centres. Children and young people cared for far away from home are isolated from their

families and friends. There is a particular responsibility on social workers, external managers and health board monitors to exercise vigilance in these situations.

Young people who have been abused prior to admission to the residential centre are likely to have difficulties trusting staff and this will be particularly so if the abuse occurred in a previous care placement. It is very important that all staff are aware of each young person's history, that an understanding of the young person's concerns is conveyed and that behaviours rooted in a sense of uncertainty are recognised for what they are and meet with an appropriate, reassuring response. It may be necessary, for instance, to go through with the young person the recruitment and vetting procedures for staff so that the young person is aware that the agency goes to lengths to ensure that only people who genuinely wish to help young people are employed in the residential centre.

It is important to note that UK research has demonstrated, and SSI inspections have found, that threats to the safety of young people in residential centres are *more* likely to come from other young people than from members of staff. Young people in residential centres have been physically and sexually abused by other residents. Young people need to know that they will be protected from abuse by peers. This is likely to pose dilemmas for agencies running young people's residential centres who must make decisions about which young people can be placed together. Whatever the difficulties, peer abuse is not acceptable and effective measures must be taken to minimise the likelihood of its occurrence.

## **2 Safeguarding policies and practices**

2.1 Admissions procedures: Admissions procedures should take account of any possible risk to the safety of a young person by admission to a residential centre and of any possible risk to residents of a centre by admission of a young person to that centre.

2.2 Information for parents: When their child is placed in a children's residential centre parents should be given an explanation of and written information about the centre, its purpose and function and its policies and procedures. In addition they should be given in writing:

- the name of the young person's key worker
- a statement of the young people's rights
- a copy of the complaints procedure
- the name and contact number for the young person's social worker and the social work manager
- the arrangements for contacting and visiting the centre
- a copy of the young person's care plan and a date for the next review.

2.3 Keyworker: Each young person in a children's residential centre should be allocated a keyworker, appointed by the manager and taking account of the wishes of the young person.

2.4 Access to young people: Unless there are particular reasons not to do so, young people in residential care should have undisturbed access to family members, friends and others with a legitimate interest in their welfare.

2.5 A culture of openness: There should be a culture of openness in children's residential centres. In particular:

- Young people should be repeatedly advised that there are a variety of people with whom they can share any concerns or worries such as parents, key worker, manager, social worker. A pre paid post card can be given to young people to send to someone external to the centre.
- Young people should know that any concerns that they raise will be taken seriously and dealt with appropriately.
- The anxieties and concerns of young people with a history of abuse should be understood and responded to appropriately.

2.6 Self care and self protection: Young people in children's residential centres should be taught the skills necessary to care for and protect themselves.

2.7 Sanctions: Children's residential centres should have clear policies in relation to acceptable and unacceptable sanctions. Unacceptable sanctions include physical punishments, any form of punishment that demeans or humiliates a young person, deprivation of food or drinks, limitations on a young person's access to his or her family, denial of access to medical treatment or deprivation of liberty. Sanctions should be age appropriate, moderate and intended to mark the transgression rather than to match it in seriousness. The centre's policy on sanctions should stress the importance of giving young people the opportunity for making reparation for behaviour in the first instance. External managers should monitor the use of sanctions. Excessive use of sanctions may be indicative of wider difficulties.

2.8 Unauthorised absences: Children's residential centres should have clear policies and procedures for dealing with situations where young people leave the centre without permission or fail to return at an agreed time.

2.9 Anti bullying policies and practices: Each children's residential centre should have an anti bullying strategy and a set of procedures for dealing with bullying behaviour. The main elements of an anti bullying strategy are:

- a culture of openness in which young people are encouraged to express their concerns and worries.
- appropriate responsibility sharing between staff and young people.
- engaging with the young people in groups to address issues of victimisation.
- immediate support for the victim of bullying, assurance that they are not to blame and concrete steps to address the issue.
- strategies for addressing bullying that focus on the behaviours, not the personality, of the bully and offer help and support to those who bully others to overcome their unacceptable behaviour.

In any situation where a young person is physically or sexually abused by another young person both should be dealt with under child protection procedures in accordance with Children First, the national guidelines on child protection.

2.10 Recording systems: There should be good recording systems in place:

- To facilitate both internal and external monitoring of care practices in young people's residential centres. There should be discrete records of sanctions,

complaints, accidents, incidents, unauthorised absences, physical restraints and of any use of time out or single separation of young people.

- As an aid to good practice, for example, where staff and young people together record the events of the day in a diary or log.
- To comply with the requirements of the Freedom of Information Act, 1997.

2.11 Access to specialist services: Young people in residential care should have prioritised access to specialist services.

2.12 Guardian ad litem/ legal representation: Young people who are detained, or who have no family actively involved in their care, should have access to independent legal representation and/or a guardian ad litem should be appointed to protect their interests and represent their views in court proceedings related to their care.

2.13 Exit interviews: Young people leaving a placement should be interviewed and asked to evaluate the care they have received.

2.14 Risk assessments: Wherever concerns arise for the safety of young people the risk should be assessed immediately and protective measures taken.

### **3 Recruitment and selection of staff**

3.1 There should be a job description for each post in a children's residential centre. It should refer to the duty of workers to report concerns for the safety and welfare of the young people in the centre.

3.2 Application forms, accompanied by the job description and information about the organisation should be sent to each applicant. The application form should require the applicant to give an account of all time spent since leaving secondary school. Any gaps should be identified and discussed at interview.

3.3 Department of Health and Children guidelines require that Garda clearance and three references should be obtained in relation to people employed in children's residential centres. These should be obtained before the person is employed. However, where staff have to be employed quickly employers can obtain verbal references and clearance but must ensure that these are confirmed in writing at the earliest opportunity.

3.4 The taking up of references should be entrusted to a person who has sufficient knowledge and experience of child protection and awareness of safe care issues as they apply to recruitment practice. In no sense should it be regarded as a routine task.

3.5 Referees should be informed that the employer requesting the reference reserves the right to ask the referee's employer whether it is aware of and approves the contents of the reference. Such checks ought to be carried out routinely. Where the referee has moved to new employment since supervising the candidate the enquiries should be made of the employer who employed the referee at the time the supervision took place. Written references should be confirmed by phone or other verbal contact.

3.6 Referees should also be asked whether the candidate is a suitable person to care for and work with young people. Any failure to address this issue in a reference or any ambiguity or lack of clarity in the response of the referee should lead to further enquiries by the employer. Where such queries are conducted over the phone, a careful note should be made of the referee's responses.

3.7 Apart from referees all previous employers should be contacted and asked:

- a) to confirm that the candidate held a position with the employer as stated on his or her application form,
- b) whether his or her service was satisfactory,
- c) whether the person is suitable to care for and work with young people,
- d) whether the employer would re-employ the candidate.

3.8 References should be taken up when candidates are short listed for interview. Members of the interview board should read references carefully, discuss their contents with other board members and identify issues for discussion at interview.

3.9 Short-listed candidates should be invited to spend some time in the centre where they have applied for employment and the young people should be asked their views as to their suitability.

3.10 Employers should seek confirmation of the successful candidate's academic and professional qualifications.

3.11 After the interview, all relevant documentation relating to successful candidates who take up employment in the agency should be copied and be available to the new employee's line manager.

3.12 The same safeguards should be applied to the recruitment of all staff, whether employed on a temporary or permanent basis. Employers should ensure that all staff employed through an agency have been recruited in accordance with the practices outlined above and require that the agency furnish the necessary supporting documentation (copy of Garda clearance, references and qualifications).

#### **4 Staff supervision, support and training**

4.1 There should be continuing programmes of induction and in-service training for all staff members. They should include training in safe care practices, child protection procedures and the duty to report child protection concerns.

4.2 Young people should be consulted in the development of training programmes for staff and, as appropriate, in their delivery.

4.3 As part of their induction new staff members should be given a copy of the Child Care (Placement of Children in Residential Care) Regulations 1995, Children First, National Guidelines for the Protection and Welfare of Children 1999, the National Standards for Children's Residential Centres 2001 or The National Standards for Special Care Units as appropriate, and a handbook containing:

- the centre's statement of purpose and function
- the centre's policy and procedures document

- the centre's statement of children's rights
- the centre's code of practice for staff
- the centre's statement on the duties of the keyworker
- the centre's safe care guidelines
- the centre's policy on management of behaviour
- the centre's sanctions policy
- the centre's policy on physical restraint
- the centre's policy and procedures for dealing with unauthorised absences
- the centre's child protection procedures
- the centre's safety statement
- the complaints procedure
- the centre's policy on working in partnership with families and other professionals.

New staff should be given time to read these documents and opportunities to clarify any issues. They should be asked to confirm in writing that they have read and understood these documents within 3 weeks of appointment.

4.4 Centre managers and care staff should be encouraged to spend periods of time working in other centres as part of their professional development.

4.5 Staff members should have regular formal supervision with their supervisor and the overall performance of the staff member should be subject to regular appraisal.

4.6 Staff teams should have regular, formal staff meetings. There should be a chairperson and minute taker. Staff should be expected to attend meetings and, where they are unavoidably absent, to read the minutes.

4.7 Residential managers should encourage open discussion of differences in approach among members of the staff team. Team members should articulate any reservations that they have about the practice of colleagues. If necessary a consultant or facilitator should be brought in to facilitate this process.

4.8 In centres that look after young people whose care is particularly challenging, the staff team should have access to specialist advice and consultation.

4.9 Unqualified staff members should be encouraged and supported to obtain professional qualifications. Agencies should set a target date for the achievement of a completely qualified staff team.

4.10 There should be systems in place to support staff who suffer injury or illness arising from their work. It should be made clear that people who avail of these supports will not thereby damage their career prospects.

4.11 There should be a code of conduct for staff, preferably drawn up by managers in consultation with staff and young people, covering issues such as:

- physical contact,
- one to one contact between workers and young people, both within and outside of centres,

- respect for young people's privacy and need for personal space,
- anti discriminatory practice.

4.12 Members of staff who leave the service should be asked to evaluate the service and identify any unresolved concerns.

## **5. Management practice**

5.1 Residential managers should be trained in management and supervision skills.

5.2 The person to whom the residential manager reports should preferably have experience of residential care.

5.3 Senior managers should ensure that staff in children's residential centres, including centre managers, receive regular, formal supervision.

5.4 Senior managers should ensure that supervision is seen as a normal means by which staff are able to raise any concerns about the welfare and treatment of a young person.

5.5 Senior managers should ensure that staff can raise concerns outside of the normal line management chain when they consider that their line manager has been unresponsive or is the subject of concern.

5.6 Senior managers should ensure careful monitoring of the use of sanctions, physical restraint and time out/ single separation as well as complaints and unauthorised absences.

5.7 Senior managers should actively promote a culture of openness and transparency in children's residential centres and ensure that staff review and evaluate their practice on an ongoing basis.

5.8 Senior managers should ensure that no therapeutic programme is introduced in a children's residential centre until discussed and agreed with staff, young people and professionals external to the centre, staff have been trained in its use and arrangements have been made for it to be externally monitored and evaluated.

5.9 Senior managers should develop policies and procedures to aid and inform centre managers and social workers in dealing with allegations of abuse against members of staff in their children's residential centres.

5.10 Centre records should be made available to the board's authorised officer for monitoring purposes.

5.11 Care staff should be deployed effectively, and staff rotas regularly reviewed, to ensure adequate supervision of the young people, to maximise the availability of the staff to the young people and to vary the combinations of staff working together.

5.12 Senior managers should attempt to ensure a gender balance within staff teams.

5.13 Senior health board managers should undertake regular reviews of key safeguarding measures for each children's residential centre including:

- that each young person has an allocated social worker,
- that the social worker visits the young person in compliance with statutory requirements,
- that the board's monitoring officer is visiting the centre on a regular basis.

## **6 Social work role**

6.1 Young people in residential care should have an allocated social worker who visits regularly and supervises their placement to ensure that standards of care are maintained.

6.2 Social workers should meet with young people in private and, at least some of the time, away from the centre.

6.3 Social workers should read centre records from time to time with particular attention to daily logs and records of incidents, physical restraints and unauthorised absences.

6.4 Social workers should interview young people who leave centres without permission and explore with them their reasons for doing so.

## **7. Monitoring of standards**

7.1 An authorised person should monitor standards in the children's residential centre in order to ensure compliance with statutory requirements as required by the Child Care Regulations, 1995.

7.2 The monitor should visit the centre regularly and meet with the young people in private.

7.3 The monitor should sign to confirm that he or she has read centre records.

7.4 The monitor should be notified of all significant incidents including accidents and injuries, unauthorised absences and child protection.

## **8. Children's rights**

Respect for children's rights, in particular, their right to make complaints, are key to good safeguarding and child protection practice. These issues are dealt with in separate SSI guidance notes on:

- Children's access to information
- Children's consultation
- Children's complaints work

## **9. Dealing with concerns, allegations and disclosures**

9.1 All expressions of concern, allegations or disclosures of abuse by young people must be taken seriously and acted on.

9.2 Staff cannot agree to keep confidential information that they receive which suggests a risk to the safety of a young person. There may, however, be some room to negotiate the timing and the manner of the passing on of information. For example, if a young person makes a disclosure of abuse to a keyworker, the keyworker might arrange to meet the centre manager and/ or social worker and/or parent with the young person to discuss the matter, rather than merely assuming responsibility for passing on the information immediately. The more the young person is involved in the process, the more empowered and less vulnerable he or she is likely to feel.

9.3 When a young person discloses abuse to a worker he or she should listen, offer support and reassure the young person that steps will be taken to deal with the issues raised. Afterwards, the matter should be referred on to the line manager. An assessment comes later and will be conducted, in most instances, by somebody else. The worker should not interrogate the young person but rather ask open questions to encourage the young person to say as much as she or he wishes to say.

9.4 Practice should be non judgmental. In particular, workers should avoid criticising alleged abusers. In cases of intra familial abuse, young people frequently hate the abuse but not the abuser. Criticising this person only adds to the young person's distress.

9.5 In cases where young people are inclined to believe themselves responsible for the abuse it is appropriate to reassure them that they are not to blame. It is best to do this in a way that does not refer directly to the abuser.

9.6 Workers to whom disclosures are made should write them up as soon as possible. If they only jot down some notes and write up a fuller account later the original notes should be kept. They may be asked for in court. Workers should only record what they see and hear and avoid recording their own assumptions or interpretations.

9.7 Young people who make disclosures should not be asked to repeat them over and over. Any enquiry about or investigation of alleged abuse must be carefully planned to avoid this happening.

9.8 In more serious cases there will be a point in the process where personnel external to the centre take responsibility for dealing with the matter. The Garda and the child care manager are likely to be involved. Events, which may have initially unfolded quickly, may now slow down. It is vital that the young person is prepared for this from an early stage. Someone, preferably the person to whom the young person first makes the disclosure, should take responsibility for keeping the young person informed of developments in the case. It is highly desirable that the young person knows that there is one person who will support him or her through the whole process.

9.9 A care plan review should follow the disclosure of abuse by a young person or the allegation of abuse by a young person. The plan should identify the additional supports required by the young person and the arrangements for making these available.

9.10 Senior managers should consult with centre staff in order to identify and make available whatever additional supports are required to enable them to manage the centre where abuse has occurred or is alleged to have occurred.

## **10 Child protection**

When a concern arises for the safety of a young person in a children's residential centre the following steps should be taken.

10.1 A strategy for ensuring the safety of all the young people in the centre should be devised and implemented immediately. The strategy should be informed by a risk assessment.

10.2 The manager must decide what to do in relation to the person about whom an allegation has been made or a concern expressed, taking account of agency policy and the situation at hand. If the person is a member of staff, the manager needs to decide if it is appropriate for the person to remain on duty. If the person is another resident and poses a risk to the safety of young people in the centre, then that risk has to be managed. It may not be possible or desirable to remove the young person from the centre so the manager may have to call extra staff into the centre to ensure adequate supervision. The manager has a responsibility for all the young people in the centre including an alleged abuser.

10.3 The manager should report the allegation or concern to the social work department and the child care manager as well as his or her own line manager, in accordance with Children First guidelines. The social workers of all of the young people in the centre should be informed as a risk to the safety of one young person in a centre may imply a risk to all of the other young people. This risk must be assessed.

10.4 The manager should discuss the matter, in an age appropriate manner, with the young people in the centre.

10.5 The manager and / or social worker(s) should arrange to meet with the parents of the young people concerned to discuss the matter.

10.6 Once the social worker and child care manager have been informed decisions should be made in relation to further assessment. The child care manager will have to decide on Garda notification. If notified, the Garda may decide to conduct an investigation. The investigation should be planned carefully so as to minimise the trauma for the young people involved.

10.7 The centre manager should not normally initiate an assessment prior to consultation with the child care manager. An exception could occur where there is concern that one young person in the centre poses a risk to the safety of others and this young person can be placed in another centre immediately. The manager must

decide whether this is necessary and may conduct some preliminary enquiries to help inform his or her decision.

10.8 Once the matter is notified to the child care manager the normal procedures for dealing with child protection concerns apply. These should be consistent with the national guidelines for the protection of young people as set out in Children First. It should be noted that Children First states that where a young person in a children's residential centre has abused another young person, child protection procedures should be applied to both the abuser and the victim.

## **Appendix A**

### **Things that young people in children's residential centres should know**

A young person placed in a children's residential centre should know:

1. The contents of his or care plan and, specifically: why he or she has been placed in care, for how long and what is likely to happen in the future.
2. The arrangements for keeping in touch with his or her family, friends and significant others.
3. The name and contact details of his or her social worker.
4. The name of his or her keyworker and the centre manager.
5. Information about the centre, its purpose and function, rules and routines.
6. His or her right to access information about him or herself kept in the centre and on social work files.
7. His or her right to be consulted about decisions about the running of the centre and about his or her future care.
8. His or her right to make complaints.
9. His or her right to privacy.
10. How his or her rights can be exercised in the centre.
11. The centre's sanctions policy.
12. The centre's anti-bullying policy.
13. The centre's safeguarding policy and, in particular, the code of conduct for staff in their dealings with young people in the centre.
14. The centre's child protection procedures.
15. The contact details of advocacy groups such as the Irish Association of Young People in Care.
16. That the adults are responsible for ensuring his or her safety but that there are things he or she can do to keep him or herself safe.
17. Any other information required to keep the young person safe and to facilitate exercise of his or her rights.

## Appendix B

### Some findings from Social Services Inspectorate (SSI) reports

The majority of young people interviewed by inspectors to date confirmed that they felt safe in the centres in which they were cared for, knew who they could talk to if worried about anything and had confidence that staff would address and resolve their complaints. Staff interviewed by inspectors demonstrated an awareness of good safe care practices and understood their responsibility to address concerns about inappropriate or unsafe care practices. Despite these generally positive findings, shortcomings in the safeguarding of children and young people in children's residential centres have been found during inspections.

Gaps in the vetting of staff were highlighted in the 2001 and 2002 annual reports and the situation as described in the latter report was significantly worse. The main problems related to records being incomplete and staff being employed in advance of the taking up of references and Garda clearance.

There were a large number of unqualified staff looking after children in health board children's residential centres. The 2001 Annual Report noted that about a third of staff in the centres inspected held a recognised qualification in child care. In the next round of inspections, just over one quarter of staff in the centres inspected held a recognised qualification. However, it should be noted that a national survey of staff conducted during 2001 for the *Report of the Joint Committee on Social Care Professionals* found that 44% of staff in the child care area held a professional qualification. In other areas improvements were noted. More staff were being given regular, formal supervision and access to in-service training was better, as reported in 2002 as compared with the previous reporting period.

Most young people in the children's residential centres had an allocated social worker in both rounds of inspections, somewhat more in 2002 than 2001 and this reflected progress made by health boards in dealing with a shortage of social workers. Just over half of the young people in the centres inspected in 2001 had care plans but this rose to three quarters the following year. However, the standard of the care plans varied and this was also the case with care plan reviews. Despite some examples of very good practice, young people were not always adequately involved in the care planning and review process.

Substantial progress was made in relation to monitoring of standards in children's residential centres. While very few centres had received visits from health board monitors in 2001, by the following year most health boards had appointed or were in the process of appointing monitoring officers.

Practice in relation to children's rights within centres was uneven. Most centre staff consulted with the young people in relation to day to day matters. Many shared records kept by the centre with the young people. However, practice in relation to other records and reports, e.g. social work reports, that were kept on care files was generally confused and not in accordance with the principle of freedom of information. Most centres had complaints procedures and practice was generally good where complaints could be resolved within the centres. The procedures were often

unsatisfactory, however, when applied to matters which could not be resolved internally. There was, in many cases, a lack of clarity in relation to roles and responsibilities, the procedures lacked an independent element and there was confusion between complaints procedures and child protection ones.

Bullying was identified as an issue of concern in both 2001 and 2002, albeit in a small number of centres. Particular concern was expressed at the failure to see such incidents as child protection matters and to apply the appropriate procedures, as required by Children First guidelines.

Most of the young people seen by inspectors reported that staff respected their privacy, for instance, by knocking and waiting for permission to enter their rooms. However, in many centres young people did not have the facility to make calls in private.

Inspectors have found evidence that health boards take steps to ensure the safety of young people in children's residential centres. However, more needs to be done.