



Report of a Restrictive Practice Thematic Inspection of a Designated Centre Special Care Unit

Name of designated centre:	Ballydowd Special care Unit
Name of provider:	The Child and Family Agency
Address of centre:	Dublin
Type of inspection:	Announced
Date of inspection:	21 – 22 October 2025
Centre ID:	OSV-0004221
Fieldwork ID:	MON-0048464

What is a thematic inspection?

The purpose of a thematic inspection is to drive quality improvement. Service providers are expected to use any learning from thematic inspection reports to drive continuous quality improvement which will ultimately be of benefit to the people living in designated centres.

Thematic inspections assess compliance against the *National Standards for Special Care Units* (hereafter referred to as the 'National Standards'). See Appendix 1 for a list of the relevant standards for this thematic programme.

There may be occasions during the course of a thematic inspection where inspectors form the view that the service is not in compliance with the regulations pertaining to restrictive practices. In such circumstances, the thematic inspection against the National Standards will cease and the inspector will proceed to a risk-based inspection against the appropriate regulations.

What is 'restrictive practice'?

The *National Standards for Special Care Units* provides a definition for what constitutes a restrictive procedure as:

"a practice that limits an individual's movement, activity of function, interferes with the individual's ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values, or requires an individual to engage in a behaviour that the individual would not engage in given freedom of choice. Restrictive procedures include single separation and physical, environmental and chemical restraint."

Restrictive practices may be physical or environmental in nature. They may also look to limit a child's choices or preferences (for example, access to mobile phones or certain foods), sometimes referred to as 'rights restraints'. A child can also experience restrictions through inaction. This means that the care and support a child requires to partake in normal daily activities are not being met within a reasonable time frame.

The *National Standards for Special Care Units* provides further definitions for restraint as: *"any intervention, medication or device that restricts the freedom of movement of a child."*

About this report

This report outlines the findings on the day of inspection. There are three main sections:

- What the inspector observed and children said on the day of inspection
- Oversight and quality improvement arrangements
- Overall judgment

In forming their overall judgment, inspectors will gather evidence by observing care practices, talking to children, interviewing staff and management, and reviewing documentation. In doing so, they will take account of the relevant National Standards as laid out in the Appendix to this report.

This unannounced inspection was carried out during the following times:

Date	Times of Inspection		Inspector of Social Services
	Start	End	
21.10.25	10:00	18:00	Sheila Hynes (lead inspector)
21.10.25	10:00	18:00	Mary Lillis (support inspector)
22.10.25	07:30	15:30	Sheila Hynes (lead inspector)
22.10.25	07:30	15:30	Mary Lillis (support inspector)

What the inspector observed and children said on the day of inspection

Ballydowd Special Care Unit is a custom built secure campus that provides care for children from 11 to 18 years of age. It consists of three residential units, two of which were occupied at the time of inspection. The service was registered to provide care for six children and there were six children resident at the time of inspection. There is a school onsite and there are recreational facilities both indoor and on the grounds. The grounds are well maintained and there are some colourful painted walls. There were Halloween decorations inside of the units on the windows and notice boards. While one of the units had benefited from remodelling work and painting, the other unit was in need of redecoration. The inspectors were advised that there are plans to remodel and redecorate this unit.

During the inspection, inspectors spoke with five of the six children. All children completed a survey regarding restrictive practices and three children choose to speak with an inspector about their experience of restrictive practices.

All children stated in the survey and/or in conversation that they had experienced restrictive practices. The children understood what restrictive practices are and why they are used. Most children felt that their views on restrictive practices were listened to and some children gave examples of the reduction and the removal of restrictive practices following conversations with the staff and management.

Some of the children expressed what it was like to experience restrictive practices. They said:

- "sad, depression, stressed"
- "horrible, I don't like the observations. I want more privacy in my room"
- "They are crap, but I know they are for safety but I don't always like them".

The children were asked what they would like to change about restrictive practices.

They said:

- "allowed in the kitchen on your own"
- "should be allowed phones and vapes"
- "I don't like constant observation"
- "only used when somebody hits somebody".

Children felt that their rights were respected when restricted practices were used, however, personal searches and privacy were highlighted as areas that needed to be improved on. All children understood how to make a complaint.

The inspectors spoke with three parents and guardians of the children. They spoke highly of the care their children were receiving from the service. They said:

- “doing their best for her, she is coming on great”
- “in good hands and safe”.

They said that they were informed about restrictive practices and the reason they are used. Some of the children spoke to them about their experiences of restrictive practices and others choose not discuss it with them. They said that their children not having access to a mobile phone was a challenge for them, however, they could use a phone in the unit. They said they were kept informed by the staff and were given updates at their children’s monthly placement planning meetings. They had no concerns about any of the restrictive practices in place.

The inspectors spoke with five Guardians ad Litem¹ and three social workers of the children. They said that they are fully informed of restrictive practices that are used within the service and are informed of when they are used. When possible, they are involved in the decision-making regarding the use of restrictive practices and believe the service responds to risk appropriately. They said that the input from the clinical team was beneficial for the children and helped to develop insight amongst the staff, aimed at improving supports and interventions for children. Some professionals said that there can be delays in getting written record of incidents and that the quality of the records can vary. Some expressed that more could be done to improve age appropriate risk taking, such as allowing children to meet with friends in the community, use of mobile phones and Internet access.

Oversight and the Quality Improvement Arrangements

The provider, director of special care, person in charge and staff were committed to ensuring the children lived in the least restrictive environment, as far as possible in the context of a secure service. This inspection found that the provider was meeting the requirement of the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017 and was largely compliant with the requirements of the National Standards in their application of restrictive practices. The provider has clear, policies and procedures in place with regard to restrictive practices which are in line with legislation, national policies, regulations and national standards.

¹ An individual appointed by the court to represent the best interests of a minor child in legal proceedings.

Prior to the inspection, the person in charge completed a self-assessment questionnaire in preparation for this thematic inspection. The person in charge outlined how the service had developed structures and systems for the governance, monitoring and review of restrictive practices, with the goal to reduce and eliminate the use of restrictive practices where possible. The self-assessment questionnaire was reflective of the findings of the inspection.

There were systems in place for the accurate recording and effective arrangements for the governance, oversight, monitoring and review of restrictive practices, however, the mechanisms to ensure learning and recommendations are communicated to staff required strengthening. The oversight and monitoring of restrictive practices included both internal and external review by serious event review groups (SERG). All incidents of physical restraint were subject to internal and external review. They were also reviewed by the service management and by a provider approved crisis intervention trainer. As the service is monitored by closed-circuit television (CCTV) both internally and externally, these recordings were also reviewed. The inspectors found that internal SERG minutes demonstrated good reflection and learning; however, the records did not show that learning was effectively communicated or circulated to all staff. The inspectors reviewed a sample of external SERG meeting minutes and found the more recent records to be comprehensive with clear recommendations for staff for reducing the use of restrictive practices. However, the team meeting minutes did not reflect the key learnings from the external SERG and it was not clear how these were shared with the team.

The inspectors found that communication records required improvement. The records of team meeting minutes required greater detail on discussion, decision-making, follow-up action and nominated person or persons responsible for an action. The discussion and rationale for restrictive practices was not documented and did not reflect the discussions that were taking place in the weekly multidisciplinary team meetings. The service has campus-based team meetings during which information on each child's programme, how best to support them and what restrictive practices are in place for each child is shared with all staff. As not all staff are available to attend team meetings, it is important that meeting minutes are a comprehensive record of discussion and decision-making. The time scheduled each week for team meeting was often used for team training or workshops with the clinical team. The staff and management said that this was beneficial to building the insight and skills required for a high quality of the service.

The person in charge had effective systems in place for monitoring, trending and analysis of restrictive practices. There was a restrictive practice register in place which recorded details such as the type of restrictive practices in use throughout the special care unit and start and end times for the application of these practices. There was a significant event register in place that was reviewed and monitored by the person in charge and a senior administrator. This register included all significant events such as physical restraints, hospital appointments and searches. The register was a live digital record which was kept up to date and allowed for monitoring and trending of the use of restrictive practices and analysis of occurrences. The service had developed a register of rights restrictions, referred to as 'care imposed restrictive practices'. For example, no access to the kitchen, supervised access to hygiene products and increased staffing were types of care imposed restrictive practices identified. It was planned that this register would be shared with the management team at the next management meeting following the inspection, and thereafter would be reviewed weekly at this meeting. The monitoring systems ensured that the review of practices were routinely undertaken with a view to promoting an environment where restrictive practices are used minimally, promoting children's rights to live in the least restrictive environment and are in line with best practice.

The provider and the person in charge had kept themselves informed of best practice in relation to the use of restrictive practices, however, there were no records of periodic reviews by the provider, of the effectiveness of the provider approved model of crisis intervention used. An additional safety item for safe use during physical restraint had been introduced to the service. The person in charge had assessed that its safe use was limited to some areas in the units. They told inspectors that considerations were being made to adjustments that could be made to units to allow for its safe use in areas such as, bedroom corridors.

Inspectors found there were mechanisms in place that ensured an effective response to the impact of restrictive practices on children's health and development. The weekly management meeting minutes were detailed and included the impact of restrictive practices on children, with the view to reducing or eliminating their use. Also, the negative impact of restrictive practices or poor outcomes for the children were recorded. The weekly multidisciplinary team meetings minutes had detailed discussions recorded on the children's presentation, understanding their behaviour and how best to support them. Restrictive practices were discussed and the impact for the individual child's health and wellbeing was clearly recorded. For example, when restrictive practices were ended too quickly and the learning from these instances were recorded.

In preparation for the admission of a child, the person in charge consults with the child's social worker in relation to the child's needs and identifies any restrictive practices that may be used to keep the child safe. On admission, each child had a comprehensive multidisciplinary assessment of their needs carried out, including suitability of any restrictive practices the child may experience. The inspectors found, from a review of the children's files, that the least restrictive measures were put in place to support the children in their placement. Additionally, there were ongoing assessments, monitoring and reviews of restrictive practices in place for the children, with clinical team input.

The provider has ensured that all strip searches are conducted in line with a clear procedure, however, records did not demonstrate that other than relevant circumstances for the child were taken into account such as previous trauma. While admission to the service involves a routine strip search, there have been exceptions to this, for example, when a child has been transferred from one special care service to another. As much as possible, during an admission the dignity of the child is respected and they are provided with a dressing gown. The inspectors found that the admission risk management plan records did not show an individualised approach to a child's admission, such as consideration given to the length of time a child remains in the admission room before they go to their bedroom. However, from discussions with the service management, there was flexibility to respond to the child's presenting needs. It was evident that re-admissions had a risk assessment with clear rationale and not all children were subject to the re-admission procedure. One child said that they did not think they should be searched after every outing, however, they said that they understand the reason why they are searched.

The provider has ensured that all staff understand that the use of mechanical restraint would be inappropriate for the service. Also, there was a clear understanding that the use of chemical restraint including use of 'as required or Pro Re Nata' (PRN) sedative medication would be clearly monitored to ensure any negative impact would be recognised, monitored and reviewed. Additionally, the service had systems in place to review any incident of mechanical or chemical restraint used by an external agency to Tusla.

Overall, there were clear lines of accountability for the safe delivery of restrictive practices at individual, team and organisational level. All staff were aware of their responsibility for the safe use of restrictive practices. The inspectors found from a sample of critical incident reviews and debriefing records, that there was an open and transparent culture within the staff team. All staff members received training the approved model of behaviour management and were aware of the expectation that they follow a child's placement support plan and the provider's policies, and utilise the provider approved crisis intervention approach in responding to incidents.

The inspectors found that the service's management was appropriately addressing any concerns about individual staff member's practice by providing additional support or through performance management mechanisms. All safeguarding concerns were reported as per *Children First: National Guidance for the Protection and Welfare of Children* (2017) and recorded in a safeguarding register that was monitored and reviewed by the person in charge.

There were robust systems and processes in place to monitor all staff training. The inspectors found that the training needs of staff were effectively monitored by the person in charge. The tracking system indicated staff training in the safe use of restrictive practices was up to date. There was an emphasis in the training on a rights-based approach to care, talking to children about their experience of restrictive practices, their opinion on them, experience of their use and how to best support them in any future crisis. The inspectors found from a review of records that staff supported children to express their view of restrictive practices and children were appropriately supported to recover from incidents. Staff ensured the children received additional psychological and medical support following any incident of physical restraint.

Despite consistent challenges, the service effectively managed shortfalls in staffing resources. As found on the previous inspection in June 2025, the provider continued to be challenged to ensure suitably experienced and skilled staff were available to meet the needs of the number of children stated in the service's statement of purpose. Unit management played a key role in reviewing the skills-mix on a daily basis across the campus to ensure safe care for the children. The inspectors found that the lack of staff experience and confidence in supporting a child through a crisis situation was evident in some significant event records. However, measures were in place to develop the knowledge and skills of the staff team. These measures included increased supervision, role play scenario and additional training. Furthermore, the service had a 12-week staff induction which could be both increased or decreased depending on the individual staff member's needs. This had given newly recruited staff time to develop the skills required to work in a secure care setting.

The person in charge supported and promoted children's rights to individualised care, age-appropriate risk taking and the children's autonomy. The service has a list of prohibited items that children are not allowed to have on the campus, such as mobile phones, aerosols, energy drinks and vapes. Each of these items has an associated risk which was reviewed by the service's management. Items such as mobile phones are prohibited, however, for some young people they have access to a mobile phone when they are with their family and during transition from the service. For example, one child who was over 16 years of age manages their own medication that was stored safely in their bedroom.

The provider had ensured that there was a robust system for the governance, oversight, monitoring and review of restrictive practices. The provider ensured that restraints and single occupancy were subject to both internal and external review. The external review consists of managers from special care services, representative from Assessment Consultation Therapy Service (ACTS), the child's social worker and Guardian ad Litem. Single occupancy was subject to a 72 hour review. The inspectors found, through examination of records, that these reviews were detailed discussions on the child's presentation and progress made over the previous 72 hours. The appropriateness and rationale for single occupancy was discussed with clear decision-making on the continuing or ending of the intervention.

The provider has effective arrangements in place to facilitate staff to raise concerns and make a protected disclosure about the effectiveness and safety of restrictive practices in the service. The inspectors found that the protected disclosure policy was recently reviewed at a team meeting.

The provider had ensured that no restrictive practices are used due to the lack of resources. The children were able to exercise choice and preference, and resources were available to meet that need. For example, older children could access work experience in the community, receive therapeutic support outside of the service and purchase clothes online. The inspectors reviewed the service's improvement strategy and this included plans to improve children's access to the Internet, as they currently have access in the school building and access on the unit would be the children's preference.

The children are able to move around their units freely, however, some children choose to close doors due to sensitivity to noise. Children have access to an outdoor space to play. However, due to peer dynamics there are times that access to outdoor spaces may be restricted for a period of time to ensure safe care of the children and to ensure fairness amongst the children, in their access to outdoor facilities. The inspectors found that restriction of access to areas was appropriately risk assessed.

Preparing children for leaving special care was individualised and careful consideration was given to appropriately reducing restrictions to their liberty and developing their life skills. The inspectors found that this can be particularly challenging for the children who were approaching 18 years of age and continuing to present with a high level of need and requiring significant support. The inspectors were told by the service's management that transition plans for the children are key to reducing restriction and preparing children for leaving special care. Additionally, finding the right service for the children leaving special care can be challenging and the responsibility for ensuring the child's psychological safety and mitigating for the impact of prolonged placement in special care lies with the provider.

The provider recognised that children's fundamental rights can only be breached in exceptional circumstances. There were policies and practices in place to ensure restrictive practices are implemented in a way that does unduly compromise the dignity and quality of life for children. However, children highlighted that privacy and personal searches were areas where they would like to see improvements. The inspectors found that some improvements had been made in the areas of privacy and dignity for the children. For example, until recently, all children had nightly checks that were at 15 minute intervals at a minimum. At the time of the inspection, children's night time check frequency had been individualised to the child's needs and appropriately risk assessed. This had resulted in less frequent night time checks for most of the children as their right to privacy and dignity was balanced with safety. On admission, all children were informed of the use and purpose of the use of CCTV. Future improvements could be made by involving children in the decision-making regarding restrictive practices that were put in place to keep them safe.

Overall, it was found that restrictive practices were in place due to risk and to ensure the safety of the children. However, as referred to earlier in the report there were some areas for improvement, such as ensuring children's admission risk management plans had an individualised approach, children were involved in decision-making with regard to the use of restrictive practices where possible, and the learning from incidents is shared with the staff team and recorded.

Overall Judgment

The following section describes the overall judgment made by the inspector in respect of how the service performed when assessed against the National Standards.

Substantially Compliant

Children received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.

The National Standards

This inspection is based on the *National Standards for Special Care Units*. Only those National Standards which are relevant to restrictive practices will be included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the child.

The standards are comprised of two dimensions: Capacity and capability; and Quality and safety.

There are four themes under each of the two dimensions. **The Capacity and Capability** dimension includes the following four themes:

- **Leadership, Governance and Management** — the arrangements put in place by a Special Care Unit for accountability, decision making, risk management as well as meeting its strategic, statutory and financial obligations.
- **Responsive Workforce** — planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs of children.
- **Use of Resources** — using resources effectively and efficiently to deliver best achievable outcomes for children for the money and resources used.
- **Use of Information** — actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The Quality and safety dimension includes the following four themes:

- **Child-centred services** — how Special Care Units place children at the centre of what they do, this includes the concepts of providing care and support and protection of rights.
- **Effective Services** — how Special Care Units deliver best outcomes and a good quality of life for children, using best available evidence and information and effective interventions.
- **Safe Services** — how Special Care Units protect children and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
- **Health and Development** — how Special Care Units identify and promote optimum health, development and education for children.

List of National Standards used for this thematic inspection:

Capacity and capability

Theme: Leadership, Governance and Management	
5.1	The Special Care Unit performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each child and promote their welfare.
5.2	The Special Care Unit has effective leadership, governance and management arrangements in place with clear lines of accountability
5.3	The special care unit has a publicly available statement of purpose that accurately and clearly describes the services provided.

Theme: Use of Resources	
6.1	The use of available resources is planned and managed to provide child-centred, effective and safe service to children.

Theme: Responsive Workforce	
7.2	Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.
7.3	Staff are supported and supervised to carry out their duties and promote and protect the care and welfare of children.
7.4	Training is provided to staff to improve the outcomes for children.

Theme: Use of Information	
8.1	Information is used to plan and deliver a child-centred, safe and effective service.

Quality and safety

Theme: Person-centred Care and Support	
1.1	The rights and diversity of each child are respected and promoted.
1.2	The privacy and dignity of each child are respected.
1.3	Each child exercises choice and experiences effective care as part of a programme of special care.
1.4	Each child has access to information, provided in an accessible format that takes account of their communication needs.

1.5	Each child participates in decision-making, has access to an advocate, and consent is obtained in accordance with legislation and current best-practice guidelines.
1.7	Each child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Theme: Effective Services

2.1	Each child is placed in special care, in accordance with his or her identified needs and subject to the relevant legal authority.
2.2	Each child has a programme of special care which details their needs and outlines the supports required to maximise their personal development.
2.3	The special care unit is homely and promotes the welfare, dignity and safety of each child, consistent with the provision of safety and security.

Theme: Safe Services

3.1	Each child is safeguarded from abuse and neglect and their protection and welfare is promoted.
3.2	Each child experiences care that supports positive behaviour and emotional wellbeing.
3.3	Children are not subjected to any restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to the safety and welfare of the child or that of others.
3.4	Incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.

Theme: Health and Wellbeing

4.1	The health and development of each child is promoted.
4.2	Each child receives an assessment and is given appropriate support to meet any identified need.
4.3	Educational opportunities are provided to each child to maximise their individual strengths and abilities.