

Regulation and Monitoring
of Social Care Services

Assessment-judgment framework
for thematic inspections of
restrictive practices
Special Care Units

Effective September 2025

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Introduction

The premise underpinning thematic inspections carried out by the Chief Inspector of Social Services in the Health Information and Quality Authority (HIQA) is to promote quality improvement in a specific aspect of care — in this instance, restrictive practices.

This assessment judgment framework is specifically designed for use in the thematic programme for restrictive practices in designated centres for special care, also known as special care units. This programme is focused primarily on the *National Standards for Special Care* (2014). In this assessment judgment framework these are referred to as the National Standards.

The purpose of the assessment judgment framework is to support inspectors in gathering evidence when monitoring or assessing a designated centre. It is also intended to support providers and staff of centres to review their own services. The framework sets out the lines of enquiry to be explored by inspectors in order to assess performance against the standards being monitored.

Judgment Descriptors

Once an inspector has gathered and reviewed evidence from a designated centre, they will make a judgment on how the service performed under each of the themes. The following judgment descriptors will be used:

Compliant	Substantially compliant
Children enjoyed a good quality of life, where the culture, ethos and delivery of care were focused on reducing or eliminating the use of restrictive practices	Children received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.

Where it becomes clear that the findings on inspection are not within the judgment of compliant or substantially compliant, the inspector will change the inspection from a thematic inspection to a risk-based inspection against the regulations.

The assessment-judgment framework should be applied in conjunction with the following:

- Health Act 2007 (as amended)
- Health Act 2007 (Registration of Designated Centres) (Special Care Units) Regulations 2017
- Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017 (as amended)

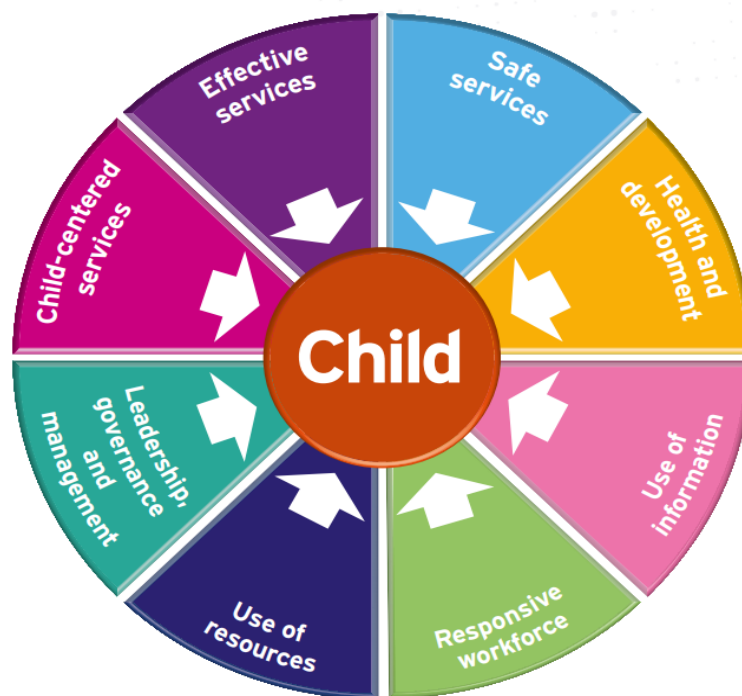
- National Standards for Special Care Units November 2014
- Guidance for the assessment of special care units
- HIQA's monitoring approach policy, procedures and guidance.

The assessment-judgment framework is organised into two sections, called dimensions:

- 1. Capacity and capability**
- 2. Quality and safety**

Under each of these dimensions, the regulations and standards¹ are organised for ease of reporting.

Figure 1: themes in the *National Standards for Special Care Units*



¹ The standards are aligned to one regulation only, as a 'best fit' simply for the purpose of reporting. This does not negate the provider's responsibility to meet these standards.

Section 1 Capacity and capability

This section focuses on the overall delivery of the service and how the provider determines whether an effective and safe service is being provided.

It includes how the provider:

- Makes sure there are effective governance structures in place with clear lines of accountability so that all members of the workforce are aware of their responsibilities and who they are accountable to.
- Ensures that the necessary resources are in place to support the effective delivery of quality care and support to children using the service.
- Designs and implements policies and procedures that will make sure the unit runs effectively.
- Uses information as a resource for planning, delivering, monitoring, managing and improving care.

Dimensions: capacity and capability	
Themes: Leadership, Governance and Management	
Standard	<p>Standard 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.</p> <p>Standard 5.2 The special care unit has effective leadership, governance and management arrangements in place with clear lines of accountability</p> <p>Standard 5.3 The special care unit has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>
Line of inquiry	<p>Does the registered provider have clear policies, procedures and guidance in place with regard to restrictive practices, safeguarding and risk management which are in line with legislation, regulations, national policies and standards?</p> <p>Are there adequate arrangements in place for the governance, oversight, monitoring and review of restrictive practices? For example, an oversight committee, senior managers and or multidisciplinary teams with responsibility for reviewing and reducing restrictive practices.</p>

	Does the registered provider have systems in place to ensure that restrictive practices are accurately recorded, monitored and regularly reviewed with the aim of reducing or eliminating their use?
	Does the registered provider have systems in place to assess the proportionality of restraint/restrictive practice to the risk? For example, the number of staff involved in a restraint?
	Does the register provider ensure that all physical interventions, which are outside of the provider's approved model of intervention, are effectively reviewed?
	Do the registered provider and person in charge keep themselves informed of new models, approaches and best practice in relation to restrictive practices?
	Are there clear organisational strategies and objectives which promote and continuously strives for a culture of openness whereby care, support and the environment is minimally restrictive?
	Has the registered provider ensured that the risk management policy is effectively implemented in relation to restrictive practices?
	Has the registered provider ensured that all strip searches conducted in the service are in line with a clear procedure that takes into account children's relevant circumstances and needs, for example previous trauma, gender and cultural sensitivities?
	Are there effective arrangements in place to facilitate persons employed in the special care unit to raise concerns about the quality and safety of the special care provided generally or the special care provided to any specific child detained in the special care unit?
	Does the statement of purpose clearly outline the specific care needs that the service can meet, and does the registered provider ensure that no person is admitted whose needs cannot be met?

Dimensions: capacity and capability	
Theme: Responsive workforce	
Standard	<p>Standard 7.2 Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.</p> <p>Standard 7.3 Staff are supported and supervised to carry out their duties and promote and protect the care and welfare of children.</p> <p>Standard 7.4 Training is provided to staff to improve the outcomes for children.</p>
Line of inquiry	<p>Do staff have the necessary experience and competencies to meet the needs of each child and to keep children safe in their implementation of restrictive practices?</p> <p>Do staff actively maintain a least restrictive environment and are restrictive practices used only when absolutely necessary for the safety of children and staff?</p> <p>Is there recognition / mechanisms in place to ensure all staff are aware of the potential detrimental impact of the prolonged or routine use of restrictive practices on children and young people?</p> <p>Where restrictive practices are unavoidable, do staff ensure they are used safely in line with policies, procedures and guidance?</p> <p>Has the person in charge ensured that an appropriate level of professional supervision and support is provided to staff members in the special care unit to support the safe use of restrictive practices?</p> <p>Have staff members access to training which covers relevant legislation related to the use of restrictive practices including</p> <ul style="list-style-type: none"> -Child Care Act -Children First -United Nations Convention on the Rights of the Child (UNCRC) -human rights-based approach to care -the safe use of relevant restrictive practices -behaviour management -model of care?

	Does the person in charge ensure that staff receive adequate training regarding children's rights, which includes their responsibilities to uphold and promote all children's rights?
	Are there periodic reviews by the provider, of the effectiveness of the provider approved models of crisis intervention used?

Dimensions: capacity and capability	
Themes: Use of Resources	
Standard	Standard 6.1 The use of available resources is planned and managed to provide child-centred, effective and safe service to children.
Line of inquiry	Does the registered provider effectively plan and manage human resources to support a least restrictive environment?
	Are there effective contingency arrangements in place which ensure children's rights are protected and promoted during periods of staff shortages? Do these arrangements ensure that no child experiences restrictive practices, as a result of inadequate staffing? For example, a reduction in children's approved activities outside of the special care unit or prolonged periods of time in their bedrooms.
	Prior to the use of restrictive practices, has the registered provider ensured alternatives are considered and or attempted (such as additional staffing, specialist supports and services, specialist training)?

Dimensions: capacity and capability	
Themes: Use of information	
Standard	Standard 8.1 Information is used to plan and deliver a child-centred, safe and effective service.
Line of inquiry	Does the person in charge have systems in place to record and analyse information on the use of restrictive practices?
	Does the person in charge use that information to drive quality improvement in restrictive practices?

	Does the person in charge have systems in place to ensure that learning is shared and integrated into the culture of the service?
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Section 2 Quality and safety

The focus of this section is about the lived experience of the people using the service.

This includes how people:

- Make choices and are actively involved in shaping the services they receive.
- Are empowered to exercise their rights, achieve their personal goals, hopes, and aspirations.
- Receive effective person-centred care and support, at all stages of their lives.
- Are able to live in a safe, comfortable and homely environment.
- Have food and drink that is nutritious.
- Are protected from any harm or abuse.

Dimensions: quality and safety	
Theme: Child-centred services	
Standard	<p>Standard 1.1 The rights and diversity of each child are respected and promoted.</p> <p>Standard 1.2 The privacy and dignity of each child are respected.</p> <p>Standard 1.3 Each child exercises choice and experiences effective care as part of a programme of special care.</p> <p>Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs.</p> <p>Standard 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.</p> <p>Standard 1.7 Each child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.</p>

Line of inquiry	Is each child's right to live in the least restrictive environment respected and actively promoted, in so far as is practicable, by the person in charge and staff?
	Does the person in charge ensure that children's choices and expressed needs and preferences are not subject to unnecessary restrictions?
	Does the registered provider ensure that where restrictive practices are in place, adequate arrangements are in place to ensure these do not infringe on children's rights to maintain personal relationships in line with their assessed needs/care plan?
	Are any restrictions to children's access to information proportionate to risks and are these restrictions regularly reviewed to assess their continued necessity?
	If restrictive practices are unavoidable, does the person in charge ensure they are used in a manner that protects children's privacy and dignity? For example in relation to their personal living space?
	Where restrictive practices are unavoidable, are children involved in the decision-making process?
	Has the registered provider ensured that each child, in accordance with their wishes, can participate in and contributes to decisions about their care and support, can exercise appropriate choice and control in their daily life, can exercise their civil and legal rights and have access to advocacy services and information about their rights?
	Are there effective systems in place which ensure that children's experience of restrictive practices is sought and clearly recorded? Where children's views or opinions on a restrictive practice indicates disagreement and or differs from that of the staff team, are there adequate arrangements in place for meaningful consideration of children's views?
	Has the registered provider ensured that each child has, in so far as is reasonably practicable, opportunities to participate in activities in accordance with their interests and developmental needs and opportunities to develop life skills in preparation for adulthood?

	Has the child been informed of the reason they have experienced a restrictive practice and are they supported to understand and recover?
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Dimensions: quality and safety	
Theme: Effective service	
Standard	<p>Standard 2.1 Each child is placed in special care, in accordance with his or her identified needs and subject to the relevant legal authority.</p> <p>Standard 2.2 Each child has a programme of special care which details their needs and outlines the supports required to maximise their personal development.</p> <p>Standard 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.</p>
Line of inquiry	<p>Has the person in charge consulted with each child's allocated social worker in relation to the child's needs and the restrictive practices that need to be used to keep the child safe while they are in special care?</p> <p>Has the person in charge ensured that a programme of special care for each child includes, but is not limited to, details of all necessary restrictive practices in accordance with the child's placement support and behaviour support plan?</p> <p>When a child's placement plan identifies the potential need for restrictive practices, is adequate consideration given to a child's individual history, circumstances and potential impact of restrictive practices?</p> <p>Have all restrictive practices been identified and appropriately assessed?</p> <p>Is the placement support plan and behaviour support plan sufficiently detailed to guide consistent, effective and safe implementation of the restrictive practice?</p> <p>Has the person in charge ensured that restrictive practices are not coercive and are not implemented for the purpose of forcing compliance?</p>

	<p>Are placement support plans and behavior support plans regularly reviewed with a view to reducing or eliminating the use of restrictive practices?</p> <hr/> <p>Does the person in charge ensure that assessments outline and consider the following:</p> <ul style="list-style-type: none"> ▪ The specific circumstances where the restraint/restrictive practice is being considered? ▪ The identified risk is not being caused by a failure to meet the child's basic needs and or fundamental rights. For example, their access to meaningful activities, contact with family or social engagement? ▪ The rights and dignity of the child are taken into account? ▪ Alternative, less-restrictive measures are considered which would address the risk? ▪ The psychological and physiological risks in using the restrictive practice? ▪ The proposed restrictive practice is proportionate to the identified risk? ▪ There is evidence to support the efficacy of the restrictive practice in addressing the identified risk to the child? ▪ The child, social worker, staff and or advocates where appropriate, are involved in the decision-making process? ▪ The proposed restrictive practice is the least restrictive option for the shortest possible duration? <hr/> <p>Has the registered provider ensured that the programme of care is therapeutic and trauma informed?</p> <hr/> <p>Has the registered provider ensured that:</p> <ul style="list-style-type: none"> ▪ the person in charge has appropriate procedures in place to ensure that a child and their family is aware of the care practices and operational policies of the special care unit - specifically the practice policies in relation to positive behavioural support and the use of restrictive practices? ▪ Information provided is accessible and age appropriate? ▪ There is multi-disciplinary input into assessments to ensure restrictive practices are used in accordance with national policies and best practice?
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	Does the accommodation provided allow for each child to have their own space for privacy that is not unduly impacted by restrictive practices?
	Does the person in charge ensure that any restriction on access to water or power in a child's room is based on a comprehensive risk assessment and implemented in line with best practice principles in the implementation of restrictive practices?
	Does the accommodation provided allow for restrictive practices including physical restraints, to be carried out safely?
	Is there is a policy in place on the use of closed circuit television (CCTV) that is informed by relevant legislation?
	Has the provider ensured that where CCTV systems are used, they do not intrude on children's privacy?
	Has the person in charge ensured that children understand the purpose of CCTV?

Dimensions: quality and safety	
Theme: Safe service	
Standard	<p>Standard 3.1 Each child is safeguarded from abuse and neglect and their protection and welfare is promoted.</p> <p>Standard 3.2 Each child experiences care that supports positive behaviour and emotional wellbeing.</p> <p>Standard 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.</p> <p>Standard 3.4 Incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.</p>
Line of inquiry	Has the registered provider protected all children placed in the special care unit from all forms of harm and abuse when restrictive practices are used, and ha the provider reported any concerns arising in line with Children First Act 2015?

	Does the person in charge have adequate arrangements in place to protect children from harm when using restrictive practices?
	Does the registered provider ensure that all children are safeguarded from restrictive practices that unduly infringe on their rights or are implemented for reasons other than their safety and welfare?
	Has the registered provider a range of proactive strategies, designed to improve the child's life so that they have access to the type of support that they need? Are proactive strategies in place including environmental changes and teaching new skills or behaviours?
	Is the person in charge assured that all restrictive practices in the centre have been identified and are being managed appropriately, including those that limit a child's choices or preferences, referred to as 'rights restraints'?
	If restrictive practices are assessed as necessary for one child, does the person in charge ensure that this does not impact on the experience of others?
	Do the arrangements that the registered provider has in place to protect children from harm, promote the least restrictive environment in which physical restraints are used only when absolutely necessary as a last resort and in accordance with national policy?
	Has the provider ensured that where restrictive practices are used, they are the least restrictive measure and are applied for the shortest time necessary or until the risk is over?
	Has the registered provider ensured that personal searches including strip searches are conducted only based on risks? Are there clear procedures in place for deciding and recording the rationale for personal searches on children on every occasion they are subject to this practice?
	Does the procedure in place take into account the need for staff to be sensitive to children's individual history and circumstances, including relevant trauma, gender and cultural sensitivities when carrying out any personal searches?
	Are there clear mechanisms, including training and management oversight, which ensure that the impact on children of personal searches are fully recognised?

	Do staff demonstrate an awareness of the potential significant impact of strip searches on children, including the potential impact on developing trusting relationships with staff?
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Dimensions: quality and safety	
Theme: Health and development	
Standard	<p>Standard 4.1 The health and development of each child is promoted.</p> <p>Standard 4.2 Each child receives an assessment and is given appropriate support to meet any identified need.</p> <p>Standard 4.3 Educational opportunities are provided to each child to maximise their individual strengths and abilities.</p>
Line of inquiry	<p>Has each child undergone a full assessment of need which informs the use of any restrictive practices for that child?</p> <p>Are there effective systems in place for evaluating the impact of use of restrictive practices on the mental health and physical wellbeing of each child?</p> <p>Are there mechanisms in place which ensure an effective response to any negative impact of a restriction or physical intervention on a child, to minimise poor outcomes and or trauma for the child?</p> <p>Does each child have access to any specialist supports they require, to support their care and reduce the need for restrictions?</p> <p>Is there adequate clinical input into decisions on the use of single separation and physical restraint on children?</p> <p>Are there effective mechanisms in place which ensure that a child is monitored, and/or clinically evaluated during restrictive practices – including a period of single separation and/or a physical restraint?</p> <p>Has the registered provider ensured the physical safety of children who are subject to persistent and frequent use of restraints, whether they be physical, chemical or environmental?</p>

	Has the registered provider ensured that all staff understand the inappropriateness of use of mechanical restraints for any purpose within the special care unit?
	Has the registered provider ensured that both staff and children understand the use of chemical restraint including the use of 'as required or Pro Re Nata' (PRN) sedative medication?
	Are there effective systems in place which ensure any negative impact of PRN sedative medication is recognised, recorded and reviewed? For example, impact on school attendance and or a child's capacity to engage in their placement.
	Has the registered provider ensured that restrictive practices have a minimal negative impact on the child's education?



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