



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Policies & Procedures

for Children's Residential Centres

HSE Dublin North East

Policies and Procedures
for
Children's Residential Centres

HSE Dublin North East

Table of Contents

Section 1 - Staff Code of Practice

Staff Code of Practice	1.1
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Section 2 - Individual Care of Young People

Policy on Care Planning	2.1
Policy on Placement Planning	2.2
Policy on Admissions	2.3
Policy on Keyworking	2.4
Policy on Children's Rights	2.5
Policy on Consultation with Young People	2.6
Policy on Access to Information	2.7
Policy on Contact with Family	2.8
Policy on Contact with Friends	2.9
Policy on Electronic Communication and Young People	2.10
Policy on Young Person Attending Education	2.11
Policy on a Young Person who has a Difficulty in Attending Education	2.12
Policy on Young People who Refuse to Attend Education	2.13
Policy on Recognising Diversity	2.14

Section 3 - Management of Behaviour

Policy on Behaviour Management	3.1
Policy on Sanctions	3.2
Policy on the Management of Challenging Behaviour	3.3

Section 4 - Child Protection

Policy on Safe Practice and Working Alone	4.1
Policy on Complaints and Grievances	4.2
Policy on Bullying and Harassment	4.3
Policy on Receiving Disclosures of Abuse from Young People in the Care of the Centre	4.4
Policy on Allegations of Abuse against SCW concerning Young People in the Care of the Centre	
Policy on Young People in the Care of the Centre making Allegations of Abuse against other Young People in the Care of the Centre	

Section 5 - Health and Wellbeing

Policy on Emotional and Specialist Support	5.1
Policy on General Physical Health	5.2
Policy on Sexual Health	5.3
Policy on Drugs and Alcohol	5.4
Policy on Pregnancy	5.5

Policy on Medical Attention	5.6
-----------------------------	-----

Section 6 - Significant Events

Policy on Risk Assessment	6.1
Policy on Significant Events	6.2
Policy on Unauthorised Absences	6.3
Policy on Returns from Unauthorised Absences	6.4
HSE National Guidelines for Engaging An Garda Síochána to Deal with Incidents involving Children/Young People in HSE Residential Care Centres	6.5
Policy for the Death of a Young Person in Care	6.6

Section 7 - Leaving Care

Policy on Planning for Leaving Care	7.1
Policy on Discharges from the Centre	7.2
Policy on Planned Discharges from the Centre	7.3
Policy on Unplanned Discharges from the Centre	7.4
Policy on Discharges from the Crisis Intervention Services	7.5
Policy on Planned Discharges from the Crisis Intervention Services	7.6
Policy on Emergency Discharges from the Crisis Intervention Services	7.7
Policy on Immediate Discharges from the Crisis Intervention Services	7.8
Policy on Self Discharges from the Crisis Intervention Services	7.9

Section 8 - Staff Recruitment, Training and Support

Policy on Temporary Staff Recruitment	8.1
Policy on Staff Induction	8.2
Policy on Staff Training	8.3
Policy on Staff Supervision	8.4
Policy on Agency Staff	8.5
Policy on Students	8.6
Guidelines for On Call	8.7

Section 9 - Report Writing, Record Keeping and Sharing of Information

Policy on Report Writing and Record Keeping	9.1
Policy on Handovers	9.2
Policy on Confidentiality	9.3

Section 10 - Household and Transport

Policy on Creating and Maintaining a Safe and Homely Environment	10.1
Policy on Transport	10.2
Policy on Petty Cash and the Purchase of Goods	10.3

Foreword

Prior to the Child Care Regulations 1995, which followed the Child Care Act 1991, there was a dearth of practice and procedural norms within residential care. To a large extent individual centres operated independently with considerable autonomy. However, since 1995 there has been a succession of significant developments including the Child Care (Standards in Children's Residential Centres) Regulations 1996, the Guide to Good Practice in Children's Residential Centres, the establishment of the Social Services Inspectorate (now HIQA), the National Standards for Children's Residential Centres and the introduction of monitoring.

All of these developments have meant that, in one decade, residential care has moved from a largely uncharted environment to one that is highly regulated. This has brought great benefits to children in care and their families; but it has also brought considerable change to the working environment of residential child care professionals. It is important that residential staff are supported to exercise their professional judgement, which is the cornerstone of good practice. Rather than usurping this judgement, the various regulatory measures should be seen as an aid to professional practice providing, as they do, a framework and a context in which such work is undertaken.

We are fortunate in Dublin North East, that residential staff have embraced these changes and contributed to the development of best practice. This document is the product of an enormous amount of work undertaken by staff and management who are dedicated to improving standards and providing more clarity about the expectations of those who work in residential childcare. This amalgamation of the North East and Dublin North policy documents is a move towards standardisation that may be the first real step towards standardised policies and procedures on a national basis. It is also significant that the professionals' document is supported by the young person's friendly document developed by the Irish Association of Young People In Care (IAYPIC).

This is an evolving process and more work will need to be undertaken on an ongoing basis. These existing policies will be reviewed after a period of implementation, and to accommodate changes in practice, legislation and regulation.

I must acknowledge the tremendous work done by the Working Group and Steering Committee and the leadership shown by Ian Craven and Keith Beattie from the Northern Area and Donal McCormack from the North East for their dedication without which this invaluable piece of work would not have been completed.



Pat Dunne
Local Health Manager
North Dublin

Introduction to the Standardised Policies and Procedures Manual

Background

This manual is the result of the review and amalgamation of the policies and procedures manuals for children's residential centres in the former North Eastern Health Board and the former Northern Area Health Board.

The policies and procedures in this manual are intended to ensure the efficiency and effectiveness of individual residential centres and the service sector as a whole.

This manual is intended for use by all staff members working in both statutory and non-statutory children's residential centres in the HSE Dublin North East region.

Purpose of residential care

The Action Plan for Residential Care developed by the former Northern Area Health Board in 2003 defines the purpose of residential care as being to:

'Provide a safe, nurturing environment for individual children and young people who cannot live at home or in an alternative family environment at that time. It aims to meet in a planned way, the physical, educational, emotional, spiritual & social needs of each child.'

Policy on the use of residential care

When the provision of alternative care is necessary, all efforts will be made to provide an alternative family environment as near to the child's original community as possible. Investment in maintaining continuity in relationships, unless this is not in the child's best interests, will be made. Priority will be given to working with families towards reunification, either total or partial, while alternative care is being provided, unless it can be demonstrated that this would not be in the child's best interests. Rather than seeing alternative care and family support services in an either/or relationship to one another, alternative care should be seen as part of a continuum of services. There are children who need

alternative care on a long-term basis. There are others who may need alternative care on a respite basis from time to time in addition to other forms of family support.

When residential care is used it must be seen as an appropriate response to the child's needs at that time. It should be time limited with the longer term goal identified from the outset. Children should live with their own families where possible and when they cannot be cared for in their own home, a placement within their region should be provided and supported, where possible.

Residential care should be confined to children over 12 years of age. It is considered that it is extremely difficult to cater for the developmental needs of younger children outside of a family setting. Recommendations and decisions to place children under 12 years of age in residential care must be considered in the context that such a placement can have an adverse impact on the success of a family placement in the future.

Acknowledgements and Thanks

Working Group

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- Fergus Breen, Acting SCM
- Noreen Carry, Deputy SCM
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Steering Committee

The members of the steering committee that oversaw the production of this manual were:

- Donal McCormack, Chairperson ACM
- Keith Beattie, Monitoring Officer
- Grainne Collins, Inspector/Monitor for Children in Care
- Ian Craven, SCM
- Lorna Kavanagh, ACM
- Sinead Treacy, SCM
- Henrietta White, Deputy ACM

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Glossary of Abbreviations

ACM	Alternative Care Manager/Regional Manager
AMF	Administration of Medication Form
CAAB	Childrens Acts Advisory Board
Centre	Unit, Home etc.
CIS	Crisis Intervention Service
CTDU	Childcare Training and Development Unit
GCB	General Communication Book
GP	General Practitioner
HB	Handover Book
HIQA/SSI	Health Information and Quality Authority, Social Services Inspectorate
HR	Human Resources
HSE	Health Service Executive
IAYPIC	Irish Association of Young People in Care
ICMP/DICES	Individual Crisis Management Plan/Risk Management Plan
ISPCC	Irish Society for the Prevention of Cruelty to Children
LHO	Local Health Office
MOAT	Matrix of Organisational Assessment of Training
N/A	Not Applicable
NP	Nominated Person
Parent(s)	Parent(s) or Legal Guardian(s)
PCF	Professional Contact Form
PDP/PP	Placement Development Plan/Placement Plan
PMAV	Professional Management of Aggression and Violence
PSW	Principal Social Worker
RAF	Risk Assessment Form
SCW	Social Care Worker
SCM	Social Care Manager
SEF	Significant Events Form
SW	Social Worker
SWTL	Social Work Team Leader
SWCF	Social Work Contact Form
TCI	Therapeutic Crisis Intervention
YP	Young Person
YPDRB	Young Person's Daily Report Book/Log

Staff Code of Practice

Section 1

Date 1/2/2010

Staff Code of Practice

Policy No. 1.1
Edition No. 1

Staff Code of Practice

Professional practice

Staff employed or engaged by this centre should:

- Engage with each other in a respectful, courteous and co-operative manner.
- Engage with each other in an equitable, non-sexist and non-racist manner.
- Avoid the use of sexist, racist, or other vulgar or inappropriate language while on duty or in the proximity of the centre.
- Not engage in a disrespectful, bullying or intimidating manner towards other members of the staff team.
- Not discuss any aspect of the business of the centre in an inappropriate location.
- Report for duty at the centre at the correct time.
- Attend outside engagements on behalf of the centre at the correct time.
- Not come on duty under the influence of alcohol or other substances that may affect their ability to carry out their duties.
- Inform line management of any personal difficulties that may affect their ability to perform duties competently and safely.
- Adhere to the centre's policies and procedures at all times.
- Maintain clear and accurate records as required by the policies and procedures of the centre.
- Recognise and respect the roles and expertise of workers from other agencies and work in partnership with them in the best interest of young people.
- Undertake relevant training to maintain and improve knowledge, skills and work practices.
- Attend the centre's staff meetings unless otherwise agreed with the SCM.
- Leave personal mobile phones in the office when on duty unless otherwise agreed with the SCM.
- Not smoke anywhere inside the centre.
- Not smoke in any vehicle being used for the business of the centre.
- Not smoke in areas where tobacco smoke is likely to migrate through open windows, doors or vents and into the living space of the centre.
- Not smoke in the company of young people.
- Carry the centre's official photographic identification with them where available.
- Adopt a reflective approach to their work practice and discuss this with their colleagues and SCM if necessary.
- Address individual differences in a professional manner facilitated by the SCM if necessary.

Working with young people

Staff employed or engaged by this centre should:

- Regard themselves as positive role models in the lives of young people resident in the centre.
- Provide young people with opportunities to develop physically, socially, sexually, emotionally, morally, spiritually and cognitively.
- Communicate respect for diversity regarding each individual young person's ability, culture, gender, socio-economic status, sexual orientation and family composition.
- Treat young people and their families with the same degree of courtesy and respect extended to colleagues.

- Encourage each young person's family to participate actively in all aspects of that young person's care.
- Refrain from in any way degrading, endangering, frightening or harming young people.
- Not engage in sexual or otherwise inappropriate relationships with young people or members of their families.
- Intervene promptly in situations where the well-being of young people is compromised.
- Refrain from discussing intimate personal, social or family details in the company of young people.
- Refrain from discussing work-related difficulties in the company of young people.
- Not give young people, their parent(s) or extended family members, their personal contact details or the personal contact details of any other member of the staff team.
- Not allow any young person visit their home without the permission of the young person's SW and the SCM.



Individual Care of Young People

Section 2

Date 1/2/2010

Policy on Care Planning

Policy No. 2.1
Edition No. 1

Policy on Care Planning

Introduction

This centre recognises that the primary responsibility for convening a statutory care plan meeting and for writing statutory care plans lies with the young person's SW and SWTL. This policy offers guidance on the role and responsibility of the centre in this process.

The statutory care plan

The statutory care plan outlines the following:

- The care arrangements for the young person.
- The aims and objectives of the placement.
- The support to be provided by the HSE to the young person, the centre and to the young person's parent(s) where appropriate.
- The arrangements for contact between the young person and their parent(s), siblings, extended family or any other named person subject to any court order.
- The arrangements to review the plan within the regulatory timeframe.
- An assessment of the young person's educational, social, emotional and behavioural and health needs.
- How the placement will support and promote the welfare of the young person.
- Details of the action plan for meeting the aims and objectives of the placement; i.e. the action required; the name of the person responsible and the timeframe for completion of the agreed action.

Policy

This centre will:

- Require that each young person has an allocated SW upon admission and for the duration of their stay in the centre.
- Require that each young person has a statutory care plan upon admission.
- Require that a statutory care plan is in place within seven working days of an emergency or unplanned admission.
- Require that the young person's statutory care plan is reviewed within two months of an admission.
- Require that each young person's statutory care plan is reviewed and updated every six months for the first two years of the placement and at least once every year thereafter.
- Agree with the young person's SW the arrangements for conducting the reviews of the statutory care plan i.e. arrangements for convening the review meeting, issuing invitations, seeking reports for the meeting, chairing the meeting and recording and distributing the minutes of the meeting.
- Ensure that the views of young people, who do not wish to attend reviews, are accurately presented for discussion at the meeting.
- The centre will agree the arrangements with the young person's SW for forwarding written copies of the statutory care plan to the young person, the young person's parent(s) and the SCM.
- Develop a PDP/PP from the statutory care plan that outlines the actions that the centre will undertake in order to meet the aims and objectives of the statutory care plan.
- Consult with the young person's SW when a review is required or due for each young person's statutory care plan.

- Notify any ongoing concerns about the quality or frequency of care planning to the SW, the ACM and the line management of the young person's SW.
- Store the statutory care plan and records concerning reviews in a safe and secure manner that facilitates access by authorised personnel.

The young person's keyworker will prepare young people for review meetings by:

- Explaining the review process to them.
- Explaining what issues are likely to arise at the review meeting.
- Encouraging them to attend the review meeting.
- Consulting with them in the preparation of reports for review meetings.
- Assisting them to prepare a response to any issues that are likely to arise from the review meeting.
- Discussing any concerns they may have about any aspect of the review meeting.

Purpose

The purpose of this policy is to:

- Ensure that each young person's placement in the centre is supported by a comprehensive written statutory care plan.
- Establish a consistent and effective approach to care planning for each young person living in the centre.
- Ensure that the effectiveness of each young person's care plan is reviewed to reflect developments in the young person's life.
- Ensure that each young person's placement in the centre is supported by a comprehensive written PDP/PP.
- Ensure that all persons with a bona fide interest in the welfare of the young person have the opportunity to contribute to the planning process.
- Ensure that young people are involved in planning for their care.

- Prepare young people for their review meetings.
- Ensure as far as possible that young people's parent(s) are involved in the care planning process.
- Encourage the line management of the centre and of the young person's SW to respond to concerns about the quality or frequency of the care planning process.
- Provide written evidence that each young person has a statutory care plan.
- Make statutory care plans available for review, monitoring and inspection by authorised personnel.
- Fulfil the centre's statutory obligations as outlined in Standards 5.7 to 5.17 inclusive of the National Standards for Children's Residential Centres (2001).

Persons involved

The young person, the young person's keyworker(s), the young person's SW, the young person's family and the SCM. Other persons may include the SWTL, ACM and other people with a bona fide interest in the welfare of the young person.

Date 1/2/2010

Policy on Placement
Planning

Policy No. 2.2
Edition No. 1

Policy on Placement Planning

Definition

A Placement Development Plan/Placement Plan (PDP/PP) outlines the actions that the centre will undertake with the young person for the duration of the young person's placement in the centre. The plan is based on the needs identified and recorded in the young person's care plan.

Policy

This centre will:

- Develop a PDP/PP that outlines the actions that the centre will undertake with the young person for the duration of the young person's placement in the centre.
- Consult with the young person, the young person's SW, the young person's parent(s), the young person's family and all other persons with a bona fide interest in the development of a comprehensive PDP/PP for the young person.
- Ensure that a PDP/PP is developed for each young person as soon as is practicable following their admission to the centre.
- Ensure that the PDP/PP informs, and is informed by, the young person's daily routines and ICMP/DICES.
- Provide information to members of the centre's staff team on the development and implementation of a PDP/PP.
- Review and evaluate each young person's PDP/PP on a regular basis.
- Store each young person's PDP/PP in a safe and secure manner that facilitates access by authorised personnel.

Purpose

The purpose of this policy is to:

- Ensure that each young person's placement in the centre is supported by a comprehensive written PDP/PP.
- Establish a consistent approach to placement planning for each young person living in the centre.
- Ensure that each young person's PDP/PP is reviewed to reflect developments in the young person's life.
- Ensure that the guidelines and recommendations of the statutory care plan are reflected in the young person's PDP/PP.
- Ensure that all persons with a bona fide interest in the welfare of the young person have the opportunity to contribute to the placement planning process.
- Provide young people with the opportunity to be involved in the development of their PDP/PP.
- Provide written evidence that each young person has a PDP/PP that is reviewed on a regular basis.
- Make each young person's PDP/PP available for review, monitoring and inspection by authorised personnel.

Persons involved

The young person, the young person's keyworker(s), the young person's SW, the centre's staff team, the young person's family and the SCM. Other persons may include the SWTL, ACM and the other people with a bona fide interest in the welfare of the young person.

Date 1/2/2010

Policy on Admissions

Policy No. 2.3
Edition No. 1

Policy on Admissions

Definition

An admission refers to a young person entering the care of the centre. This policy refers to both planned and unplanned admissions.

Planned admissions

A planned admission is an admission that allows time for the full admissions process to be implemented. This centre is familiar with the procedures documenting the referral process to the Residential Child Care Resource panel.

Unplanned (emergency) admissions

An unplanned admission is an admission where the welfare of the young person is at risk and there is a requirement that they enter the care of the centre without delay. This centre is familiar with the procedures documenting the process for unplanned (emergency) residential placements.

Admissions and child protection

This centre is mindful of possible risks associated with a young person by being admitted into the care of the centre and also of possible risks presented to the young people already living in the centre by that young person's admission.

Therefore this centre will participate in a collective pre-admission risk assessment with the SW for each young person being admitted to the centre. This centre accepts that the responsibility for the content and accuracy of the details entered on the pre-admissions collective assessment form lies as far as is reasonably practicable with the manager of this centre.

The aim of this assessment is to establish any possible causes for concern using management strategies based upon information available at the time of referral.

The centre will then agree and implement a plan of action to respond to any cause for concern in a manner that considers the needs of both the young person being admitted and the other young people living in the centre.

This centre considers that the collective pre-placement risk assessment is an aid to planning for safe and successful admissions for all concerned.

This centre is familiar with the HSE national policy on the placement of children 12 years and under in the care or custody of the Health Service Executive.

Policy on planned admissions

This centre will agree an admissions process with the ACM, the young person's SW and all other persons with a bona fide interest in the welfare of the young person. This agreement should establish the following:

- A ten day induction period.
- The intended date of admission.
- Details of the number of visits and overnight stays the young person is required to undertake throughout the induction period.
- The date of the statutory care plan meeting and subsequent reviews.
- The agreed expected level of engagement by the young person in the admissions process.

This centre requires the young person's SW to provide the following information and documentation for the young person's file prior to the admission taking place:

- Admission into care form
- Copies of any court orders
- Statutory care plan
- Full birth certificate
- Recent photograph

- Social Work report
- Medical reports including records of immunisation
- Educational report
- Signed consent forms
- Reports from any relevant person with a bona fide interest in the welfare of the young person
- Any previous PDP/PP and ICMP/DICES if available
- Statutory care plan review reports if available

This centre will agree with the young person's SW the limits of confidentiality for each report and the mechanism by which the young person and other relevant persons may access information contained in these reports.

During the admissions process this centre will:

- Appoint a keyworker who will carry out the duties outlined in the centre's keyworker's procedure for admissions for the young person.
- Provide the young person and their family with written information regarding structure and routines of the centre.
- Provide the young person and their family with contact details for the centre manager and the young person's keyworker.
- Introduce the young person to other residents and members of the centre's staff team.
- Introduce the young person to the local area and local amenities.
- Explain the range and function of the centre's child protection policies and procedures to the young person.
- Explain the range and function of the centre's child protection policies and procedures to the young person's family where possible.
- Explain the centre's behavioural management policies and procedures.
- Provide the young person with information on their rights and responsibilities.
- Provide the young person's family with information on their rights and responsibilities where possible.

- Explain other relevant policies and procedures to the young person.
- Explain other relevant policies and procedures to the young person's family where possible.
- Maintain contact with the ACM, the young person's SW and other persons with a bona fide interest in the welfare of the young person to keep them informed of the young person's progress throughout the admissions process.
- Notify the ACM of the young person's details for the ACM duplicate copy of the register of young people living in the centre.
- Enter the required details in the centre's register of young people living in the centre.

Following completion of the admissions process this centre will:

- Make arrangements for the young person to move into the centre as per care plan.
- or**
- Extend the admissions process if it is deemed necessary.
- or**
- Agree with all persons involved in the admissions process that the young person's admission to the centre will not proceed at this time.

Policy on unplanned (emergency) admissions

This centre will facilitate unplanned admissions to the centre following:

- Consultation with the ACM, members of the centre's staff team and the young person's SW.
- A collective pre-placement risk assessment with the young person's SW.
- Agreement and implementation of a plan of action to address any concerns identified during the pre-admission risk assessment process.
- Agreement with the young person's SW that a statutory care plan meeting will take place within five working days of the admission.
- Agreement with the young person's SW that all information and documentation required by the centre as outlined in the policy on planned admissions will be received by the centre within five working days.

Following agreement that an unplanned admission will take place this centre will carry out all tasks outlined in the policy on planned admissions.

Purpose of policy on unplanned (emergency) admissions

The purpose of this policy is to:

- Allow young people to enter the service in an unplanned manner that considers the welfare of that young person and the other young people resident in the centre.
- Prepare the young person, the other young people resident in the centre and members of the centre's staff team in so far as possible for the unplanned admission.
- Fulfil the centre's statutory obligations under Standards 5.1 to 5.6 of the National Standards for Childrens Residential Centre's (2001).

Persons involved

All persons involved in the admissions process; including specifically the young person, the young person's family, the young person's keyworker, SW, SCM and SCW. Other relevant parties may include SWTL, ACM, psychologist and Guardian ad Litem and any alternative care agency that the young person may be moving from.

SCM Procedure for Admissions to the Centre

Step	Action	Records to complete	Persons to consult
1.	Meet and inform the staff team about the referral	Minutes of staff meeting	Staff team
2.	Complete a pre-admission risk assessment form in consultation with the SW	Pre-admission risk assessment form	ACM SCM Staff team SW
3.	<p>Agree the timeframe for receipt of the following information and documentation required for the young person's file:</p> <ul style="list-style-type: none"> ● Admission into care form. ● Copies of any court orders ● Statutory care plan ● Full birth certificate ● Recent photograph ● Social work report ● Medical reports including records of immunisation ● Educational report ● Signed consent forms ● Reports from any relevant person with a bona fide interest in the welfare of the young person ● Any previous PDP/PP and ICMP/DICES if available ● Statutory care plan review reports if available 	SW contact form HB	ACM SW
4.	<ul style="list-style-type: none"> ● Appoint a keyworker for the young person ● Confirm that the keyworker is familiar with the keyworkers' procedure for admissions to the centre 	Young person's information record	YP Keyworker(s) Staff team
5.	<ul style="list-style-type: none"> ● Establish a confidential section in the young person's file ● Agree with relevant agencies any reports that should be specified as confidential ● Establish a mechanism by which the young person may access the information held in the confidential section ● Determine what other parties may have access to this information 	Minutes of staff meeting SW contact form Professional contact form	Staff team Any agency that provides reports or information to the centre

Step	Action	Records to complete	Persons to consult
6.	<p>Unless otherwise agreed with SW, contact the young person's parent(s) and extended family and confirm the following:</p> <ul style="list-style-type: none"> ● Details regarding the structure and routines of the centre ● Contact details for SCM ● Contact details for the young person's key worker(s) ● Dates for visiting the centre. 	Family contact form	YP Keyworker(s) Parent(s) Extended family SW
7.	<ul style="list-style-type: none"> ● Agree an induction period with the young person's SW that does not exceed ten days ● Arrange a series of day visits and overnight stays for the young person to coincide as far as possible with the keyworker(s) roster 	HB	YP Keyworker(s) Parent(s) Extended family SW
8.	Confirm date for statutory care plan meeting	HB	YP Keyworker(s) SW
9.	<p>Enter the following details of the young person in the register of young people living in the centre:</p> <ul style="list-style-type: none"> ● Name, gender and date of birth ● Names and full address of the parent(s) ● Name and full address of the centre ● Date of placement in the centre 	Register of young people living in the centre	ACM
10.	Ensure that the keyworker's procedure for admissions is carried out	As per keyworker's procedure for admissions	As per keyworker's procedure for admissions

Keyworkers' Procedure for Admissions to the Centre

Step	Action	Records to complete	Persons to consult
1.	<ul style="list-style-type: none"> ● Set up a full filing system for the young person ● Begin a new YPDRB for the young person ● Complete the young person's information record in the YPDRB ● Update or create an ICMP/DICES for the young person 	YPDRB Young person's information record ICMP/DICES	SCM Staff team Any relevant persons with a bona fide interest in the welfare of the young person
2.	<ul style="list-style-type: none"> ● Introduce the young person to the other residents and SCW in the centre 	YPDRB	YP Other residents
3.	<ul style="list-style-type: none"> ● Introduce the young person to the local area and amenities 	YPDRB	YP
4.	Explain the following to the young person: <ul style="list-style-type: none"> ● The structure and routine of the centre ● Their rights and responsibilities ● The policy and the procedure for complaints ● The policy on access to information ● The policies and procedures on child protection ● The policies and procedures on behaviour management including the policy on sanctions ● All other relevant policies and procedures ● The 'Young Person's Guide' to the centre 	YPDRB	YP
5.	<ul style="list-style-type: none"> ● Inform the young person of the fire safety procedure and carry out a fire drill 	Fire safety log book	YP Other residents Relevant safety officer
6.	<ul style="list-style-type: none"> ● Ask the young person to identify if there are any particular personal items that they would like entered into an inventory of belongings 	Inventory of belongings	YP

Contingencies for Admissions to the Centre

"What if...."	Recommended action	Records to complete	Persons to consult
1. The young person is admitted on an emergency basis?	Carry out responsibilities of procedure for admissions as soon as possible	As per procedure for admissions	As per procedure for admissions
2. The young person refuses to engage with the admissions process?	<ul style="list-style-type: none"> ● Inform ACM. ● Follow instructions given by ACM. 	As per ACM's instructions	As per ACM's instructions
3. The centre does not receive all information and documentation required for the young person's file within the agreed timeframe?	<ul style="list-style-type: none"> ● Place request for this information in writing to SW. ● Agree a new timeframe for receiving the information and documentation. 	Social work contact form	SW
4. The centre does not receive all information and documentation required for the young person's file within the newly agreed timeframe?	<ul style="list-style-type: none"> ● Outline concerns about non-receipt of information in writing to SW and SWTL. ● Inform ACM. ● Follow instructions given by ACM. 	<p>Letter to SW, SWTL and ACM</p> <p>As per ACM's instructions</p>	<p>SW</p> <p>ACM As per ACM's instructions</p>

Date 1/2/2010

Policy on Keyworking

Policy No. 2.4
Edition No. 1

Policy on Keyworking

Definition

Keyworking is the provision of individualised care for each young person through a named member of the centre's staff team. While a keyworker is not solely responsible for the care of the young person it is their responsibility to co-ordinate and ensure that the team focus is on progressing the young person's care plan and the young person's life in the centre.

A keyworker is appointed based on their suitability to engage with the young person. A keyworker is a monitor of a young person's progress which is informed by their overall PDP/PP.

Policy

This centre will:

- Nominate a member of the centre's staff team to act as keyworker or advocate for each young person prior to their admission to the centre.
 - Delegate the duties of the keyworker to another member of the centre's staff team in the unexpected absence of the keyworker or advocate.
 - Appoint co-keyworkers and subsequent keyworkers in consultation with the young person.
 - Ensure that the duties outlined in the keyworker's procedure for admissions are carried out.
 - Monitor and review the quality of the relationship between young people and their keyworkers in consultation with all parties involved at intervals not exceeding two months.
 - Consider the views and opinions of young people in the selection of their keyworkers.
 - Instigate any changes that are necessary to promote positive relationships between young people and their keyworkers.
 - Recognise that the keyworking relationship is not an exclusive one and the keyworker is not the sole arbitrator in decisions concerning the young person's care.
- Provide support to the keyworker by allocating an experienced member of the centre's staff team to provide specific keyworking supervision.
 - Provide clear guidance to the centre's staff team on the roles, responsibilities and aims of keyworking.
 - Produce a care plan review report in consultation with team and SCM.

The role of the keyworker(s) includes the following:

- To carry out the duties outlined in the keyworker's procedure for admissions.
- To prepare reports for and attend the young person's planning and case reviews.
- To be involved in the further development and implementation of the young person's statutory care plan and PDP/PP.
- To participate in planned and agreed keyworking sessions with the young person on a regular basis.
- To create and maintain a system of noting memorable events in the young person's life in the centre e.g. life story books, photo albums, scrapbooks etc.
- To develop creative approaches for working with young people who may be resistant to the keyworking process.
- To engage with young people in a manner that is age appropriate and consistent with their level of understanding.
- To agree realistic goals in consultation with the young person and assist the young person in achieving these goals.
- To assess the individual needs of the young person in consultation with them.
- To plan and co-ordinate any action required as the result of the young person's needs being identified.
- To implement (with the support of the centre's staff team) any specific programmes required as the result of the young person's needs being identified.

- To assist in accessing any necessary funds or resources on behalf of the young person.
- To advocate and mediate on behalf of the young person and their family and with all other persons and agencies with a bona fide interest in the young person's life both inside and outside the centre.
- To give appropriate guidance to the young person on subjects such as smoking, drugs and alcohol, diet and exercise, physical and sexual development, sexual health and sexually transmitted infections in a manner that considers the age, stage of development and level of understanding of the young person.
- To complete a keyworker's report form following each or any keyworking session.
- To complete a keyworker's weekly report form and fax the completed form to the young person's SW.
- To bring the completed keyworker's weekly report form to the centre's weekly team meeting for discussion and review.
- To ensure that the young person's files are up to-date and stored accurately and in a safe and secure manner that facilitates access by authorised persons.
- To support the transition of the young person leaving the centre.
- Adhere to the centre's policy on safe practice during all interactions with young people.

The aims of the keyworking relationship are:

- To build and maintain a trusting relationship between the young person and their keyworker.
- To assist the young person in understanding the reason for and purpose of their placement and to know what to expect in the future.
- To provide the young person with positive adult role models.
- To assist the young person in the development of normal social learning by engaging in the keyworking relationship.

Purpose

The purpose of this policy is to:

- Support the provision of individualised care through the appointment of a named person(s) with responsibility and accountability for co-ordinating the delivery of such care to the young person.
- Provide consistency and continuity of care.
- Encourage the participation of all young people in the keyworking process.
- Promote effective communication between individuals and agencies working on behalf of the young person.
- Assist in the development and maintenance of a positive relationship between the young person and their keyworker.
- Provide written evidence that keyworking is taking place.
- Keep the young person's family fully apprised of developments in the young person's life.
- Keep the centre's staff team fully apprised of developments in the young person's life.
- Keep the young person's SW fully apprised of developments in the young person's life.
- Assist in the formulation of a PDP/PP that accurately reflects the needs of the young person.
- Assist in preparing the young person for life outside the centre.
- Fulfil the centre's statutory obligations under Standards 5.27, 5.34, 5.4, 6.2 and 9.9 of the National Standards for Children's Residential Centres (2001).

Persons Involved

The young person, keyworker(s), SCM and young person's SW

Relevant Procedures

SCM procedure for admissions
Keyworker's procedure for admissions

Date 1/2/2010

Policy on Children's Rights

Policy No. 2.5
Edition No. 1

Policy on Children's Rights

Introduction

Children are born with the basic freedoms and the same rights as all human beings regardless of their age or legal status. The welfare of the young person is considered paramount. Examples of services that promote children's rights are Irish Association of Young People in Care (IAYPIC), Ombudsman for Children, Irish Society for the Protection of Cruelty to Children (ISPCC) and Barnardos.

This centre will make all young people aware of their rights and their responsibilities in respect of those rights and empower them to take more responsibility over decisions that affect their lives.

Summary of the UN Convention of the Rights of the Child

All children have:

- The right to life
- The right to a name and a nationality
- The right to have their best interest considered by people making decisions about them
- The right to be with their parents or those who will care for them best
- The right to have a say about things that affect them and for adults to listen and take their opinions seriously
- The right to have ideas and say what they think
- The right to practice their religion
- The right to meet with other children
- The right to get information they need
- The right to special care, education and training, if needed
- The right to health care
- The right to enough food and clean water

- The right to free education
- The right to play and rest
- The right to speak their own language
- The right to learn about and enjoy their own culture
- The right not to be used as cheap workers
- The right not to be hurt or neglected
- The right not to be used as soldiers in war
- The right to be protected from danger
- The right to know about their rights and responsibilities.

Policy

This centre will:

- Ensure that young people are informed of their rights and responsibilities on admission to the centre and are assisted to understand them.
- Ensure that young people are informed of the centre's child protection policies and are assisted to understand them.
- Ensure that all members of the centre's staff team are made available for training and updates on any relevant legislation, which underpin children's rights.
- Provide the young person with a copy of the IAYPIC booklet 'Your Guide to Living in Residential Care' detailing their rights and responsibilities and this centre's child protection policy.
- Ensure that young people have a PDP/PP that encompasses their educational, health, social and psychological developmental needs.
- Ensure that young people are afforded the opportunity to express their views in relation to all aspects of their care. This includes attendance at their reviews, children's meetings, choice of menu and shopping. This is not an exhaustive list.
- Facilitate young people and their families in having access to a complaints system that is fair and equitable.
- Support young people in accessing information related to their care in accordance with the

centre's policy on access to information.

- Provide young people with information on how to contact the IAYPIC Children's Rights and Participation Officers.
- Provide young people with information on how to contact the Ombudsman for Children.
- Engage with other relevant professionals to promote the rights and responsibilities of the young person.

Purpose

The purpose of this policy is to:

- Ensure that the welfare of the child is given all due consideration.
- Protect the young person from all forms of abuse.
- Ensure the centre provides the young person with information relating to their rights and responsibilities on admission to the centre.
- Ensure that a child centred approach is maintained by actively involving the young person in any decisions relating to their care.
- Ensure that the young person is given the opportunity to speak freely and consideration is given to their views.
- Encourage and maintain inter agency communication in the best interest of the young person.
- Respect the young person's individuality and uniqueness.
- Ensure that the young person's parents are informed of, involved and consulted with in relation to their child's care plan and daily living, as far as is practicable.
- Support the young person in an 'advocacy' role if required, and ensure that the young person is aware of the services available to them outside of the centre.

Persons Involved

The young person, parent(s), keyworker, SCW, SCM and SW. And other person's which may include external specialist services.

Date 1/2/2010

Policy on Consultation
with Young PeoplePolicy No. 2.6
Edition No. 1

Policy on Consultation with Young People

Definition

Consultation is defined as the process whereby the centre's staff actively listens to and takes into consideration the views of any young person in the care of the centre in relation to matters concerning their care and protection. Consultation should not be regarded as merely informing young people of decisions after they have been made. Consultation involves a genuine engagement of young people throughout the decision making process.

Consultation and child protection

This centre considers consultation with young people as a fundamental element in the creation and maintenance of a safe living and working environment. This centre believes that genuine consultation, as part of the daily routine of the centre, will encourage young people to speak openly about any concern they may have.

Policy

This centre will actively seek the views and opinions of young people resident in the centre by:

- Providing every opportunity to encourage open conversation/consultation as part of daily living with young people in the centre.
- Consulting with each young person in a manner comparable to his/her age and level of understanding.
- Appointing a keyworker(s) for each young person whose role includes seeking the young people's views and opinions and advocating for them at meetings concerning their care and protection.
- Regularly reviewing the keyworking relationship taking into account the wishes of the young person.
- Facilitating young people's meetings.

Young people's meetings should:

- Take place at a frequency agreed with the young people themselves.
- Provide the space, time and opportunity for young people to have their say on all matters concerning the running of the centre.
- Follow an agenda agreed by young people.
- Be chaired and minuted by young people where the young people themselves agree or offer to do so.
- Be attended by SCW on duty.

Young people's meetings should not:

- Be deferred or cancelled as a means of sanctioning young people.
- Be dominated by staff issues.
- Be used only to discuss matters of discipline or to reiterate house rules.

This centre will:

- Be governed by policies and procedures that have been developed in consultation with young people.
- Use recording systems that have been developed in consultation with young people.
- Provide space in the centre's recording systems for young people's comments to be recorded.
- Provide a booklet for young people that gives detailed information about what life in the centre involves and what young people living in the centre are entitled to expect.
- Inform young people of groups and organisations that have been established to promote their rights and concerns and facilitate access to such groups.
- Assist young people in preparing for all meetings concerning their daily life and future.
- Involve young people in the planning of in-house activities and special events.
- Involve young people in the planning of the centre's annual holidays.

- Involve young people in planning meals and shopping for weekly groceries.
- Assist young people with individualising and personalising their living space.

Purpose

The purpose of this policy is to:

- Develop young people's ability to engage and negotiate positively with others.
- Promote young people's sense of their individual worth.
- Acknowledge that each young person has unique claims, feelings and opinions.
- Support and uphold the right of young people to be involved in making decisions that affect their daily lives and future.
- Allow young people to determine the format and frequency of young people's meetings in the centre.
- Learn from the experiences of young people in care in order to improve the quality of the service delivered to them.
- Provide opportunities for young people to exercise their rights and responsibilities through involvement in the decision-making process.
- Provide written evidence that consultation takes place with young people and the centre and to make these records available for review, monitoring and inspection by authorised personnel.
- Fulfil the centre's statutory obligations as outlined in Standards 4.1 and 4.2 of National Standards for Children's Residential Centres (2001).

Persons involved

All persons involved in consultation with young people; including specifically the keyworker(s), SCW and SW. Other relevant parties may include SCM, SWTL, ACM, monitor, Guardian ad Litem and other groups and organisations that have been established to promote their rights and concerns e.g. IAYPIC, ISPCC, Ombudsman for Children, etc.

Date 1/2/2010

Policy on Access
to Information

Policy No. 2.7
Edition No. 1

Policy on Access to Information

Definition

Information refers to personal details concerning a young person and their family that would ordinarily be known only to the young person or their family or friends. This information is kept on record by the centre on the understanding that it will be treated as confidential.

Personal details may include information relating to:

- Social, medical, educational, psychiatric or psychological information.
- Criminal history.
- Religion, age, sexual orientation or marital status.
- Employment and employment history.
- Views or opinions of another person about the young person or their family.

Records upon which information may be stored include:

- Paper records-books, files, letters, loose papers, diaries, post-it notes, faxes and computer printouts.
- Electronic records-floppy discs, CD-ROM or computer hard drives, USB.
- Audio-visual records-films, tapes, videos, CDs, DVDs, photographs, X-rays or microfilm.

Policy

This centre will:

- Formally advise young people and their parent(s)/guardian(s) of their right to access their personal information upon the young person's admission to the centre.
- Provide young people with open access to records and reports that are written about them by the centre's staff team.

- Create a confidential section in the young person's file to hold those reports that young people cannot access without permission by the author of the report.
- Actively seek consent from the authors of third party reports to sanction and facilitate access to such reports by young people.
- Withhold access to information where such access may cause harm to a young person.
- Provide the young person with an explanation as to why particular information has been withheld.
- Agree an appropriate time with young people for reading their records and reports.
- Ensure that young people are accompanied by their keyworker or a member of the centre's staff team during access to their records or reports.
- Allocate time during keyworking sessions to discuss the contents of records and reports.
- Inform young people of their right to appeal the veracity of any information about them that is held on record by the centre.
- Correct or amend any information held on record by the centre about a young person that is proven to be inaccurate or misleading.
- Adhere to the centre's policy on confidentiality during all exchanges of information.
- Provide clear guidance to the centre's staff team on how to manage requests by young people for access to information.

Purpose

The purpose of this policy is to:

- Support and facilitate young people in accessing information the centre holds on record concerning them.
- Avoid the unnecessary disclosure of information concerning young people.
- Support the young person in obtaining information which is essential to their ability to understand why they are in care.
- Encourage and enable the young person to

participate meaningfully in decisions that affect their lives.

- Fulfil the centre's statutory obligations under Standards 4.11 of the National Standards for Children's Residential Centres (2001) and the Freedom of Information (1997 and 2003).

Note: *If confidential information must be taken from the centre for professional purposes, it must be kept safe and secure at all times. It may be made available only to relevant people and must be returned to the centre as soon as possible after use.*

Persons involved

All persons involved in the exchange of information concerning a young person including specifically the young person, SCW, SCM and SW. Other relevant parties may include ACM, monitor, young person's family, An Garda Síochána and Guardian ad Litem.

Date 1/2/2010

Policy on Contact
with Family

Policy No. 2.8
Edition No. 1

Policy on Contact with Family

Definition

Contact refers to the various means by which young people and their families may communicate e.g. visits, telephone calls, letters, etc.

In this policy 'parent(s)' refers to each young person's mother, father or legal guardian(s). In this policy 'family' refers to each young person's parent(s), siblings and members of their extended family.

There may also be key members of the young person's extended family that do not have legal guardianship of the young person but who, following agreement with the young person's SW may have a significant input into the planning and care of the young person.

Policy

This centre will:

- Encourage and facilitate full and open contact between each young person and their family in accordance with the statutory care plan.
- Provide assistance to young people who wish to make contact with their families or significant others through all available methods of communication.
- Respect the wishes of each young person concerning contact with their family.
- Observe any stipulations outlined in each young person's statutory care plan concerning contact with their family.
- Not facilitate contact between the young person and any family member the statutory care plan stipulates as inappropriate for contact.
- Help young people who cannot have contact with their family understand the reasons why this may be the case at this time.
- Supervise contact between the young person and their families in accordance with the statutory care plan.
- Respect each young person's right to have private contact with his or her family unless it is otherwise stated in the young person's statutory care plan.
- Carry out the duties outlined in the centre's procedure for family visits to the centre.
- Invite families to participate in aspects of the daily routine of the centre concerning the young person.
- Monitor each young person's response to family contact and keep their SW apprised of any developments.
- Assist each young person to re-establish contact with their parent(s) in the event of contact being lost for a period of time.
- Seek to identify key members of the young person's extended family to provide support to the young person in the event of it not being possible for them to have contact with their parent(s).
- Consult with the young person's SW following a request by a young person for a sleepover with a family member.
- Carry out a risk assessment where it is believed that the contact between the young person and a family member may present a risk to the welfare of either party.
- Promote sleepovers with family members as a positive means of maintaining and supporting the relationship between the young person and their family where it is safe to do so.
- Keep parents informed of developments in the young person's life.
- Provide a private telephone that is available to the young person for the purpose of facilitating contact with their family.
- Record details of family contact on the centre's family contact form.
- Store records concerning family contact in a safe and secure manner that facilitates access by authorised personnel.

Purpose

The purpose of this policy is to:

- Help each young person maintain continuing relations with their parent(s) and extended family.
- Enable members of the young person's extended family to have an input into the young person's care.
- Recognise that the young person's need for protection takes precedence over the family's need to have contact with them.
- Ensure that all family contact takes place within the guidelines stated in the young person's statutory care plan.
- Encourage families to have meaningful involvement in each young person's life where appropriate.
- Evaluate and respond to the impact family contact may have on the welfare of the young person.
- Provide written evidence that family contact has taken place.
- Make records concerning family contact available for review, monitoring and inspection by authorised personnel.
- Fulfil the centre's statutory obligations under Standards 5.18 to 5.21 (inclusive) and 5.23 of the National Standards for Children's Residential Centres (2001).

Persons involved

All young people, their families, SCW, SCM and SW. Other relevant persons may include SWTL and ACM.

Relevant Procedure

Procedure for family visits to the centre.

Procedure for Family Visits to the Centre

Step	Action	Records to complete	Persons to consult
1.	The young person, the family and SCW agree: <ul style="list-style-type: none"> ● Time of visit ● Duration of visit ● Transport arrangements for visit. 	HB	YP Family
2.	Facilitate and/or supervise visit at a level agreed in the statutory care plan.	Family contact book/log	YP Family

Contingencies for Family Visits to the Centre

"What if...."	Recommended action	Records to complete	Persons to consult
1. The young person is unable or unwilling to receive a visit from the family?	<ul style="list-style-type: none"> ● Explore the young person's reasons. ● Record the young person's reasons. ● Inform the family. ● Make new arrangements for a visit to take place. ● Inform SCM. ● Inform SW. 	Family contact form HB	Family SCM SW
2. The young person persistently refuses to receive visits from the family?	<ul style="list-style-type: none"> ● Explore the young person's reasons. ● Record the young person's reasons. ● Inform the family. ● Consult SCM. ● Consult SW. ● Consult ACM. 	Family contact form	Family SCM SW ACM
3. The family is unable or unwilling to attend a visit?	<ul style="list-style-type: none"> ● Explore the family's reasons. ● Record the family's reasons. ● Inform the young person. ● Make new arrangements for a visit to take place. ● Inform SCM. ● Inform SW. 	Family contact form HB	YP SCM SW
4. The family persistently refuse to attend visits?	<ul style="list-style-type: none"> ● Explore the family's reasons. ● Record the family's reasons. ● Inform the young person. ● Inform SCM. ● Inform SW. ● Inform ACM. 	Family contact form	YP SCM SW ACM Family
5. A member of the family arrives unannounced?	<ul style="list-style-type: none"> ● Allow visit to proceed. ● If necessary, carry out a risk assessment to respond to any concerns. 	Family contact form	YP SCM SW
6. A visitor alleging to be a member of the young person's extended family, but is unknown to SCW arrives to the centre unannounced?	<ul style="list-style-type: none"> ● Carry out a risk assessment to respond to any concerns. ● Inform the visitor of the practical benefits of prearranging visits. ● Take the visitor's details. 	RAF Family contact form	YP Visitor SCM
7. SCWs are concerned about the young person's safety or emotional well being during a visit?	<ul style="list-style-type: none"> ● Discontinue the visit immediately. ● Explain why the visit is being discontinued. ● Ask the visitor to leave the centre. ● Inform SCM. ● Inform SW. 	Family contact form SEF	YP Visitor SCM SW ACM
8. The visitor refuses to leave the centre?	<ul style="list-style-type: none"> ● Remove the young person to a safe place. ● Consult An Garda Síochána if necessary. ● Follow their directions. ● Inform SCM. ● Inform SW. 	Family contact form SEF	YP Visitor An Garda Síochána SCM Family SW ACM

Date 1/1/2010

Policy on Contact
with Friends

Policy No. 2.9
Edition No. 1

Policy on Contact with Friends

Definition

Contact refers to the various means by which young people and their friends may communicate e.g. visits, telephone calls, letters, etc.

Policy

This centre will:

- Encourage and facilitate full and open contact between each young person and their friends.
- Provide assistance to young people who wish to make contact with their friends through letter writing.
- Monitor and supervise young people's interactions with their friends in an age appropriate manner.
- Carry out the duties outlined in the centre's procedure for young person's friends visiting the centre.
- Encourage young people to invite their friends to visit the centre.
- Exchange contact details with the parent(s) of friends of young people living in the centre if appropriate.
- Interact with the young person's friends and their friend's parent(s) in an appropriate manner that reflects the young person's age, level of understanding and right to confidentiality.
- Promote the positive and welcoming atmosphere in the centre for visits by young people's friends and their friends' parent(s).
- Assist young people in managing any difficulties they experience with their friends or in forming friendships as a result of being in care.
- Encourage young people to involve their friends in activities organised by the centre.
- Remind young people that they have a certain

amount of responsibility for their visitors' behaviour in the centre.

- Carry out a risk assessment to respond to concerns that SCW may have about the relationship between a young person and any of their friends.
- Record details of contact with friends in the young person's daily report book/log.
- Store records concerning contact with friends in a safe and secure manner that facilitates access by authorised personnel.

This centre will manage contact between young people and their friends of the opposite sex in an appropriate manner that considers:

- The age and level of understanding of both parties
- The nature of the relationship
- The level of supervision required
- Any risks presented to the welfare of either party.

Policy on sleepovers

This centre will:

- Promote sleepovers with young people and their friends as a means of supporting their friendships and as an opportunity for young people to enjoy similar activities to their peers.
- Agree a plan with the young person's SW to consider requests by the young person to have sleepovers with their friends.
- Carry out a risk assessment to respond to any concerns about young people sharing a bedroom during a sleepover.

Purpose

The purpose of this policy is to:

- To help each young person maintain continuous and appropriate relations with their friends and peers.
- Promote contact with friends in a manner that considers the young person's age and level of understanding.

- Ensure that young people have the opportunity to enjoy similar experiences with their friends as that enjoyed by their peers.
- Minimise any negative impact being in care may have on each young person's capacity or willingness to form and maintain friendships.
- Evaluate and respond to the impact contact with friends may have on the welfare of the young person.
- Recognise that the young person's need for protection takes precedence over their need to have contact with friends who pose a risk to their welfare.
- Protect the young person's right to confidentiality when dealing with their friends and their friends' parent(s).
- Create an environment that challenges any negative perceptions that young people's friends or their friends' parent(s) may have about children's residential centres.
- Provide written evidence that contact with friends has taken place.
- Make records concerning contact with friends available for review, monitoring and inspection by authorised personnel.
- Fulfil the centre's statutory obligations under Standards 6.12 and 6.13 of the National Standards for Children's Residential Centres (2001).

Persons involved

All young people, their friends, their friends' parents, SCW, SCM and SW.

Relevant procedure

Procedure for a Young Person's Friend Visiting the Centre.

Procedure for Young Person's Friends visiting the Centre

Step	Action	Records to complete	Persons to consult
1.	All parties agree on the arrangements for the visit	HB	YP Friend
2.	<p>Carry out a risk assessment to consider the following:</p> <ul style="list-style-type: none"> • Whether consultation with the friend's parents is required • Any transport arrangements • Level of supervision required • The young person's ability to take a certain amount of responsibility for their friend's behaviour in the centre. 	RAF	As per outcome of risk assessment

Contingencies for Young Person's Friends visiting the Centre

"What if...."	Recommended action	Records to complete	Persons to consult
1. A young person's friend who is not known by SCW or who has previously been refused access to the centre arrives unannounced?	Carry out a risk assessment to respond to any concerns.	RAF	As per outcome of risk assessment
2. The friend behaves inappropriately during the visit	Advise the friend that they must stop any inappropriate behaviour or they will be asked to leave the centre.	N/A	YP Friend
3. The friend's inappropriate behaviour continues?	The friend is asked to leave the centre.	YPDRB	YP Friend
4. The friend refuses to leave the centre?	<ul style="list-style-type: none"> • Consult with young person and friend. • Remind young person and friend about potential future consequences if the friend does not leave the centre. 	N/A	YP Friend
5. The friend still refuses to leave?	<ul style="list-style-type: none"> • Contact the friend's parents and inform them of the situation. • Consult An Garda Síochána if necessary. • Inform SCM. 	SEF	YP Friend Friend's parents SCM An Garda Síochána if necessary
6. A particular friend persistently behaves inappropriately during visits to the centre?	<ul style="list-style-type: none"> • Inform the young person and the friend that the friend will not be permitted to enter the centre until further notice. • Consider if it is appropriate to inform the friend's parents. • Inform SCM. 	Minutes of staff meeting	YP Friend Friend's parents (if appropriate) SCM Staff team

Date 1/1/2010

Policy on Electronic
Communication and
Young PeoplePolicy No. 2.10
Edition No. 1

Policy on Electronic Communication and Young People

Definition

Electronic communication refers to the use of mobile phones, computers, email and the internet as a means of creating, storing or transmitting information.

Electronic communication may also refer to television, radio, games consoles, CDs, DVD/videos etc.

Introduction

This centre considers that current advances in communication systems present great opportunities for young people but equally they present significant risks that require safeguarding against.

Policy on Mobile phones and young people

Opportunities presented by mobile phones include the following:

- Mobile phones allow the centre to contact young people when necessary.
- Mobile phones allow young people to contact the centre when necessary.
- Mobile phones are a means of contact between young people and their friends and family.
- Mobile phones allow young people to make discreet contact with outside agencies if required.

Risks presented by mobile phones include:

- Mobile phones can facilitate a form of bullying by being used to make malicious phone calls or send malicious text messages.
- Mobile camera phones can be used to bully, harass or threaten young people through the

circulation of violent or pornographic material and compromising or offensive images.

- Mobile phones can be used by those who wish to abuse young people to 'groom' potential victims.

This centre will:

- Consider requests by young people for personal ownership of mobile phones on an individual basis, based upon their age and level of understanding.
- Discuss the safe use of mobile phones with young people in the centre.
- Record the number of the mobile phone in the young person's information record.
- Discuss with young people who their mobile number may be shared with.
- Prohibit the recording of images via camera phone without the permission of any person whose image is being recorded.
- Limit or prohibit a young person's access to a mobile phone in so far as possible when child protection concerns arise as the result of the young person having a mobile phone.
- Limit or prohibit a young person's access to a mobile phone in so far as possible when the young person has persistently misused the phone.

Policy on the internet and young people

Advantages of having access to the internet and email include:

- Allowing young people the opportunity to maintain contact with their friends and family via emails and social networking websites.
- Allowing young people to gather and use information for educational and recreational purposes that may otherwise be more difficult to obtain.
- Providing young people with similar opportunities to those experienced by their peers.

Risks associated with having access to the internet and emails include:

- The facilitation of a form of bullying by sending malicious messages via email, social networking websites, etc.
- The bullying, harassment or threatening of young people through the circulation and downloading of pornographic material and compromising or offensive images.
- The use of the internet and emails to 'groom' potential victims by those who wish to abuse young people.

This centre will:

- Discuss the safe use of the internet and email with young people in the centre.
- Install appropriate software to filter any offensive websites or emails that the young people may have access to.
- Monitor each young person's use of the internet and the information they are receiving and sending.
- Prohibit the downloading of any illegal material over the internet.
- Agree an appropriate length of time that each young person may spend using the internet at any one time.

Policy on other electronic communication devices

This centre will only allow young people to access age appropriate material by:

- Adhering to the Irish Film Board's classifications for movies shown on television, DVD/video and in the cinema.
- Adhering to the classifications for computer games.
- Considering parental guidance warnings on CDs and music DVDs.

Purpose

The purpose of this policy is to:

- Ensure that young people have access to the same facilities and resources as their peers.
- Provide the young person with an efficient means of contacting the centre or other significant people.

- Provide the centre with an efficient means of contacting the young person where there are concerns about their whereabouts and wellbeing.
- Ensure that young people are made aware of how to use electronic communication devices in a legal, safe and age appropriate manner.
- Minimise the likelihood of young people being exploited or groomed through the use of electronic communication devices.
- Minimise the likelihood of young people being bullied through the use of electronic communication devices.
- Minimise the likelihood of a breach of confidentiality by the circulation of images or information through the use of electronic communication devices.
- Minimise the likelihood of young people having access to appropriate material on the internet.

Persons involved

All persons with a bona fide interest in the welfare of the young person; including specifically SCW, SW, parent(s), and SCM.

Education

Definitions

Education

Education is the teaching and training of a child to make the best possible use of his inherent and potential capacities, physical, mental and moral (O'Dálaigh, (1965) in Shannon, 2005 p72).

Educational facility

Educational facility refers to any recognised establishment in which teaching and training is provided.

Legal age for school attendance

Under the Education (Welfare) Act 2000, a young person must normally attend school until they reach the age of 16 or until they have completed three years of post-primary education. The Education (Welfare) Act 2000 describes other arrangements that may be made for a young person's education under specific circumstances.

Introduction

Policy on a young person attending education

This policy applies to any young person in the care of the centre who is attending school or training.

Policy on a young person who has difficulty in attending education

This policy applies to young people who consistently experience and demonstrate a difficulty in maintaining regular attendance at school or training. This policy may also apply to young people who were recently admitted to the care of the centre and who have a history of non-attendance at school or training.

In this instance, the centre will allow a settling-in period for the young person who has just entered the care of the centre.

During this settling-in period, the centre will gradually introduce the routines required to achieve full attendance at school or training.

Policy on a young person who is refusing to attend education

This policy applies to young people who have no apparent difficulty in attending school or training. In this instance, the young person is considered fit to attend school or training but is simply refusing to do so.

This policy does not apply to young people who are genuinely ill or who have a valid reason for being absent from school or training on any given day.

Date 1/2/2010

Policy on Young Person
Attending Education

Policy No. 2.11
Edition No. 1

Policy on Young Person Attending Education

Policy

This policy applies to any young person in the care of the centre who is attending school or training.

This centre will:

- Endeavour to ensure that each young person living in the centre attends an appropriate educational facility contingent upon the age, ability and level of understanding of that young person.
- Endeavour to ensure that the young person remains in the educational facility they were attending prior to their admission to the centre.
- Facilitate the transportation of young people to and from the educational facility they are attending.
- Provide footwear, uniforms, books and access to computers and other items necessary for the young person's education.
- Provide young people with access to similar facilities and opportunities as those enjoyed by their peers.
- Provide the physical facilities and household routine for homework and study.
- Assist young people in comprehending and completing homework and study assignments.
- Establish and maintain close contact with each young person's teacher or instructor.
- Involve the young person's family as far as possible in the young person's education.
- Attend meetings concerning the young person's education.
- Invite parents to accompany SCW to such meetings where appropriate.
- Address identified deficits in the young person's educational attainment through the provision of extra tuition.
- Where the young person will be absent for one or more days, notify the principal or manager of the educational facility that the young person is attending, outlining the reasons for the absence.
- Encourage young people (where appropriate) attending educational facilities to take personal responsibility to contact the education facility in the event of their absence.
- Adopt a pro-active approach to problems of truancy and bullying in school through direct contact with the relevant educational facility.
- Minimise disruption to the young person's education by arranging other meetings and appointments outside of school or training hours as far as is practicable.
- Encourage young people approaching school leaving age to participate in third level or vocational training programmes.
- Consult with young people about their choice of subjects and courses available to them.
- Facilitate young people who wish to take part in extra-curricular activities.
- Celebrate significant educational achievements by the young person.
- Review the young person's educational progress and performance at placement planning and care plan review meetings.

Purpose

The purpose of this policy is to:

- Ensure that young people are provided with an opportunity to attend a suitable school or training facility.
- Ensure that young people are provided with the opportunity to attain at least a minimum standard of education.
- Minimise the likelihood of disruption to the young person's education.
- Provide young people with access to similar facilities and opportunities as those enjoyed by their peers.
- Assist, support and encourage young people to optimise their natural abilities.
- Monitor and evaluate the young person's educational progress.
- Address any difficulties experienced by young people during the course of their education.
- Fulfil the centre's statutory obligations as outlined in standards 8.1 to 8.6 inclusive of National Standards for Children's Residential Centres (2001).

Date 1/2/2010

Policy on a Young Person
who has a Difficulty in
Attending EducationPolicy No. 2.12
Edition No. 1

Policy on a Young Person who has a Difficulty in Attending Education

Definition

This policy applies to young people who consistently experience and demonstrate a difficulty in maintaining regular attendance at school or training. This policy may also apply to young people who were recently admitted to the care of the centre and who have a history of non-attendance at school or training. In this instance, the centre will allow a settling-in period for the young person who has just entered the care of the centre. During this settling-in period, the centre will gradually introduce the routines designed to encourage full attendance at school or training.

Policy

This centre will:

- Explore with the young person the possible causes of their difficulty in attending education.
- Assure the young person that the centre will respond to the stated causes of their difficulty in attending education.
- Remind the young person of the centre's responsibility to ensure that the young person attends education.
- Consult with all persons with a bona fide interest in the welfare of the young person and their education to:
 - a) Address the young person's stated causes of their difficulty in attending education
 - b) Examine the suitability of the young person's current educational placement.
 - c) Consider the introduction of an incentives programme to encourage the young person to return to education and maintain their educational placement
 - d) Examine the option of the workplace as an

alternative to education for young people for whom it is determined that school or training are no longer feasible. This examination should give due consideration to the young person's age and level of understanding

- e) Agree with the young person a plan for their return to education or commencement in the workplace.

Purpose

The purpose of this policy is to:

- Attempt to maintain the young person's educational placement.
- Attempt to return the young person to education, training or the workplace.
- Adopt a multi-disciplinary approach to provide an informed response to young people who have difficulty in attending education.
- Ensure that the most appropriate course of action is followed in response to young people who have difficulty in attending education.
- Fulfil the centre's statutory obligations as outlined in Standards 8.1 to 8.6 inclusive of National Standards for Children's Residential Centres (2001) and as outlined in the Education (Welfare) Act 2000.

Date 1/2/2010

Policy on Young People who Refuse to Attend Education

Policy No. 2.13
Edition No. 1

Policy on Young People who Refuse to Attend Education

Definition

This policy applies to young people who have no apparent difficulty in attending school or training. In this instance, the young person is considered fit to attend school or training but is simply refusing to do so. This policy does not apply to young people who are genuinely ill or who have a valid reason for being absent from school or training on any given day.

Policy

This centre will:

- Ensure that the young person is woken up at the normal time for attending education.
- Continue to call the young person on a regular basis until the young person has arisen from bed and is dressed.
- Continue to encourage the young person to attend their educational facility throughout the morning.
- Ensure that appropriate transport arrangements are made for young people who wish to attend education following an initial refusal to attend.
- Implement the following measures for young people who will not agree to attend education on any given day:
 - a) Request that the young person undertakes work that is related to their education for the same period of time that they would normally be attending their educational facility
 - b) Minimise interaction between the centre's staff team and the young person during the period of time when they would normally be attending their educational facility, however being aware of their possible need of assistance in completing their schoolwork
 - c) Refuse access to televisions, stereos, computers for recreational purposes, games machines and other recreational facilities in the common areas of the centre
 - d) Consider limiting or restricting access to other areas or facilities in the centre
 - e) Continue to insist that the young person undertakes work relating to their education throughout the period that they would normally be by attending their educational facility and assist them in this endeavour
 - f) Return to normal levels of interaction during the periods of time when they would normally have returned from their educational facility
 - g) Engage with the young person and discuss with them the importance of education, and encourage them to return to the education facility the next day.
- Request a meeting with all persons with a bona fide interest in the education of the young person in instances when a young person refuses to attend their educational facility for three consecutive days or more.

Purpose

The purpose of this policy is to:

- Attempt to make the prospect of attending an educational facility more attractive to young people than remaining in the centre during times when they should be attending their educational facility.
- Minimise interactions with young people who refuse to attend their educational facility believing that they have approval to do so.
- Ensure that the centre's staff team only minimises attention given to the young person for periods when the young person would normally be attending their educational facility and not during any other time of the day or week.
- Ensure that the centre's staff team fully engages with young people who have refused to attend their educational facility on any given day but have agreed to do educational work for that period.
- Promote a multi-disciplinary response to young people who refuse to attend education for a period of more than three days.

Persons involved

All persons with a bona fide interest in the young person's education; including specifically SCW, SCM, SW, principals, teachers and instructors at the relevant educational facility.

Other relevant parties may include the young person's family, Guardian ad Litem and the National Education and Welfare Board.

Date 1/2/2010

Policy on Recognising
Diversity

Policy No. 2.14
Edition No. 1

Policy on Recognising Diversity

Definition

This policy refers to how young people express themselves through their ethnic and cultural background and the choices that they make about how to live their lives.

Policy

This centre will:

- Provide and implement policies and procedures that aim to prevent young people being discriminated against because of their care status, sexuality, ethnic or cultural background.
- Undertake individual work with young people to respond to any concerns about their experiences of discrimination as a result of their care status, sexuality, ethnic or cultural background.
- Provide young people with access to similar resources, opportunities and choices as may be available to their peers.
- Avoid practices that may lead to young people feeling stigmatised or discriminated against because of their care status (e.g. clothing vouchers, supermarket accounts, etc.)

This centre will support each young person's right to self-expression by:

- Consulting with agencies that have knowledge and understanding of each young person's cultural and ethnic background about how best to meet the young person's specific cultural and ethnic needs.
- Providing young people with information on organisations and agencies that may be able to support their expression of self-identity taking into account their age, their wishes and the wishes of their parent(s).
- Sharing information with the young person in an age appropriate manner about their family and community of origin.

- Obtaining information from specialist agencies on cultural and ethnic practices, diet and food preparation.
- Providing food consistent with the young person's wishes and their cultural and ethnic background.
- Encouraging each young person to take part in activities specific to their cultural or ethnic origin.
- Making arrangements for young people to attend and participate in religious ceremonies taking into account their age, their wishes and the wishes of their parent(s).
- Assisting young people in the centre understand the issues surrounding cultural diversity.
- Respecting each young person's declaration of his or her sexual orientation.
- Undertaking individual work in an age appropriate manner with young people in order to assist them to understand and make informed decisions about the expression of their sexual orientation.
- Seeking any specialist assistance and resources required to support and provide for young people with special needs.
- Assisting young people in the centre understand the issues surrounding disability.

Purpose

The purpose of this policy is to:

- Support each young person in the expression of their self-identity.
- Ensure that the centre is flexible in meeting each young person's cultural and ethnic needs.
- Minimise the likelihood of young people being discriminated against or feeling stigmatised as the result of practice in the centre.
- Assist young people understand the nature of discrimination, which some of them may experience, and to help them find appropriate ways of dealing with this.
- Facilitate young people in the practice of their religion.
- Promote the importance of the family as a source of heritage and identity.

- Provide young people with the opportunity to explore and understand their sexual orientation in an age appropriate manner.
- Ensure that each young person's dietary needs are catered for.
- Promote positive images of, and positive approaches to, disability and special needs.
- Promote positive images of and positive approaches to cultural diversity.
- Plan for meeting the needs of young people with special needs.
- Adopt a multi-agency approach to supporting young people in their right to self-expression.
- Provide the staff team with guidelines for responding to issues concerning diversity.
- Fulfil the centre's statutory obligations as outlined in Standards 6.12 to 6.17 inclusive of the National Standards for Children's Residential Centres (2001).

Persons involved

The young person, SCW, the young person's keyworker(s), the young person's family and the SCM. Other persons may include the SW, ACM and agencies that may be able to support the centre in meeting the young people's ethnic and cultural needs.

Management of Behaviour

Section 3

Managing Behaviour

- HSE National Guidelines for Engaging An Garda Síochána to deal with Incidents involving Children/Young People in HSE Residential Care Centres

Definition

Behaviour management refers to the range of approaches and techniques used in the centre to assist young people develop positive ways of dealing with their experience of everyday life.

Introduction

This policy is intended to give an overview of the behaviour management techniques used in this centre.

A holistic approach to managing challenging behaviour may depend upon ensuring the quality of the understanding and delivery of a number of key policies and procedures including the following:

- Policy on Admissions
- Policy on Keyworking
- Policy on Consultation with Young People
- Policy on Children's Rights
- Policy on Recognising Diversity
- Policy on Grievances and Formal Complaints
- Policy on Emotional and Specialist Support
- Policy on Risk Assessment
- Policy on Behaviour Management
- Policy on Sanctions
- Policy on Challenging Behaviour and Physical Intervention
- Policy on Significant Events
- Policy on Unauthorised Absences
- Policy on Staff Training
- Policy on Staff Supervision
- Guidelines for On-Call
- Guidelines for Reflective Practice
- Policy on creating and maintaining a Safe and Homely Environment

Date 1/2/2010

Policy on Behaviour
ManagementPolicy No. 3.1
Edition No. 1

Policy on Behaviour Management

Policy

This centre will:

- Agree a plan with all persons with a bona fide interest in the welfare of the young person to use a range of behaviour management techniques that aim to assist the young person move in a positive direction away from behaviour that has been shown to produce negative outcomes.
- Involve young people in establishing agreed standards of behaviour while living in the centre.
- Agree a plan that includes appropriate reinforcements for behaviour that leads to positive outcomes with young people to help them meet the agreed standards of behaviour that are:
 - Specific**
 - Measurable**
 - Achievable**
 - Realistic**
 - Timed**
- Encourage young people to discuss difficulties they may experience in managing their behaviour with their keyworker or any staff team member.
- Consider possible underlying causes of the young person's behaviour when deciding upon the most appropriate way to respond to it.
- Promoting the importance of adopting a non-judgemental attitude towards young people who are displaying acts of challenging behaviour.
- Not subject young people to degrading or humiliating treatment as a result of their behaviour.
- Promote the use of natural consequences both as a way of reinforcing positive behaviour and discouraging negative behaviour.
- Consider restorative action agreed between the centre and a young person as an appropriate means of responding to breaches of agreed standards of behaviour.
- Adhere to the guidelines detailed in the centre's policy on sanctions.

- Identify whether TCI or PMAV is the permitted policy on physical restraint/intervention for use in this centre.
- Identify whether ICMP or DICES are the permitted plans for managing challenging behaviour for use in this centre.
- Carry out a risk assessment to respond to concerns about the effects a young person's behaviour is having on the ability of the centre to provide a safe environment for that young person and the other young people living in the centre.
- Consult with the young person, the young person's family, the young person's SW, the SWTL and the ACM if the young person's behaviour may be jeopardising their placement in the centre.

Purpose

The purpose of this policy is to:

- Ensure that staff team members have a range of behaviour management strategies at their disposal that are intended to achieve positive outcomes for the young people.
- Assist young people to examine possible underlying factors to their behaviour and how these factors impact on their lives.
- Allow young people the opportunity to develop normal social learning by involving them in agreeing acceptable standards of behaviour.
- Ensure that young people are aware of possible consequences to breaches of agreed standards of behaviour.
- Ensure that the centre has a range of approaches and techniques designed to respond effectively to challenging behaviour.
- Provide information to young people and their families concerning behaviour management approaches and techniques used in the centre.
- Provide written evidence of behaviour management techniques used by the centre.
- Make records concerning behaviour management available for monitoring, review and inspection by authorised personnel.
- Fulfil the centre's statutory obligations as outlined in Standards 6.18 to 6.20 (inclusive) of the National Standards for Children's Residential Centres (2001).

Date 1/2/2010

Policy on Sanctions

Policy No. 3.2
Edition No. 1

Policy on Sanctions

Definition

A sanction is an imposition placed upon a young person as a direct result of an action they have taken that is intended to achieve a therapeutic or learning outcome.

Limiting or prohibiting the actions of a young person where such actions are likely to pose a risk to that person is not considered to be a sanction.

Sanctions that are permitted in this centre include the following:

- Withdrawal of no greater increments than 50 per cent of pocket money as compensation for broken items or property only.
- Restorative behaviour directly connected to the action that led to the sanction being applied.
- Confiscation of property that is considered to present a risk or danger to any person living or working in the centre.
- Withdrawal of extra activities or privileges.

Sanctions that are not permitted in this centre include the following:

- Any act or threat of physical punishment.
- Physical restraint.
- Deprivation of food or alteration to normal diet.
- Sleep deprivation.
- Denial of access to the young person's parent(s) or significant others.
- Denial of access to professionals such as the young person's SW, Guardian ad Litem, G.P., An Garda Síochána, etc.
- Denial of access to cultural or religious ceremonies or representation.
- Withdrawal of planned routine activities.
- Withdrawal of medication.
- Withdrawal of positive interaction with the centre's staff team.
- Isolation or single separation as a form of sanctioning.

- Any act that has the effect of humiliating or degrading the young person.

Policy

This centre will:

- Provide a detailed explanation of the sanctions policy and procedure to young people and their parent(s) upon a young person being admitted to the centre.
- Only apply sanctions that are permitted under this policy.
- Only apply sanctions when alternative and non-punitive methods of addressing the misconduct are inappropriate or have previously been unsuccessful.
- Only apply sanctions that are realistic and age appropriate.
- Consult the young person's ICMP/DICES and PDP/PP prior to considering a sanction.
- Only apply sanctions following consultation with the young person and SCW on duty.
- Discuss the necessity of applying a sanction with the young person.
- Explain the relationship between the sanction and the misconduct to the young person.
- Agree the intended nature of the sanction with the young person.
- Consider suggestion of appropriate sanction from the young person.
- Ensure that all sanctions are carried through to completion on the day that they were applied if possible.
- Accept a genuine apology by the young person as an alternative to sanctioning when appropriate.
- Provide an opportunity for the young person to earn back activities/privileges, etc, which may have been withdrawn.
- Consult with any relevant people to respond to concerns raised by a young person's persistent refusal to carry through a sanction.

- Record details of sanctions in each young person's sanctions log book and store these in a safe and secure manner that facilitates access by authorised personnel.
- Monitor and review sanctions on a regular basis.
- Provide clear guidance to the centre's staff team on how to manage sanctions.
- Make the centre's complaints procedure available to young people who express dissatisfaction with the sanction.

This centre will not:

- Agree to or apply any sanction that is not appropriate or permitted under this policy.
- Apply sanctions that have persistently shown no positive effect on the young person's behaviour.
- Apply sanctions for behaviour that occurs as a result of the initial sanction being imposed.

Purpose

The purpose of this policy is to:

- Recognise the validity of the young person's involvement in the process of learning through the imposition of appropriate sanctions.
- Ensure that all sanctions are reasonable, humane and age appropriate.
- Assist young people to develop responsible social learning through their involvement in the sanctions process.
- Assist young people to recognise and develop appropriate boundaries and limits of acceptable behaviour.
- Avoid inappropriate sanctioning of young people by the centre's staff team.
- Avoid physical restraint being associated with any form of punishment or sanctioning.
- Avoid the young person's bedroom being associated with any form of punishment or sanctioning.
- Assist the centre's staff team in developing a comprehensive behaviour management plan for each young person.
- Provide a written account of what behaviour the sanction was intended to change and the young

person's response to it.

- Make records concerning sanctions available for review, monitoring and inspection by authorised personnel.
- Fulfil the centre's statutory obligations under Standards 6.22 to 6.24 (inclusive) and 6.27 of the National Standards for Children's Residential Centre's (2001).

Persons involved

All persons associated with the sanction including specifically the young person and SCW. Other relevant parties may include SCM, SW, ACM and the young person's family.

Relevant procedures

SCW Procedure for sanctioning a young person.
Procedure for complaints.

Procedure for Sanctioning a Young Person

Step	Action	Records to complete	Persons to consult
1.	Discuss the behaviour with the young person and explain the necessity of imposing the sanction.	Sanctions report form	SCW
2.	Explain the relationship between the behaviour and possible sanctions to the young person.	Sanctions report form	YP
3.	Agree an appropriate sanction with the young person.	N/A	YP
4.	Discuss the young person's behaviour with the SCW on duty and confirm that the agreed sanction is appropriate.	Sanctions report form	YP
5.	Impose the agreed sanction.	Sanctions report form	YP
6.	Complete and file all reports relating to the imposition of a sanction.	Sanctions report form	As requested on sanctions report form. SCM

Contingencies for Sanctioning a Young Person

"What if...."	Recommended action	Records to complete	Persons to consult
1. The young person refuses to agree to any form of sanction?	<ul style="list-style-type: none"> Remind the young person why the sanction is necessary. Apply the sanction. 	Sanctions report form	YP SCM
2. The young person makes a genuine apology?	<ul style="list-style-type: none"> Reconsider the value of applying the sanction. 	N/A	YP SCM
3. The young person suggests a sanction that is not appropriate?	<ul style="list-style-type: none"> Do not agree to suggested sanction. Explain to the young person that the sanction must be related to the behaviour. 	N/A	YP SCM
4. The young person feels aggrieved by the sanction?	<ul style="list-style-type: none"> Follow procedure for complaints. 	As per procedure for complaints	As per procedure for complaints
5. All SCW are not available to consult about the sanction?	<ul style="list-style-type: none"> Do not apply sanction. 	N/A	YP SCW
6. Sanctions do not bring about a change in the young person's behaviour?	<ul style="list-style-type: none"> Do not persist with sanctions that do not have their desired effect. Consult with all other persons with a bona fide interest in the welfare of the child to develop an alternative means of managing the behaviour. 	ICMP/DICES PDP/PP	SCM All other persons with a bona fide interest in the welfare of the child

Date 1/2/2010

Policy on the Management
of Challenging BehaviourPolicy No. 3.3
Edition No. 1

Policy on the Management of Challenging Behaviour

Definition

Challenging behaviour is aggressive behaviour exhibited by a young person. The aggressive behaviour may be expressed both verbally and physically. The management of challenging behaviour by young people requires a particular response that may include physical intervention by trained members of the centre's staff team.

De-escalation, physical interventions and restraint

Children's residential centres in HSE LHOs Louth, Meath, Cavan/Monaghan, Dublin North, Dublin North-Central and Dublin North-West use TCI for de-escalation and early intervention.

Children's residential centres in HSE LHOs Louth, Meath and Cavan/Monaghan will only permit PMAV physical restraint/intervention.

Children's residential centres in HSE LHO Dublin North, Dublin North-Central and Dublin North-West will only permit TCI physical restraint/intervention.

Therapeutic Crisis Intervention (TCI)

TCI training aims to provide social care workers with the knowledge and skills to become the catalyst through which the young person changes old habits, destructive responses and maladaptive behavioural patterns. Staff team members can only use the techniques used in TCI following successful completion of core training and successful completion of subsequent refresher training.

TCI training is validated and monitored by Cornell University, New York. It is mandatory training for all members of the centres' staff teams in HSE LHO Dublin North-West, Dublin North-Central and Dublin North staff teams.

Individual Crisis Management Plan (ICMP)

The ICMP is part of the Therapeutic Crisis Intervention (TCI) approach to challenging behaviour. The ICMP is a plan that offers a current analysis of the young person's potential behaviour during a

crisis and outlines the strategy for responding to this behaviour.

The ICMP details:

- Any known triggers associated with the behaviour
- The young person's usual response to those triggers
- The young person's subsequent pattern of behaviour
- The intervention techniques that should be used to de-escalate the young person's behaviour
- Whether or not physical intervention is appropriate for the young person.

The ICMP should:

- Gives clear guidance about what interventions are acceptable and what interventions are not acceptable
- Reflect the young person's cultural background and early childhood experiences
- Be informed by current events in the young person's life
- Be reviewed regularly and updated where necessary.

This centre will:

- Complete an ICMP for each young person upon their admission to the centre.
- Consult with the young person, the young person's family, the young person's SW and any other person involved in the planning and care of the young person when completing the initial ICMP.
- Review each young person's ICMP at the centre's weekly/bi-weekly staff meeting.
- Continue to consult with the young person and all people with a bona fide interest in the welfare of the young person as necessary when reviewing and updating the ICMP.
- Update the ICMP to reflect any new coping strategies the young person has developed.
- Review ICMP following significant events, visits to medical practitioners or the discovery of relevant information.
- Make staff team members available for ICMP training.

Professional Management of Aggression and Violence (PMAV)

The Professional Management of Aggression and Violence (PMAV) is the only recognised method of physical intervention which is authorised for use within Residential Childcare services of the HSE in the North East Area.

The PMAV physical interventions, authorised for use within the service, have been systematically assessed by instructors who have completed the BSc. in PMAV with current updated physical intervention skills. On foot of this evaluation, MOAT assessed training is provided to all staff who may be called upon to perform such interventions.

The purpose of this training is to equip staff with the necessary knowledge, skills and attitudes. The purpose of this training is also to highlight the potentially serious physical and psychological risks associated with the use of physical interventions. Training emphasises the importance of proactive preventative measures and provides the skills for early recognition, assessment and prevention of any further escalation of the behaviour.

PMAV training is mandatory for all members the centres' staff teams in HSE LHO Louth, Meath and Cavan/Monaghan.

DICES risk assessment and management system

DICES is an approach to the assessment and management any potential risks presented by a young person's behaviour. The assessment of risk is divided into three broad areas; harm to self, harm to others and specific areas such as drug abuse, risks associated with older people, risks associated with children and adolescents etc.

DICES forms are constructed using a checklist of forms based on current research that assist the members of the centre's staff team in the prediction and assessment of risk. It emphasises the importance of a multi-disciplinary approach to responding to these risks.

DICES is an anagram that assists professionals in how to complete a good risk management plan:

- D** - Describe what the risk is
- I** - Identify all possible options to manage the respective risks
- C** - Choose your preferred options to manage the respective risks
- E** - Explain your choice
- S** - Share your plan with relevant others.

Training in the DICES approach is available from the Association of Psychological Therapies (APT). The DICES approach is only used in residential centres in HSE LHO's of Louth, Meath and Cavan/Monaghan.

This centre will:

- Complete a DICES risk management plan for each young person upon their admission to the centre.
- Consult with the young person, the young person's family, the young person's SW and any other person involved in the planning and care of the young person when completing the initial DICES risk management plan.
- Review each young person's DICES at the centre's weekly/bi-weekly staff meeting.
- Continue to consult with the young person and all people with a bona fide interest in the welfare of the young person as necessary when reviewing and updating the DICES risk management plan.
- Update the DICES risk management plan to reflect any new coping strategies the young person has developed.
- Review DICES risk management plans following significant events, visits to medical practitioners or the discovery of relevant information.
- Make staff team members available for DICES training.

Persons Involved

The young person, the SCW on duty, the young person's keyworker(s), the young person's family and the SCM. Other persons may include the SW, ACM and other people with a bona fide interest in the welfare of the young person.

Child Protection

Section 4

Child Protection and Safe Practice

Definition of Child Protection

Child protection refers to the systems and protocols that exist in the centre for the purpose of safeguarding young people against any form of abuse (see definitions referred to in policy on disclosures and allegations of abuse).

Definition of Safe Practice

Safe practice is defined as the implementation of appropriate safeguarding measures necessary for working with young people in a manner that acknowledges their need to live in as normal an environment as possible.

Safe practice and child protection

Safe practice is a cornerstone in child protection. Having a policy on safe practice cannot ensure that abuse will not occur but it can assist in creating a culture in the centre that will reduce the opportunity for the exploitation or abuse of young people. Following safe practice guidelines will also minimise the likelihood of false allegations of abuse being made against SCW and young people. In this way safe practice is considered to be both protective and preventative in matters pertaining to child protection.

This centre has the following policies that aim to protect the welfare of young people and respond to child protection concerns:

- Policy on Admissions
- Policy on Confidentiality
- Policy on Consultation
- Policy on Working Alone
- Policy on Staff Recruitment
- Policy on Agency Staff
- Policy on Bullying
- Policy on Complaints
- Policy on Disclosures and Allegations of Abuse
- Policy on Significant Events
- Policy on Unauthorised Absences.

This centre has the following procedures that aim to protect the welfare of young people and respond to child protection concerns:

- Procedures for Admissions
- Procedure on Working Alone
- Procedure on Staff Recruitment
- Procedure on the Engagement of Agency Staff
- Procedure for Bullying
- Procedures for Complaints
- Procedure for Disclosures of Abuse
- Procedures for Allegations of Abuse
- Procedure for Absence without Permission
- Procedure for Absence at Risk.

This Centre will:

- Require that each new staff team member signs a statement that confirms that they have read and understood the policies and procedures, specifically the policies and procedures in child protection.
- Ensure all staff are made available for mandatory staff training. (e.g. *Children First*).

Purpose

The purpose of these policies and procedures is to:

- Minimise the risk of employing people who are unsuitable to work with young people.
- Minimise the likelihood that members of the centre's staff's interactions with young people will be interpreted as being offensive, provocative or abusive.
- Minimise the likelihood of peer abuse occurring in the centre.
- Encourage young people and members of the centre's staff team to speak openly in the knowledge that they will be listened to and responded to, and that information will be treated within the limits of confidentiality.
- Provide an accessible, transparent and confidential complaints process that facilitates young people and members of the centre's staff team in challenging decisions and actions with which they are dissatisfied without fear, favour or prejudice.
- Notify all child protection concerns to persons specified in the centre's policies and procedures.
- Ensure that young people have access to external individuals and agencies that may provide support to them or advocate on their behalf.
- Provide members of the centre's staff team with information regarding their duty to report any concerns they may have about their colleagues' behaviour.

Date 1/2/2010

Policy on Safe Practice
and Working AlonePolicy No. 4.1
Edition No. 1

Policy on Safe Practice and Working Alone

Definition

Safe Practice

Safe practice is defined as the implementation of appropriate safeguarding measures necessary for working with young people in a manner that acknowledges their need to live in as normal an environment as possible.

Safe practice and child protection

Safe practice is a cornerstone in child protection. Having a policy on safe practice cannot ensure that abuse will not occur but it can assist in creating a culture in the centre that will reduce the opportunity for the exploitation or abuse of young people. Following safe practice guidelines will also minimise the likelihood of false allegations of abuse being made against SCW and young people. In this way safe practice is considered to be both protective and preventative in matters pertaining to child protection.

Working alone

Working alone refers to the various planned or unplanned circumstances when a member of the centre's staff team is alone with a young person on a one to one basis; either inside or outside the centre.

Policy on Safe Practice

Members of this centre's staff team will:

- Take care to ensure that their interactions with young people are carried out in a manner appropriate to the needs of each young person.
- Take all reasonable steps to prevent their interactions with young people being interpreted as offensive or abusive.
- Ensure that they are dressed appropriately for their duties (including sleepovers) and are not dressed in a manner that may be construed as being offensive or unnecessarily provocative.

- Monitor interactions between the young people resident in the centre and be alert to signs of bullying or peer abuse.
- Monitor other team members' interactions with young people and be alert for signs of bullying or abuse.
- Monitor other professionals and visitors' interactions with young people and be alert for signs of bullying or abuse.
- Report any concerns about interactions to the SCM.
- Complete individual work with each young person that teaches the skills of self-care and self-protection.
- Record details of time spent alone with young people.
- Provide each young person and their parent(s) with details on the range and function of the centre's child protection policies.

Policy on Working Alone

When working alone with a young person members of the centre's staff team will:

- Consult each young person's ICMP/DICES.
- Carry out a risk assessment to respond to any child protection concerns about a staff member being alone with the young person.

Prior to being alone with a young person on a one to one basis, staff members will agree and confirm the following with their colleagues:

- Where they will be with the young person.
- What they will be doing with the young person.
- The anticipated period of time involved.
- Why it is not possible or appropriate to have another SCW present with them during the interaction.
- That other SCWs on duty will monitor their interaction with the young person at frequent intervals.

Purpose

The purpose of this policy is to:

- Minimise the likelihood of any form of abuse occurring.
- Minimise the likelihood of deliberate false allegations of abuse being made against any person living or working in the centre.
- Minimise the likelihood of members of the centre's staff team's interactions with young people being construed as offensive, provocative or abusive in any way.
- Respect the young person's right to privacy and dignity in their interactions with the members of the centre's staff team.
- Minimise the likelihood of peer abuse occurring.
- Strike a balance between employing necessary safeguarding practices and the creation of a normal living environment for the young person.
- Provide young people with information on how to protect themselves from abuse.
- Provide confirmation of a member of the centre's staff team's identity if necessary e.g. if requested by a member of An Garda Síochána, a pharmacist or other relevant professionals.
- Make records concerning safe practice available for review, monitoring and inspection by authorised personnel.

Persons involved

All members of the centre's staff team and the young people living in the centre.

Relevant procedure

Procedure for Working Alone

Procedure for Working Alone

Step	Action	Records to complete	Persons to consult
1.	<ul style="list-style-type: none"> Consult the young person's ICMP/DICES and PDP/PP. Note any special instructions relating to working alone. 	N/A	N/A
2.	<p>Agree and confirm the following with colleagues:</p> <ul style="list-style-type: none"> Where you will be with the young person What you will be doing with the young person The anticipated period of time involved Why it is not possible to have another SCW present with you during the interaction. 	N/A	N/A
3.	<p>Agree and confirm the following safety measures with colleagues:</p> <ul style="list-style-type: none"> That the door of the room in which you will be with the young person remains open during the interaction That other SCW on duty will monitor your interaction with the young person at frequent intervals. 	N/A	YP SCW

Contingencies for Working Alone

"What if...."	Recommended action	Records to complete	Persons to consult
1. The young person asks for the door of the room we are in to be closed?	<ul style="list-style-type: none"> Explain to the young person the reason the door must stay open. 	N/A	Young person
2. I am alone with a young person outside the centre?	<ul style="list-style-type: none"> Agree a schedule of contact with the centre. Take a mobile phone with you. 	N/A	SCW

Date 1/2/2010

Policy on Complaints
and Grievances

Policy No. 4.2
Edition No. 1

Policy on Complaints and Grievances

Introduction

This policy relates to formal complaints regarding services provided by this centre. Complaints concerning child protection are addressed in the centre's policy for allegations of abuse and the centre's policy for a disclosure of abuse. Complaints concerning staff conduct may be addressed in the centre's staff disciplinary procedure if necessary.

Definition

Formal Complaints

A formal complaint is any expression of dissatisfaction about the quality, lack of, or refusal of a service that the person complaining is entitled to that is notified to named parties and which requires a formal response (ISSI, 2001).

Informal Complaints and Grievances

Informal complaints or grievances should be resolved through the normal processes of discussion, negotiation and compromise. Informal complaints or grievances that are resolved in this manner do not need to be notified to the named parties.

The processes through which informal complaints and grievances are resolved should be recorded on the appropriate log book or file (e.g. YPDRB, individual work report form, keyworking report form, contact forms etc.)

The following policies and procedures refer to formal complaints only.

Policy

This centre will:

- Provide a detailed explanation of the complaints process to young people and their parent(s) when a young person is being admitted to the centre.
- Make information on the complaints process available to any person upon request.

- Display information and guidelines on the complaints process in the centre's office.
- Facilitate any person wishing to make a complaint.
- All complaints whether verbal or written are to be logged and stored in a safe and secure manner.
- Respond in a manner that is comparable with the nature and extent of the complaint.
- Provide a preliminary response to formal complaints no later than three days after the centre receives the complaint.
- Investigate complaints openly, thoroughly, impartially and as promptly as practicable.
- Keep all persons informed at each stage of the investigation until an outcome to the complaint is established.
- Conclude the formal complaints process within two weeks from receipt of the complaint or maintain records of efforts to conclude within this timeframe.
- Provide young people with details of persons or agencies that may act as advocates on their behalf throughout the complaints process.
- Provide details of persons to whom the outcome of formal complaints may be appealed.
- Adhere to the centre's policy on confidentiality during the investigation of complaints.
- Be familiar with the HSE policy on vexatious complaints.
- Record details of formal complaints on the centre's complaints form and store these in a safe and secure manner that facilitates access by authorised persons.
- Enter details of formal complaints on the centre's register of complaints.
- Monitor and review complaints on a regular basis.
- Provide clear guidance to the centre's staff team on how to manage complaints.

The Appeals Process

Young people and their parent(s) may appeal the outcome of complaints by:

1. Asking their SW to intervene on their behalf
2. Contacting the ACM outlining their dissatisfaction with the outcome
3. Seeking independent advocacy from the IAYPIC Children's Rights and Participation Officers
4. Seeking independent advocacy through the Ombudsman for Children.

IAYPIC
6 Red Cow Lane,
Smithfield,
Dublin 7
(01) 8727661

Ombudsman for Children's Office
Millennium House,
52-56 Great Strand Street,
Dublin 1
(01) 8656800

SCW who wish to make a formal complaint or appeal the outcome of formal complaints should follow the grievance procedure outlined in the centre's staff handbook.

Members of the public may appeal the outcome of formal complaints by discussing their dissatisfaction and their preferred outcome with the SCM and the ACM. The ACM will advise the SCM of the most appropriate action to take under these circumstances.

Purpose

The purpose of this policy is to:

- Resolve grievances through negotiation and compromise with young people.
- To allow young people the opportunity to express their dissatisfaction about the quality, lack of or refusal of a service in a positive and inclusive manner.
- Support and uphold the rights of young people and others to complain about any aspect of the service.
- Provide any person wishing to make a formal complaint, or to appeal against the outcome of formal complaints, with an accessible, transparent and confidential formal complaints process that facilitates them in challenging decisions and actions with which they are dissatisfied without

fear, favour or prejudice.

- Acknowledge that each complaint is a valid and meaningful expression of the complainant's feelings of dissatisfaction with an aspect of the service provided by the centre.
- Respect the right of all complainants to have independent advocacy.
- Contribute to the creation of a safe living and working environment that regards the complaints process as playing a positive role in the life of the centre.
- Apply a timeframe for the resolution of complaints that seeks to avoid causing unnecessary distress to any person involved while allowing sufficient time for a comprehensive investigation.
- Provide written evidence that complaints are responded to and records made available for review, monitoring and inspection by authorised personnel.
- Determine how people who use the complaints process perceive the quality of the service provided by the centre and discover ways in which they might be improved.
- Develop practice by learning from the centre's experience of complaints and how they are managed.
- Fulfil the centre's statutory obligations as outlined in Standard 4.3 to 4.9 (inclusive) of National Standards for Children's Residential Centres (2001).

Persons involved

All persons associated with the complaint; including specifically the complainant, SCM, SCW and any witnesses.

Other relevant parties may include SW, ACM, independent monitor, young person's family, An Garda Síochána and Guardian ad Litem.

Relevant procedures

- SCW Procedure for Formal Complaints.
- SCM Procedure for Formal Complaints.
- SCM Procedure for Formal Complaints against a SCW that have been Upheld.
- SCM Procedure for Formal Complaints against an SCW that have not been Upheld.

SCW Procedure for Formal Complaints

Step	Action	Records to complete	Persons to consult
1.	Listen to the complaint and assure the complainant that the complaint will be investigated.	Complaints form	Complainant
2.	Inform the complainant that we cannot offer confidentiality regarding any information disclosed.	Complaints form	Complainant
3.	Record all details of the complaint.	Complaints form	N/A
4.	Give completed copy of form to SCM.	Complaints form	SCM
5.	Follow directions given by SCM.	As per SCM's directions	As per SCM's directions

SCM Procedure for Formal Complaints

Step	Action	Records to complete	Persons to consult
1.	Meet with the SCW who took the complaint.	Section 2 of complaints form	SCW
2.	Meet with all other available witnesses.	Section 2 of complaints form	All other witnesses
3.	Meet with the person who made the complaint within three days of the complaint being received by the centre.	Section 2 of complaints form	Complainant
4.	Meet with the person against whom the complaint has been made.	Section 2 of complaints form	SCW
5.	Meet with all persons involved and attempt to determine the facts of the issue.	Section 2 of complaints form	All persons involved
6.	Discuss the facts of the case with ACM and SW to determine whether any further action is required.	Section 2 of complaints form	ACM SW
7.	Inform all persons involved of the outcome of all meetings relating to the complaint.	Section 2 of complaints form	All persons involved
8.	Ensure all records relating to the complaint are completed and filed appropriately.	All relevant records	N/A

SCM Procedure for Formal Complaints against SCW that have not been Upheld

Step	Action	Records to complete	Persons to consult
1.	Arrange a meeting with the complainant and SCW.	Section 2 of complaints form	Complainant SCW
2.	Inform both parties that an investigation has shown no grounds for upholding a complaint.	Section 2 of complaints form	Complainant SCW
3.	Investigate the possibility that underlying factors may exist that resulted in the complaint being made.	Section 2 of complaints form	Complainant SCW
4.	Inform ACM of the outcome of the meeting.	Section 2 of complaints form	ACM
5.	Place a written record of the meeting in SCW personnel file.	N/A	SCW

SCM Procedure for Formal Complaints against SCW that have been Upheld

Step	Action	Records to complete	Persons to consult
1.	Inform complainant that the complaint has been upheld and will be dealt with in a manner comparable to the nature and extent of the complaint.	Section 2 of complaints form	Complainant
2.	Inform ACM that the complaint has been upheld and agree on an appropriate response to the complaint. or Consult with ACM and HR to agree upon appropriate disciplinary measures.	Section 2 of complaints form	ACM
3.	Arrange a meeting with SCW against whom the complaint has been made to discuss the outcome of the complaint.	Section 2 of complaints form	SCW
4.	Encourage SCW to explore new ways of dealing with the behaviour that led to the complaint being made against them.	Section 2 of complaints form	SCW
5.	Offer support to SCW in this endeavour.	Section 2 of complaints form	SCW
6.	Remind SCW that the behaviour should not reoccur, and that any reoccurrence is likely to have more serious consequences.	Section 2 of complaints form As per centre's staff disciplinary procedures	SCW ACM HR
7.	Place a written record of the meeting in SCW personnel file.	N/A	SCW

Contingencies for Formal Complaints

"What if...."	Recommended action	Records to complete	Persons to consult
1. The complaint or grievance is a child protection issue?	As per : <ul style="list-style-type: none"> ● Procedure for disclosure of abuse* ● Procedure for allegation of abuse ** * Procedure for SCW ** Procedure for SCM	As per : <ul style="list-style-type: none"> ● Procedure for disclosure of abuse* ● Procedure for allegation of abuse** 	As per : <ul style="list-style-type: none"> ● Procedure for disclosure of abuse* ● Procedure for allegation of abuse**
2. A formal complaint is made and then withdrawn?	Record withdrawal of complaint.	Complaints form	SCM
3. I wish to make a complaint against the SCM?	<ul style="list-style-type: none"> ● Discuss complaint with ACM. ● Follow directions given by ACM. 	As directed by ACM	ACM

Date 1/2/2010

Policy on Bullying and Harassment

Policy No. 4.3
Edition No. 1

Policy on Bullying and Harassment

Definition

Bullying may be defined as persistent offensive, abusive, intimidating, malicious or insulting behaviour or abuse of power, conducted by an individual or group against others, which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermines their self-confidence and which may cause them to suffer stress.

Isolated incidents of aggressive behaviour, which while not being condoned, should not be construed as bullying. However, when the behaviour is systematic and ongoing it is bullying. Bullying behaviour that is systematic, persistent and is targeted at any individual or individuals is considered to be harassment.

Examples of bullying include:

Verbal

- Teasing or taunting
- Threatening
- Verbal abuse, insults and name calling
- Abusive telephone calls
- Shouting and aggressive behaviour
- Using a person as a constant butt of jokes
- Derogatory or offensive nicknames
- Sneering or public humiliation
- Slandering or maligning by the manipulation of a person's reputation by gossip, rumour and ridicule
- Persistent unwarranted criticism

Non-verbal

- Social exclusion or isolation
- Offensive gestures
- Staring or aggressive facial gestures
- Abusive text messages or emails
- Extortion

Physical

- Unwanted physical contact
- Assault
- Damage to another person's personal belongings

Bullying and child protection

This centre considers bullying behaviour when perpetrated by adults upon young people as a form of child abuse and will address this behaviour under the centre's child protection policies. Any incident of sexual or physical abuse is not comprehended by the term bullying and will be addressed under the centre's child protection policies.

Policy

This centre will:

- Acknowledge that young people in care have the potential to be the victims or perpetrators of bullying behaviour both inside and outside the centre.
- Acknowledge that members of the centre's staff team have the potential to be the victims or perpetrators of bullying behaviour during the course of their work or work related activities.
- Recognise the need to prevent and not just control bullying.

This centre will:

- Create an environment which encourages young people and members of the centre's staff team to disclose and discuss incidents of bullying.
- Implement appropriate levels of supervision and monitoring upon identifying that a person is at risk of being bullied.
- Allocate time during keyworking or supervision sessions with the aim of raising awareness of bullying behaviour and developing ways to prevent and manage this behaviour.
- Investigate all reported or suspected incidents of bullying inside or outside the centre e.g. in school, clubs, with friends etc.
- Respond to incidents of bullying in a fair and equitable manner that is comparable with the nature and extent of the incident.

- Record incidents of bullying in the centre's significant events form.
- Enter details of incidents of bullying in the centre's register of significant events.
- Make available complaints procedure to young people and staff in event of bullying.
- Store records concerning bullying in a safe and secure manner that facilitates access by authorised personnel.
- Monitor and review incidents of bullying on a regular basis.
- Access and provide information on the signs, symptoms and effects of bullying to the young people and members of the staff team.
- Provide ongoing training to members of the centre's staff team on how to deal with incidents of bullying.

Purpose

The purpose of this policy is to:

- Recognise the right of all persons to be treated with dignity and respect.
- Minimise the likelihood of any person being bullied.
- Raise awareness of bullying as a form of unacceptable behaviour with young people and members of the centre's staff team.
- Consider the needs of both the victim and the perpetrator of bullying.
- Develop mechanisms and strategies for preventing and managing bullying behaviour.
- Provide written evidence that bullying behaviour is notified and responded to.
- Make records concerning bullying behaviour available for review, monitoring and inspection by authorised personnel.
- Develop practice by learning from the centre's experience of bullying.
- Provide clear guidance to the centre's staff team on how to manage bullying.
- Fulfil the centre's statutory obligations under Standards 6.21 of the National Standards for Children's Residential Centres (2001).

Persons involved

All persons connected to an incident of bullying; including specifically SCM, SCW, keyworker(s), SW, ACM, independent monitor and young person's family.

Other relevant parties may include An Garda Síochána, Guardian ad Litem and medical practitioners.

Relevant procedure

Procedure for Bullying
Complaint's Procedure

Procedure for Bullying or Harassment

Step	Action	Records to complete	Persons to consult
1.	Intervene and offer protection to the person being bullied or harassed (i.e. the victim).	YPDRB	N/A
2.	Discuss the situation with both the perpetrator and the victim and attempt to ascertain the causes for the behaviour.	YPDRB	N/A
3.	Explain to both persons that bullying will not be tolerated.	YPDRB	Perpetrator Victim
4.	Explain to both persons the serious nature of bullying and the damaging effects it has on the victim.	YPDRB	Perpetrator Victim
5.	Agree a plan for change in the perpetrators behaviour.	YPDRB	Perpetrator Victim
6.	Closely monitor both parties for the duration of the shift.	YPDRB	Perpetrator Victim SCM

Contingencies for Bullying or Harassment

"What if...."	Recommended action	Records to complete	Persons to consult
1. The bullying or harassing behaviour is of a violent or persistent nature?	Follow TCI/ PMAV guidelines.	As per TCI/PMAV guidelines SEF	As per TCI/PMAV guidelines
2. The bullying or harassing behaviour is of a persistent nature?	<ul style="list-style-type: none"> ● Follow procedure for bullying and harassment. ● Convene an extra-ordinary meeting(s) with all persons with a bona fide interest in the welfare of both young people. ● If appropriate bring both perpetrator and victim together. 	YPDRB	All persons with bona fide interest in the welfare of both young people
3. The perpetrator is a SCW?	<ul style="list-style-type: none"> ● Intervene as per procedure for bullying and harassment. ● Inform SCM. ● Follow SCM's instructions. 	As per SCM's instructions	As per SCM's instructions
4. Both perpetrator and victim are SCWs?	<ul style="list-style-type: none"> ● Inform SCM. ● Follow SCM's instructions. ● Seek advice from HR if necessary. 	As per outcome of consultation with SCM and HR if necessary.	HR Perpetrator Victim
5. The perpetrator is an SCM and the victim a SCW?	<ul style="list-style-type: none"> ● Inform ACM. ● Follow ACM's instructions. ● Seek advice from HR if necessary. 	As requested by ACM.	ACM Perpetrator Victim

Disclosures or Allegations of Abuse concerning Young People in the care of the Centre

Children First

Children First details the national guidelines for the protection and welfare of children. In this context 'children' refers to all young people under the age of eighteen. This policy should be read in conjunction with training in *Children First*. Training in *Children First* is mandatory for the centre's staff team.

Definitions of abuse

There are four main categories of abuse; neglect, emotional abuse, physical abuse and sexual abuse. These definitions are for summary purposes only and examples and further explanation can be found in chapter 3 of *Children First*; 'Definition and Recognition of Child Abuse' (pages 31 to 36 inclusive).

Neglect

Neglect occurs when a child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults or medical care.

Emotional abuse

Emotional abuse occurs when a child's needs for affection, approval, consistency and security are not met.

Physical abuse

Physical abuse is any form of non-accidental injury or injury which results from wilful or neglectful failure to protect a child.

Sexual abuse

Sexual abuse occurs when a young person is used by another person for that person's gratification or arousal or for the gratification or arousal of others.

Date 1/2/2010

**Policy on Disclosures or
Allegations of Abuse
concerning Young People
in the care of the Centre**

**Policy No. 4.4
Edition No. 1**

Policy on receiving disclosures of abuse from young people in the care of the centre

Policy

In the event of a young person disclosing abuse the SCW receiving the disclosure will:

- Manage the environment in which the disclosure will be received.
- Inform the young person that they cannot guarantee confidentiality and that the young person's SW must be notified of the disclosure.
- Gather only the information required from the young person to make a referral to the young person's SW.
- Reassure the young person that they have done the right thing in making the disclosure.
- Not convey any signs of shock or distress experienced as a result of the details of the disclosure.
- Not convey any signs of judgement against any act or person referred to in the disclosure.
- Keep an open mind about the disclosure.
- Use only open questions and not leading questions.
- Not interrogate the young person for further details
- Not criticise the alleged abuser.
- Allow the young person ample time to finish the disclosure
- Explain to the young person what will happen next.
- Record the details immediately after the disclosure on the centre's child protection welfare referral form.
- Record the facts only.

- Record the exact words used by the young person.
- Inform the SCM/Person on call.
- Agree a plan to minimise contact between the young person and the alleged abuser.
- Inform the young person's SW of the disclosure of abuse.
- Consult with the young person's SW to determine whether other persons, agencies or professionals need to be immediately informed of the disclosure in the best interests and welfare of the young person.
- Arrange method for confidential transfer of the child protection welfare referral form to the young person's SW.
- Send form by the agreed method.

Upon being informed a disclosure of abuse, the SCM will:

- Inform the ACM (and the ACM for the young person's LHO if required) that a disclosure of abuse has been made by a young person.
- Consult with the young person's SW regarding the young person's parent(s) being informed of the disclosure.
- Arrange method for confidential transfer of the child protection welfare referral form to the PSW for the young person's allocated social worker, the child care manager for the centre's LHO and the child care manager for the young person where required.
- Ensure that the completed and signed forms are placed in the confidential section of the young person's file.
- Arrange for appropriate emotional/specialist support to be made available to the young person.
- Participate in any meetings held in response to the allegation of abuse.

Purpose

The purpose of this policy is to:

- Assist the young person in feeling as comfortable as possible in the environment in which the allegation is being made.
- Minimise the likelihood of disruption to the environment in which the allegation is being made
- Minimise the levels of anxiety and distress that the young person making the disclosure may experience.
- Ensure that the centre's staff team manage disclosures of abuse in a professional and non-judgemental manner.
- Minimise the likelihood of any further abuse occurring.
- To avoid any member of the staff team saying or doing anything that may affect any investigation or potential legal proceedings.
- To provide clarity on the centre's response to allegations of abuse.
- Initiate the provision of a comprehensive multi-agency response to the disclosure of abuse.
- Avoid any gaps in the service response to the disclosure of abuse.
- Recognise the importance of maintaining professional records that may be required for any subsequent investigation or legal proceedings.

Policy on allegations of abuse against SCW concerning young people in the care of the centre

Policy

In the event of an allegation of abuse being made against a SCW the SCM will:

- Ensure that all aspects of the procedure for a disclosure of abuse have been followed through.
- Obtain any witness statements.
- Arrange any immediate emotional support that may be appropriate and necessary for the young person and the SCW against whom the allegation has been made.
- Arrange meeting to notify the SCW against whom the allegation was made that the matter has been referred to the social work department for investigation.
- Inform SCW of their right to be accompanied by a colleague or union representative at this meeting.
- Not provide SCW with specific details of the allegation.
- Inform HR of the allegation.
- Inform SCW, against whom the allegation was made, that for information regarding the progress of the investigation they must consult with HR and not the centre.
- Carry out a risk assessment to decide what protective measures are necessary to ensure the young person is not exposed to unnecessary risk.
- Consider each of the following protective measures:
 - a) Placing SCW off duty with pay pending the outcome of the investigation **or**
 - b) Reassigning SCW to other duties **or**
 - c) Providing a chaperone for SCW **or**
 - d) Providing appropriate levels of supervision for SCW.

- Implement appropriate protective measure.
- Inform the centre's staff team of the allegation and the proposed protective measures.
- Review implemented measures.
- Ensure that the young person is supported throughout the process.
- Provide any necessary specialist support to the young person.
- Ensure that the staff team is supported throughout the process.
- Provide any necessary specialist support to the staff team.
- Liaise with social work department for the duration of the investigation process.
- Give feedback on the progress of the investigation to the young person and staff team as appropriate.

Purpose

The purpose of this policy is to:

- Demonstrate that the centre considers the welfare of the young person as paramount.
- Minimise the likelihood of any further abuse occurring.
- Minimise the likelihood of any further allegations being made.
- Minimise the levels of anxiety and distress that the young person, SCW and all others living or working in the centre may experience.
- Avoid any member of the staff team saying or doing anything that may affect any subsequent investigation or potential legal proceedings.

Policy on young people in the care of the centre making allegations of abuse against other young people in the care of the centre

Policy

In the event of an allegation of abuse being made against a young person living in the centre the centre's staff team will:

- Carry out a risk assessment to respond to any concerns about each individual young person's safety and welfare.
- Complete a separate notification of a child protection concern form for each young person involved.
- Inform each young person's allocated SW.
- Arrange method for the confidential transfer of the notification of a child protection concern form to each young person's SW.
- Send Forms as agreed.
- Arrange method for the confidential transfer of both notifications of a child protection concern forms to the Child Care Manager for the centre's LHO.
- Request that a meeting is convened to provide a multi-disciplinary response to the disclosure.

Purpose

The purpose of this policy is to:

- Demonstrate that the centre considers the welfare of each young person as paramount.
- Treat each young person equally and as an individual.
- Minimise the risks presented to young people living in the centre.

General Policy

This centre will:

- Treat seriously all child protection concerns whatever their source.
- Act upon all allegations of abuse made by young people.
- Store records concerning allegations of abuse in a safe manner that facilitates access by authorised personnel.
- Provide clear guidance to the centre's staff team on how to manage allegations of abuse.

Persons involved

All persons involved in managing child protection including specifically SCW, SCM, duty social work team, ACM and the young person's allocated SW. Others may include An Garda Síochána, parent(s) and Child Care Manager.

Relevant procedures

Procedure for a Disclosure of Abuse
Procedure for an Allegation of Abuse against a SCW

Procedure for receiving a Disclosure of Abuse from a Young Person in the care of the Centre

Step	Action	Records to complete	Persons to consult
1.	Manage the environment in which the disclosure will be received to: <ul style="list-style-type: none"> ● Assist the young person feel comfortable ● Minimise the likelihood of disruption. 	N/A	YP
2.	Inform the young person that you cannot guarantee confidentiality and that his or her SW or duty SW must be notified of the disclosure.	N/A	YP
3.	Gather information from the young person remembering: <ul style="list-style-type: none"> ● Not to say or do anything that may impinge on any potential legal proceedings. ● To reassure the young person that they did the right thing in talking to you. ● Not to convey any signs of shock or distress you may experience as a result of the details of the disclosure. ● Not to convey any signs of judgement against any act or person referred to in the disclosure. ● To keep an open mind about the disclosure. ● To only use open questions and not leading questions. ● To only seek information that is necessary for making a referral to the social work team. ● Not to interrogate the young person for further details. ● Not to criticise the alleged abuser. ● To allow the young person ample time to finish the disclosure. 	N/A	YP
4.	<ul style="list-style-type: none"> ● Explain to the young person what will happen next. ● Ensure the young person understands what will happen next by asking them to repeat it back to you. 	N/A	YP
5.	<ul style="list-style-type: none"> ● Record the details immediately after the disclosure. ● Record the facts only. ● Record the exact words as used by the young person. ● Do not paraphrase. 	Child protection welfare referral form	N/A
6.	Contact the SCM/Person on call.	N/A	SCM/ Person on call
7.	Agree a plan to minimise contact between young person and any alleged abuser.	Child protection welfare referral form	Office of the child care manager
8.	<ul style="list-style-type: none"> ● Inform the young person's allocated SW of the disclosure. ● Consult with the young person's SW to determine whether other persons, agencies or professionals need to be immediately informed of the disclosure in the best interests and welfare of the young person. 	Child protection welfare referral form	Young person's allocated SW

SCM Procedure upon being informed of a Disclosure of Abuse by a Young Person in the care of the Centre

Step	Action	Records to complete	Persons to consult
1.	Inform the ACM (and the ACM for the young person's LHO if required) that a disclosure of abuse has been made by a young person.	N/A	ACM ACM for the young person's LHO if required
2.	Consult with the young person's allocated SW regarding the young person's parent(s) being informed of the disclosure.	SWCF	YP allocated SW
3.	Arrange method for confidential transfer of the child protection welfare referral form to the PSW for the young person's allocated social worker, the child care manager for the centre's LHO and the child care manager for the young person where required.	Child protection welfare referral form	PSW Child Care Manager for the centre's LHO Child Care Manager for the young person (if required)
4.	Ensure that the completed and signed forms are placed in the confidential section of the young person's file.	N/A	YP
5.	Arrange for appropriate emotional/specialist support to be made available to the young person.	N/A	YP

Contingencies for receiving a Disclosure of Abuse from a Young Person
in the care of the Centre

"What if...."	Recommended action	Records to complete	Persons to consult
1. The young person makes another disclosure about the same incident?	<ul style="list-style-type: none"> ● Complete a new child protection welfare referral form. ● Follow procedure for a disclosure of abuse. 	Child protection welfare referral form	YP SW PSW SCM/Person on call An Garda Síochána (if necessary)
2. The disclosure alleges abuse by another young person?	<ul style="list-style-type: none"> ● Carry out a risk assessment to respond to any concerns about each young person's safety and welfare. ● Complete a separate child protection welfare referral form for each young person involved. ● Arrange method for confidential transfer of child protection welfare referral forms. ● Send forms as agreed. ● Inform each young person's allocated SW. ● Request that a meeting is convened to provide a multi-disciplinary response to the disclosure. 	RAF Child protection welfare referral form SWCF	YP SW PSW SCM/Person on call An Garda Síochána (if necessary)
3. I witness another SCW engaging in abusive behaviour (as defined in <i>Children First</i>)	<ul style="list-style-type: none"> ● Intervene immediately to stop the behaviour - seek help to do so when possible. ● Remove the young person to a safe place. ● Relieve SCW of duties. ● Inform SCM/Person on call ● Arrange alternative staff cover if necessary. ● Contact An Garda Síochána if necessary. ● Provide the young person with access to any support required. ● Complete a child protection welfare referral form. ● Arrange method for confidential transfer of child protection welfare referral form ● Send form as agreed. ● Inform SCM. 	Child protection welfare referral form	YP SCM/Person on call An Garda Síochána (if necessary)

Contingencies for receiving a Disclosure of Abuse from a Young Person in the care of the Centre

"What if...."	Recommended action	Records to complete	Persons to consult
4. The young person requires medical attention as a result of the disclosed/ witnessed abuse?	As per procedure for medical attention.	As per procedure for medical attention	As per procedure for medical attention
5. The allegation is made against the SCM?	<ul style="list-style-type: none"> ● Outline concerns in writing on child protection welfare referral form. ● Arrange method for confidential transfer of the child protection welfare referral form to the young person's SW, PSW for the young person's allocated social worker, the child care manager for the centre's LHO and the child care manager for the young person where required. ● Send form as agreed. ● Inform young person's allocated SW. ● Inform ACM. 	Child protection welfare referral form SWCF	Allocated SW ACM An Garda Síochána (if necessary) PSW Child Care Manager for the centre's LHO Child Care Manager for the young person (if required)
6. I suspect that a young person living in the community and not known to be in the care of the HSE is being abused?	<ul style="list-style-type: none"> ● Outline concerns in writing on child protection welfare referral form. ● Arrange method for confidential transfer of child protection welfare referral form with local duty social work team. ● Send form as agreed. ● Notify SCM/person on call. ● Follow SCM/person on call's instructions. ● Do not question the person you suspect of being abusive. 	Child protection welfare referral form.	SWCF Duty social work team SCM/person on call An Garda Síochána (if necessary)

SCM Procedure for an Allegation of Abuse against a SCW

Step	Action	Records to complete	Persons to consult
1.	Ensure that all aspects of the procedure for a disclosure of abuse have been followed through.	As per procedure for a disclosure of abuse	As per procedure for a disclosure of abuse
2.	Inform ACM that an allegation of abuse has been made against an SCW.	SCW personnel file	ACM
3.	Obtain any witness statements.	Witness statements (if any)	Witnesses (if any)
4.	Arrange any immediate emotional support that may be appropriate and necessary for: <ul style="list-style-type: none"> • The young person • The SCW against whom the allegation has been made. 	PCF SCW personnel file	YP SCW against whom the allegation was made
5.	<ul style="list-style-type: none"> • Arrange meeting to notify the SCW against whom the allegation was made that the matter has been referred to the social work department for investigation. • Inform SCW of their right to be accompanied by a colleague or union representative at this meeting. • Do not provide SCW with the details of the allegation. • Advise SCW not to interfere with the process of the investigation or attempt to influence in any way any parties /witnesses involved in the investigation. 	Minutes of meeting SCW personnel file	SCW against whom the allegation was made
6.	<ul style="list-style-type: none"> • Inform HR/nominated support person of the allegation. • Inform SCW, against whom the allegation was made, that for information regarding the progress of the investigation they must consult with HR and not SCM. 	PCF SCW personnel file	HR/nominated support person ACM SCW
7.	Carry out a risk assessment to decide what protective measures are necessary to ensure the young person is not exposed to unnecessary risk. Consider each of the following protective measures and record the decision made: <ul style="list-style-type: none"> • Placing SCW off duty with pay pending the outcome of the investigation <u>or</u> • Reassigning SCW to other duties <u>or</u> • Providing a chaperone for SCW <u>or</u> • Providing appropriate levels of supervision for SCW. • Implement appropriate measure. • Review implemented measures. 	RAF SCW personnel file	YP SCW ACM HR SW
8.	Consult with SW to determine if it is appropriate to inform parent(s) & extended family of the allegation.	SWCF	SW

SCM Procedure for an Allegation of Abuse against a SCW

Step	Action	Records to complete	Persons to consult
9.	<ul style="list-style-type: none"> ● Ensure that the young person is supported throughout the process. ● Provide any specialist support necessary. 	YPDRB	YP SCW ACM SW
10.	<ul style="list-style-type: none"> ● Ensure that the staff team is supported throughout the process. ● Provide any specialist support necessary. 	Minutes of meeting Supervision record	SCW ACM
11.	Liaise with social work department for the duration of the investigation process	SWCF	YP SW
12.	Give feedback on the progress of the investigation to the young person and staff team as appropriate.	YPDRB	YP Staff team

SCM Contingencies for an Allegation of Abuse against a SCW

"What if...."	Recommended action	Records to complete	Persons to consult
1. The alleged abuse is found to have occurred?	<ul style="list-style-type: none"> ● Inform the young person, SCW and HR. ● Facilitate the young person and their family with access to any necessary emotional or specialist support. ● Consult with HR regarding the appropriate disciplinary procedure for the SCW who was found to have carried out the abuse. ● Provide access to emotional and specialist support to the staff team. 	YPDRB SWCF SCW personnel file As per disciplinary procedure	SW YP parent(s) Extended Family SCW SCW who was found to have carried out the abuse. HR ACM
2. The alleged abuse is found not to have occurred?	<ul style="list-style-type: none"> ● Inform the young person, SCW and HR. ● Record the young person's response. ● Ensure that the young person is supported by the staff team. ● Assure the staff team and SCW against whom the allegation was made that the allegation does not affect career prospects or reputation of the named SCW. ● Provide access to emotional and specialist support to the SCW against whom the allegation was made. 	YPDRB SWCF PCF SCW personnel file	SW YP SCW HR SCW against whom the allegation was made ACM Occupational Health Department
3. It is found that the allegation was made by a SCW with malicious intent?	Consult with HR regarding the appropriate disciplinary procedure for the SCW who made the allegation.	Both SCW personnel files	SCW HR ACM SW Occupational Health Department
4. The allegation was made by a SCW in good faith but abuse was found not to have occurred?	<ul style="list-style-type: none"> ● Reassure SCW who made the allegation that you understand the allegation was made in good faith and that no further action is necessary. ● Provide any support necessary to ensure minimum damage to the working relationship of the SCW. 	Both SCW personnel files	SCW HR ACM SW Occupational Health Department

Health and Wellbeing

Section 5

Date 1/2/2010

Policy on Emotional and Specialist Support

Policy No. 5.1
Edition No. 1

Policy on Emotional and Specialist Support

Definition

Emotional and specialist support refers to the range of interventions available to assist the young person to develop a positive self image and understanding of self.

Policy

This centre will:

- Appoint a keyworker to facilitate the assessment of and response to the young person's emotional needs.
- Liaise with any specialist services that are necessary to meet the individual needs of the young person e.g. counselling services, assessment services, family therapy services, youth advocacy programmes, consultancy services etc.
- Provide young people with access to any specialist services they may require that are available to and accessible by the centre.
- Incorporate recommendations by specialist services concerning the young person's emotional wellbeing into the daily care of the young person following agreement with all persons with a bona fide interest in the emotional wellbeing of the young person.
- Carry out a risk assessment to respond to concerns raised by a young person's attempts to deliberately self-harm in a manner that considers the young person's needs, age, stage of development and level of understanding.
- Make members of the centre's staff team available for training concerning young people's emotional wellbeing.
- Record efforts by the centre to access specialist support for young people.
- Record efforts by the centre to engage young people with specialist services.

- Record individual work with young people on the centre's individual work report.
- Store records concerning emotional support in a safe and secure manner that facilitates access by authorised personnel.

Purpose

The purpose of this policy is to:

- Ensure that the centre actively encourages and engages with a planned approach to meet the emotional needs of each young person.
- Have a named member of the centre's staff team co-ordinate the response to the young person's emotional needs.
- Examine all possible approaches to meeting the emotional needs of each young person.
- Ensure that the centre maximises the use of specialist services available to meet the emotional needs of each young person.
- Plan for the provision of care for young people who deliberately self harm.
- Provide written evidence that emotional and specialist support has been provided or sought for young people in accordance with their age, stage of development and level of understanding.
- Make records concerning emotional and specialist support available for review, monitoring and inspection by authorised personnel.
- Fulfil the centre's statutory obligations under Standards 5.27 to 5.32 of the National Standards for Children's Residential Centres (2001).

Persons involved

The young person, keyworker(s), SCW, parent(s), SW and SCM. Other persons may include specialist service providers and the ACM.

Date 1/2/2010

Policy on General
Physical HealthPolicy No. 5.2
Edition No. 1

Policy on General Physical Health

Definition

This policy considers the young person's general physical health under the following headings:

- Physical activity.
- Diet and nutrition.
- Smoking.

Policy

Physical Activity

This centre will:

- Provide young people with access to a range of physical activities in accordance with their age, ability and level of understanding.
- Organise and encourage physical play as part of the daily routine of the centre.
- Provide young people with access to a range of clubs and organisations that promote physical exercise and activity.

Diet and Nutrition

This centre will:

- Provide young people with access to nutritious and appetising food.
- Encourage and offer incentives to young people to adopt a healthy diet.
- Encourage young people to become involved with menu planning, shopping and cooking.
- Encourage young people to share mealtimes with members of the centre's staff team.
- Promote mealtimes as an important social routine in the centre.
- Meet any special dietary requirements.
- Provide young people with access to specialist services regarding diet and nutrition if necessary.
- Make members of the centre's staff team available for training concerning diet and nutrition.

Smoking

This centre will:

- Respond to concerns raised by the effects of young people smoking.

- Not purchase, supply or provide any tobacco products for young people.
- Discourage young people from smoking and support those who wish to give up.
- Provide young people with information on the detrimental effects of smoking.
- Provide young people with information on support services for smokers who wish to give up.
- Provide incentives for young people to give up or desist from smoking.
- Prohibit young people from smoking on the premises or in any transport supplied by the centre or member of the centre's staff team.
- Provide members of the centre's staff team with clear guidelines regarding smoking in the workplace.

Purpose

The purpose of this policy is to:

- Assist in the creation of an environment that promotes a healthy living regime that discourages activities that may be harmful to the physical wellbeing of each young person.
- Provide young people with a range of healthy lifestyle options.
- Promote cooking, eating and mealtimes as a positive experience for young people.
- Cater for each young person's individual dietary requirements.
- Recognise that young people in care may be attracted to, or find it difficult to desist from smoking.
- Minimise the likelihood of young people being harmed by the effects of tobacco.
- Fulfil the centre's statutory obligation as outlined under Standard 6.5; Standards 6.9 to 6.11 (inclusive); and Standards 9.9 and 9.10 of the National Standards for Children's Residential Centres (2001).

Persons Involved

The young person, keyworker(s), SCW, parent(s), SW and SCM. Other persons may include any specialist services and ACM.

Relevant Procedure

Procedure for Medical Attention (Contingency 14)

Date 1/2/2010

Policy on Sexual Health

Policy No. 5.3
Edition No. 1

Policy on Sexual Health

Definition

Sexual health refers to all matters relating to the sexual development of young people and how this impacts on their emotional and physical wellbeing.

Policy

This centre will:

- Ensure that all relevant persons with a bona fide interest in the sexual health of the young person are consulted about any matters concerning a young person's sexual health.
- Appoint a keyworker who will give appropriate guidance and information to the young person on sexual development, sexuality and relationships in a manner that considers the age, stage of development and level of understanding of the young person.
- Require the keyworker to give appropriate guidance to the young person on sexual health and sexually transmitted infections in a manner that considers the age, stage of development and level of understanding of the young person.
- Demonstrate positive relationships between males and females on the centre's staff team.
- Provide young people with access to information on birth control in an appropriate manner that considers each young person's needs, stage of development and level of understanding.
- Acknowledge the rights of young people aged 16 and over to reach their own decisions in matters pertaining to birth control and their sexual health.
- Consult with each young person's parent(s) on relevant matters concerning sexual health unless otherwise stated in the young person's statutory care plan.
- Consult with the young person's SW on relevant matters concerning sexual health.
- Consult with the young person's GP in all matters concerning sexual health.

- Carry out a risk assessment with all persons with a bona fide interest in the welfare of the young person to respond to concerns raised by a young person being sexually active.
- Carry out a risk assessment with the young person's GP and parent(s) unless otherwise stated in the statutory care plan to respond to concerns raised by a young person requesting permission to use contraception.
- Record details of any prescribed contraception on the centre's administration of medication form.
- Store records concerning contraception and the decision making process that led to the prescription of contraception in a safe and secure manner that facilitates access by authorised personnel.
- Make members of the centre's staff team available for training on matters relating to sexual health.

Purpose

The purpose of this policy is to:

- Support each young person in understanding their sexual development and matters pertaining to their sexual health.
- Promote relationships between young people as a positive aspect of normal development.
- Provide positive role models for the young people living in the centre.
- Minimise the likelihood of young people acquiring sexually transmitted infections.
- Minimise the likelihood of a young person becoming pregnant or being involved in an unplanned pregnancy.
- Minimise any negative emotional effects that becoming pregnant or being involved in an unplanned pregnancy may have on a young person.
- Provide young people with information about appropriate birth control measures.
- Address any concerns about a young person's sexual activity in a manner that considers their age, stage of development and level of understanding.
- Uphold the rights of young people aged 16 and

over to reach their own decisions regarding birth control and sexual health.

- Address any concerns about a young person using contraception in a manner that considers their age, stage of development and level of understanding.
- Provide written evidence that a young person obtained contraception.
- Make records concerning contraception available for review, monitoring and inspection by authorised personnel.
- Fulfil the centre's statutory obligations under Standard 9.9 of the National Standards for Children's Residential Centres (2001).

Persons involved

The young person, keyworker(s), SCW, parent(s), young person's GP, SW and SCM. Other persons may include any specialist services and ACM.

Date 1/2/2010

Policy on Drugs and Alcohol

Policy No. 5.4
Edition No. 1

Policy on Drugs and Alcohol

Definition

A drug is a chemical that causes changes in the way the human body functions mentally, physically or emotionally (HSE, 2003).

Introduction

For the purposes of this policy alcohol is included in the definition of drugs as it remains the drug most likely to be misused by young people.

In general drug misuse is taken to mean the use of any drug, legal or illegal, which damages some aspect of the user's life; whether it is in their mental or physical health, their relationship with their family, friends or society in general (HSE, 2003).

Policy on Drug and Alcohol Use

This centre will:

- Promote the mature and responsible enjoyment of alcohol in an age appropriate manner.
- Provide young people with information on the harmful effects of drugs and alcohol.
- Not collude with or condone the use of drugs or misuse of alcohol by young people.
- Prohibit young people from having or consuming drugs or alcohol on the premises.
- Not allow a young person's addiction to drugs or alcohol, in and of itself, to be the sole cause of the young person's placement in the centre ending in an unplanned manner.
- Carry out a risk assessment to respond to any concerns SCW may have about a young person who presents as being under the influence of drugs or alcohol.
- Not refuse entry to young people who live in the centre who present as being under the influence of drugs or alcohol unless their behaviour presents as a threat to the welfare and safety of other people in the centre.
- Seek medical attention for young people who present as being intoxicated where SCW have concerns about their physical or emotional wellbeing.

- Notify the emergency services if it is believed that a young person has suffered an overdose of drugs or alcohol.
- Carry out searches of the young person's pockets, bags and other personal belongings if it is believed that the young person is attempting to bring drugs or alcohol into the centre.
- Carry out searches of the young person's room and belongings if it is believed that a young person is in possession of, or has stored or hidden drugs or alcohol in the centre.
- Provide young people with access to specialist services concerning drugs or alcohol if necessary.
- Provide young people with information on disposal of needles, syringes and other drugs paraphernalia.
- Co-operate with An Garda Síochána with regard to all matters pertaining to drugs and alcohol misuse by young people living in the centre.
- Make members of the centre's staff team available for training concerning drugs or alcohol.

Purpose

The purpose of this policy is to:

- Minimise the likelihood of young people being harmed by the effects of alcohol and drugs.
- Recognise that young people may be attracted to, or find it difficult to desist from drug or alcohol use.
- Respond to concerns raised by the effects of young people consuming drugs and alcohol.
- Ensure that appropriate support and services be put in place for young people who misuse drugs and alcohol.
- Minimise the likelihood of young people being discharged in an unplanned manner due to alcohol/drug misuse.
- Fulfil the centre's statutory obligation as outlined under Standards 9.9 and 9.10 of the National Standards for Children's Residential Centres (2001).

Persons Involved

The young person, keyworker(s), SCW, parent(s), SW and SCM. Other persons may include any specialist services and ACM.

Relevant Procedure

Procedure for Medical Attention (Contingency 14)

Procedure upon a Young Person presenting as being under the Influence of
Drugs or Alcohol

Step	Action	Records to complete	Persons to consult
1.	Carry out a risk assessment to respond to any concerns about a young person who presents as being under the influence of drugs or alcohol.	N/A	SCW on duty
2.	Carry out searches of the young person's pockets, bags and other personal belongings if it is believed that the young person is attempting to bring drugs or alcohol into the centre.	N/A	YP
3.	Allow the young person access to the centre unless their behaviour presents as a threat to the welfare and safety of other people in the centre.	N/A	YP

Contingencies for a Young Person presenting as being under the influence of Drugs or Alcohol

"What if...."	Recommended action	Records to complete	Persons to consult
1. I consider that the young person's behaviour poses a threat to the safety and welfare of other people in the centre?	<ul style="list-style-type: none"> Do not allow the young person to enter the centre. 	SEF	YP SCW on duty Person on-call
2. The young person's behaviour escalates and continues to pose a threat to the safety and welfare of other people in the centre?	<ul style="list-style-type: none"> If necessary request assistance from An Garda Síochána 	SEF	YP SCW on duty Person on-call An Garda Síochána (if necessary)
3. I consider that the young person's behaviour no longer poses a threat to the welfare and safety of other people in the centre.	<ul style="list-style-type: none"> Allow the young person to enter the centre. 	N/A	YP SCW on duty
4. The young person refuses to comply with the searches of their pockets and belongings?	<ul style="list-style-type: none"> Inform the young person that they will be denied access to the centre until they agree to comply with the searches. 	SEF	YP SCW on duty Person on-call
5. I have to deny a young person access to the centre?	<ul style="list-style-type: none"> Carry out a risk assessment to respond to concerns about a young person being denied access to the centre. Implement the plan of action agreed during the risk assessment. 	RAF	As per risk assessment
6. If I find drugs during the search?	<ul style="list-style-type: none"> Refer to HSE National Guidelines for Engaging An Garda Síochána to deal with incidents involving children/young people in HSE residential care centres 	As per procedure for finding drugs in the centre.	As per procedure for finding drugs in the centre.
7. I believe that a young person is suffering from an overdose	<ul style="list-style-type: none"> Contact the emergency services immediately. Search room and local area for evidence of any drugs that may have been taken. Present any evidence found to the emergency services. 	Medical practitioner contact form	Emergency services

Date 1/2/2010

Policy on Pregnancy

Policy No. 5.5
Edition No. 1

Policy on suspecting that a young person may be pregnant

This policy refers to a situation where information is received that indicates that a young person may be pregnant.

This information may come from a number of sources including disclosure by the young person herself, concerns by members of the centre's staff team or information received from others e.g. family, friends, etc.

This centre will:

- Discuss the suspected pregnancy with the young person and reassure them that they will be given all necessary care and support.
- Carry out a risk assessment to respond to concerns pertaining to the suspected pregnancy and the health and wellbeing of the young person herself.
- Not depend on the results of home pregnancy tests as confirmation that a young person is pregnant.
- Inform the young person them of the next steps that need to be taken.
- Make an appointment with the young person's GP to determine whether or not the young person is pregnant.
- Consider any suspected pregnancy involving a young person in the care of the centre less than 18 years-of-age to be a child protection concern and will notify all relevant personnel using the centre's child protection welfare referral form.

Policy upon confirmation by a medical practitioner that a young person is pregnant

This centre will:

- Convene a meeting with the young person and with all persons with a bona fide interest in the welfare of the young person to discuss the pregnancy and the impact it may have on the young person and on the centre.
- Carry out a risk assessment with the young person and with all persons with a bona fide interest in the welfare of the young person to respond to concerns raised by the fact that the young person is pregnant.

- Determine whether or not the centre is the most appropriate placement option for the young person.
- Not allow a young person's pregnancy, in and of itself to be the sole cause of the young person's placement in the centre coming to an end.

Where it is determined that the centre is the most appropriate placement option for the young person, this centre will:

- Request a meeting with the young person's social worker to review the young person's statutory care plan and to begin the process of clarifying the young person's aftercare arrangements.
- Amend the young person's ICMP/DICES and PDP/PP to reflect the fact that the young person is pregnant.
- Agree with the expectant mother how the other young people living in the centre will be informed of the pregnancy and how this may potentially impact on the structures and routine of the centre.
- Agree with the expectant mother how relevant agencies and professionals will be informed of the pregnancy to allow them to accommodate any potential risks associated with the use of their services and facilities.
- Nominate a member of the centre's staff team who will discuss the normal stages of pregnancy and childbirth with the expectant mother in a manner that considers her age, stage of development and level of understanding.
- Work closely with the appropriate services to provide the best support possible throughout the pregnancy e.g. teen parenting, public health nurse etc.
- Consult with the maternity hospital to agree a schedule of appointments for the expectant mother and to agree a plan for the labour and the birth in consultation with the young person.
- Consult with the centre's staff team to develop a plan to respond promptly and efficiently to the onset of labour.
- Seek training for the centre's staff team that will enable them to provide appropriate and consistent approaches to working with the expectant mother before and after the birth of her baby.
- Ensure that the furnishings and equipment that the young person and her new baby will require are accessed and installed prior to the mother and baby returning from hospital.

- Convene a meeting with all relevant professionals to address the young person's needs, the responsibility of the SCW in relation to the care and supervision of the baby once born and any other contingencies that may be pre-empted.

Following the birth of the baby this centre will:

- Welcome the young mother and her baby back to the centre.
- Develop a PDP/PP with the young person that:
 - a) Acknowledges her role as a mother.
 - b) Recognises her individual needs and rights as a young person in care.
 - c) Recognises her potential to achieve the same goals and aspirations that she held before she became pregnant.
 - d) Identifies the skills and supports required by the young mother for safe independent living with her baby.
 - e) Identifies the role of the staff team in assisting the young mother with developing the skills required for safe independent living.
- Provide the young mother with information and assistance on how to register the birth of her child and how a birth certificate may be obtained.
- Enter the baby's details in the Centre's Register of Young People Living in the Centre.
- Give appropriate levels of support to assist the young mother in providing the best possible care to her baby.
- Provide the young mother with information and assistance in maintaining agreed levels of contact with the community nursing services.
- Provide the young mother with information and assistance on how to access any social or community welfare entitlements.
- Monitor and assess the young mother's capacity to provide safe and appropriate care for her baby.
- Notify any concerns regarding young mother's capacity to provide safe and appropriate care for her baby to the young person's social worker.
- Record all details concerning the daily routines and interactions between the young mother and her baby in the appropriate log books or forms.
- Make records concerning the young mother and her baby available for review, monitoring and inspection by authorised personnel.

Purpose

The Purpose of this policy is to:

- Demonstrate that the centre considers the welfare

of both the young mother and her baby as having equal paramountcy.

- Treat each young person equally and as an individual.
- Promote a comprehensive multi-disciplinary response to all aspects of pregnancy and young people in care.
- Ensure that all members of the centre's staff team are suitably informed and prepared to provide the best possible care to a young person upon suspecting that she may be pregnant.
- Ensure that the centre's staff team approaches all matters pertaining to pregnancy and young people in care in a professional and non-judgmental manner.
- Minimise the levels of anxiety and distress that the young person who is pregnant may experience.
- Minimise the risks presented to all young people living in the centre.
- Ensure that the young person receives the medical attention and other appropriate services they require throughout the pregnancy.
- Provide a safe environment in which a young mother and her baby can live.
- Recognise the importance of maintaining professional records that may be required for any subsequent investigation or legal proceedings.
- Ensure that there is a suitable aftercare plan in place for the young mother and her baby.

Policy upon confirmation that a young person is not pregnant

This centre will:

- Carry out a risk assessment with the young person and with all persons with a bona fide interest in the welfare of the young person to respond to concerns raised by the fact that the young person suspected that she was pregnant.
- Consider the possible underlying causes of why a young person may declare that she is pregnant when there appears to be no obvious possibility of that being true.

Persons Involved

Young person, SCM, SCWs, SW, Parent(s)/Guardian(s), ACM and all parties with a bona fide interest in the welfare of the young person.

Relevant Procedures

Date 1/2/2010

Policy on Medical Attention

Policy No. 5.6
Edition No. 1

Policy on Medical Attention

Definition

Medical attention refers to advice or treatment given by qualified medical practitioners. Medical practitioners may be a GP, dentist, optician, psychiatrist, paramedic or nurse.

Policy

This centre will:

- Obtain a copy of the young person's medical history prior to or upon his or her admission to the centre.
- Ensure that young people undergo a full medical and dental examination upon their admission to the centre.
- Endeavour to ensure that young people continue to attend the medical practitioners they attended prior to their admission to the centre.
- Remain sensitive to requests from young people regarding the gender of the medical practitioner they attend.
- Accompany young people on visits to a medical practitioner.
- Establish a section in each young person's file that contains details of their medical history, contact with medical practitioners and medication taken by the young people.
- Make a note on the young person's file where efforts to obtain information about the young person's medical history have been unsuccessful.
- Maintain records of all visits by young people to a medical practitioner in the centre's medical practitioner contact form.
- Obtain a medical card for each young person resident in the centre.
- Request a letter of consent from each young person's GP that outlines specific over-the-counter medication the young person may be administered without prescription from the GP.
- Request a letter of consent from the young person's parent(s)/legal guardian that gives permission to medical practitioners to carry out emergency treatment on the young person in the

event of their parent(s) not being contactable at the time of the emergency.

- Inform the young person's parent(s) and SW of any medical treatment or medical emergencies the young person may require.
- Support the rights of young people aged 16 and over to visit their GP unaccompanied by SCW.
- Consult with young people and their parent(s) about the young person's general health care and treatment options.
- Consult with the young person's GP to respond to any concerns about a young person's mental health.

Policy on administration of medication

This centre will:

- Ensure that all medication administered by members of the centre's staff team is administered:
 - To the right young person.
 - At the correct time.
 - In the correct dose.
 - By the correct route.
- Follow the guidelines for administration on the labels of all medication.
- Carry out a risk assessment to respond to concerns about young people aged 16 and over wishing to self-administer medication.
- Provide young people with the opportunity to learn how to self-administer medication in a safe and age-appropriate manner.
- Require that two staff team members witness the administration of medication where possible.
- Carry out a risk assessment to respond to any concerns about the method of administering particular medication e.g. suppositories.
- Record details of medication administered in the centre's administration of medication logbook.
- Record details of any errors in the administration on the centre's medical error form.

Policy on the storage and disposal of medication

This centre will:

- Store all medicines in a locked cabinet in the centre's office/locked area.
- Store all medicines requiring refrigeration in a medication fridge in the centre's office/locked area.

- Encourage young people aged 16 and over to store their personal medication in a safe and secure manner that prevents access by other residents or visitors.
- Require that staff team members' personal medication is locked in a filing cabinet and removed at the end of the shift.
- Take a regular inventory of all medication.
- Bring all medication that is no longer required or out of date to the local pharmacist for safe disposal.

Policy on first-aid

This centre will:

- Make members of the staff team available for occupational first-aid training.
- Expect SCW who are qualified in first-aid to use those skills in an emergency when it is considered necessary and safe to do so.

Purpose

The purpose of this policy is to:

- Ensure that the centre is aware of any known medical conditions a young person may have.
- Make arrangements to accommodate any known medical conditions a young person may have.
- Ensure that any necessary medical treatment is made available to the young person throughout their lives in the centre.
- Provide young people with access to medical practitioners with whom they are familiar and may feel comfortable with.
- Allow young people the opportunity to enjoy a continuum of medical attention.
- Allow the young person have access to medication that may treat minor ailments without having to visit their GP.
- Ensure that there is no delay in the young person receiving emergency treatment because of their care status.
- Ensure that parent(s) are consulted or informed about any medical attention the young person receives while in the care of the centre.
- Ensure that each young person has a complete record of their medical history while in the care of the centre and of any other information obtained by the centre at the time of admission.

- Support the rights of young people aged 16 and over to have privacy and autonomy in matters concerning their medical care.
- Allow young people develop normal social learning by providing them with the opportunity to self-administer medication in a safe and secure manner.
- Ensure that medication is stored safely and appropriately.
- Avoid young people having access to medicine that is not intended for them.
- Ensure that medicine that is no longer required is removed from the centre and presented for safe disposal to a pharmacy.
- Ensure that there are SCW in the centre who are trained to deliver first-aid.
- Recognise the young person's GP as a point of referral to other professionals who may be able to respond to concerns about the young person's mental health.
- Fulfil the centre's statutory obligations under Standards 9.1 to 9.8 and Standards 10.16 and 10.18 of the National Standards for Children's Residential Centres (2001).

Persons involved

All persons involved in providing for the young person's medical health including specifically the young person, SCW on duty, the young person's parent(s) and the young person's GP. Other relevant persons may include the SCM, the young person's SW and other medical practitioners such as the dentist, optician etc.

Relevant procedures

Procedure for medical attention

Procedure for the administration of medication

Procedure for Medical Attention

Step	Action	Records to complete	Persons to consult
1.	Contact the appropriate practitioner and arrange an immediate appointment.	Medical practitioner contact form	YP Appropriate practitioner SW
2.	<ul style="list-style-type: none"> ● Accompany the young person to the practitioner. ● Remain with the young person during the consultation where it is age appropriate and if agreed with the GP. 	Medical practitioner contact form	YP Appropriate practitioner SW
3.	Note practitioner's diagnosis and advice regarding medication and care.	Medical practitioner contact form	YP As directed by practitioner SW
4.	Make any necessary changes to young person's ICMP/DICES.	ICMP/DICES	Staff team

Contingencies for Medical Attention

"What if...."	Recommended action	Records to complete	Persons to consult
1. The young person is too ill to travel to the practitioner?	Arrange for young person's GP to visit the centre.	Medical practitioner contact form	YP GP Parent(s) SCM/on-call
2. The young person's GP is not available?	Contact the GP out-of-hours service.	Medical practitioner contact form	GP out-of-hours service
3. Medication is prescribed?	As per procedure for the administration of medication Medical practitioner contact form	Medical practitioner contact form	As per procedure for the administration of medication
4. The young person refuses to receive medical attention?	<ul style="list-style-type: none"> ● Inform practitioner. ● Follow practitioner's advice. 	SEF	YP Practitioner Parent(s) SCM/on-call
5. The young person does not wish for me to remain for the duration of the consultation?	<ul style="list-style-type: none"> ● If aged 16+ the young person has the right to choose. ● If aged 16 or under consult with young person and GP 	Medical practitioner contact form	YP GP
6. It is not possible to accompany young person to GP?	<ul style="list-style-type: none"> ● Contact SCM. ● Follow SCM instructions. 	Medical practitioner contact form	YP SCM/on-call
7. The young person requires emergency medical treatment?	<ul style="list-style-type: none"> ● Contact the emergency services immediately. ● Follow all directions given. 	Medical practitioner contact form SEF	Emergency services Parent(s) YP SCM/on-call SW Young person's school
8. The young person requires urgent surgical treatment?	Access consent form in young person's medical file and proceed as per advice from practitioner.	Medical practitioner contact form SEF	YP parent(s) SCM/on-call ACM SW young person's school
9. There is no consent form in the young person's medical file?	<ul style="list-style-type: none"> ● Request parent(s) consent for the treatment to take place. ● Follow practitioner's advice. 	Medical practitioner contact form	YP Parent(s) SCM/on-call

Contingencies for Medical Attention

"What if...."	Recommended action	Records to complete	Persons to consult
10. I have received first-aid training?	<ul style="list-style-type: none"> ● Implement first-aid procedures if you feel confident to do so. 	AMF	YP SCM/on-call
11. What if I have not received first-aid training?	<ul style="list-style-type: none"> ● Do not implement first-aid procedures. 	N/A	N/A
12. Additional staffing cover is required as a result a young person needing medical attention?	<ul style="list-style-type: none"> ● Contact SCM. ● Follow SCM's instructions. 	HB	YP SCM/on-call
13. I believe that a young person is suffering from an overdose	<ul style="list-style-type: none"> ● Contact the emergency services immediately. ● Search room and local area for evidence of any drugs that may have been taken. ● Present any evidence found to the emergency services. 	Medical practitioner contact form	Emergency services

Procedure for Administration of Medication

Step	Action	Records to complete	Persons to consult
1.	Give the prescription to the pharmacist and confirm the following: <ul style="list-style-type: none"> ● That the prescription has been issued to the correct person. ● The suitability of medication for the named young person. ● The method of administration. ● The frequency and duration of dosage. ● The times for administration. ● Any possible side effects. ● Any other relevant information. ● That the young person's name and all directions for use are on the container. 	N/A	Pharmacist
2.	Check expiry date on medication.	N/A	N/A
3.	Wash hands thoroughly.	N/A	N/A
4.	Administer medication according to instructions.	AMF	N/A
5.	<ul style="list-style-type: none"> ● Record all details of administration immediately. ● Ensure records are co-signed where possible. 	AMF	N/A
6.	Lock all medication in medicine cabinet or medicine fridge after each administration.	N/A	N/A
7.	<ul style="list-style-type: none"> ● Monitor the young person's progress with recovery. ● Note and record any side effects of medication. 	YPDRB	N/A

Contingencies for the Administration of Medication

"What if...."	Recommended action	Records to complete	Persons to consult
1. The young person refuses to take the medication?	<ul style="list-style-type: none"> Remind the young person of the importance of taking the medicine. 	N/A	YP SCW
2. The young person continues to refuse to take the medication?	As per procedure for medical attention	As per procedure for medical attention SEF	As per procedure for medical attention
3. I notice that the young person is suffering from side effects of concern or is having an adverse reaction to the medication?	<ul style="list-style-type: none"> Cease administration of medication. Contact GP Follow all directions given. 	HB	YP GP SCM
4. A cream or ointment needs to be applied?	Encourage the young person to self-administer.	AMF	YP
5. The young person cannot self-administer cream or ointment?	<ul style="list-style-type: none"> Wear disposable gloves. Follow safety directions on the container. Refer to the policies and procedures on safe practice and working alone 	AMF	YP
6. I need to bring my own medication to work?	Ensure your medication is kept separately, safely and securely.	N/A	SCM
7. An 'over the counter' medicine is being administered?	<ul style="list-style-type: none"> Proceed with administration only if a letter consenting to the administration has been obtained from the young person's GP Follow instructions in the letter of consent. Record administration in AMF. 	AMF	YP GP
8. The young person needs to self-administer medication?	Carry out a risk assessment to respond to any concerns.	RAF	As indicated by risk assessment
9. The young person is 16 years of age or older and wishes to self administer and store medication?	Carry out a risk assessment to respond to any concerns raised by a young person wishing to self-administer and store medication.	RAF	As indicated by risk assessment
10. The medication is out of date?	<ul style="list-style-type: none"> Do not administer. Inform young person's GP Follow directions given. Label medication as "out of date" and return it to the pharmacist for disposal. 	HB	GP Pharmacist SCM

Contingencies for the Administration of Medication

"What if...."	Recommended action	Records to complete	Persons to consult
11. It is not possible for two SCW to witness administration of medication?	<ul style="list-style-type: none"> ● Administer medication at correct time. ● Only SCW who administers the medication signs the AMF. 	AMF	YP
12. There are safeguarding concerns regarding the administration of medication?	Ensure that there are always two SCW present during administration.	AMF	SCM
13. An error in the administration of medication has occurred?	<ul style="list-style-type: none"> ● As per procedure for medical attention. ● Record details on medical error form. 	AMF SEF	As per procedure for medical attention

Significant Events

Section 6

Date 1/2/2010

Policy on Risk Assessment

Policy No. 6.1
Edition No. 1

Policy on Risk Assessment

Definition

Risk assessment is the inclusive process whereby professional judgement is used to respond to an issue giving cause for concern in order to agree a plan of action that represents the best interests of the young person.

Introduction

Although professional judgement is fundamental to effective decision making, the full procedure for risk assessment should only be employed when SCW feel there is a genuine cause for concern. Routine decisions may be reached by following the guidelines of risk assessment without having to complete a risk assessment form.

Policy

This centre will:

- Exercise professional judgements that are considered to be in the best interests of the welfare of the young person.
- Involve the young person in all stages of the risk assessment process.
- Carry out risk assessments for issues giving cause for concern in the absence of a previously agreed plan of action.
- Consider the young person's previous behaviour or response to issues similar to those giving cause for concern.
- Explore all measures that may be taken in order to safely accede to the young person's request.
- Encourage the young person to explore and agree a plan of action that will minimise the cause(s) for concern.
- Consult with any person that may help in the formulation of a safe response to the issue giving cause for concern.
- Take a calculated risk to safely accede to the young person's request when the benefits to the young

person appear to outweigh the possible concerns.

- Explain the outcome of risk assessments to young people.
- Record details of risk assessments on the centre's risk assessment form and store them in a safe and secure manner that facilitates access by authorised personnel.
- Monitor and review risk assessments on a regular basis.
- Provide clear guidance to the centre's staff team on how to incorporate risk assessments into everyday work practice.

Purpose

The purpose of this policy is to:

- Ensure that decisions concerning young people are reached in a fair and inclusive manner, intended to establish safe outcomes.
- Empower the centre's staff team to make safe decisions in a prompt manner.
- Promote a working environment that encourages the use of professional judgement, calculated risk-taking and solution-focussed approaches when making decisions concerning young people.
- Help young people develop responsible social learning based upon their involvement in this process, and their own experience of evaluating potential risks to their safety and wellbeing.
- Provide written evidence that risk assessments are carried out and made available for review, monitoring and inspection by authorised personnel.
- Develop practice based upon the centre's experience of learning from the outcomes of risk assessments.

Persons involved

All persons involved in the decision making process; including specifically the young person and SCW. Other relevant parties may include parent(s), SCW, SW, ACM, and any other person that may be able to assist in establishing protective measures for the young person.

Relevant procedures

Procedure for risk assessment

Procedure for Risk Assessment

Step	Action	Records to complete	Persons to consult
1.	<ul style="list-style-type: none"> Outline the issue that is giving cause for concern to SCW on duty. 	RAF	SCW
2.	<ul style="list-style-type: none"> Outline why this issue is giving cause for concern taking into account any previous positive or negative outcomes of this issue. 	RAF	SCW
3.	<ul style="list-style-type: none"> Determine the risks associated with the issue. 	RAF	SCW
4.	<ul style="list-style-type: none"> Examine ways in which the risks associated with the issue can be managed. If necessary consult with any other relevant persons including the young person. 	RAF	SCW Any other relevant person including the young person.
5.	<ul style="list-style-type: none"> Agree a plan of action determined by whether or not the risks can be managed. 	RAF	SCW Any other relevant person including the young person.
6.	<ul style="list-style-type: none"> Inform young person of the agreed plan of action explaining how and why the decision was reached. 	RAF	YP
7.	<ul style="list-style-type: none"> Ensure that the risk assessment form is signed by all SCWs on duty. 	RAF	SCW

Contingencies for Risk Assessment

"What if...."	Recommended action	Records to complete	Persons to consult
1. Not all SCW are present in the centre to participate in the risk assessment?	<ul style="list-style-type: none"> Consult SCW using the centre's mobile phone. Ensure SCW signs RAF upon return to centre. 	RAF	SCW
2. Not all SCW on duty are available to participate in the risk assessment?	Wait until SCW becomes available.	N/A	YP
3. It is not practical to wait for all SCW to become available?	<ul style="list-style-type: none"> Proceed with risk assessment. Only SCW involved with decision sign RAF. 	RAF	SCW

Date 1/2/2010

Policy on Significant
Events

Policy No. 6.2
Edition No. 1

Policy on Significant Events

Definition

A significant event is a noteworthy experience in a young person's life that necessitates notification to all persons with a bona fide interest in the young person's welfare and development.

Examples of a significant event include:

- A move away from the young person's normal baseline behaviour.
- Any notable disruption to a young person's normal physical or emotional state.
- An absence at risk.
- A formal complaint made by a young person.
- Suspension from school or training course.
- Substance or alcohol abuse.
- Self harm or overdose on the part of a young person.
- Criminal activity by a young person.
- Serious damage to property by a young person.
- Assaults on staff and others.
- Incident where physical restraint was used.
- Bullying.
- Suspected or known unlawful sexual activity.
- A young person being admitted to hospital or suffering serious illness.
- Traffic accidents involving a young person.
- Serious domestic accidents involving a young person.
- The outbreak of any infectious disease affecting a young person.
- The death of a young person.

This list is not exhaustive and other events may occur in a young person's life that may require notification as a significant event.

Note

This centre has specific significant events that have their own specific procedures and recording systems and will:

- Follow the steps outlined in those procedures.
- Complete only the records required by that procedure.
- Enter the event in the centre's register of significant events.

(A young person being absent at risk is a significant event that has its own individual procedure and form. There is no requirement to complete a notification of a significant event form in addition to an absent at risk form)

Policy

This centre will:

- Identify significant events that do not have their own specific procedure and/or associated recording system and will complete a notification of significant event form in this instance. ***(Suspension from school or training course does not have a specific procedure or recording system but is regarded as a significant event and therefore requires completion of a notification of a significant event form.)***
- Respond to significant events in a manner that is comparable with the nature and extent of the event.
- Undertake any follow-up action necessary arising from significant events.
- Notify the following persons of significant events as soon as they occur or, where this is not possible, the notification should be made as early as possible on the next working day.
 1. The SCM/on-call manager.
 2. The young person's SW.
 3. The ACM
 4. The monitor for children's residential centres

Other persons who may be notified include:

1. The young person's parent(s) or extended family
2. An Garda Síochána
3. The PSW for the young person's SW
4. Any other person with a bona fide interest in the welfare of the young person.

- Maintain contact with all persons notified of significant events for as long as is necessary.
- Record details of significant events as soon as is practicable following the event including any follow-up action taken by the centre.
- Store records regarding significant events in a safe and secure manner that facilitates access by authorised personnel.
- Enter details of **all** (including those that have their own specific procedures and recording systems) significant events in the centre's register of significant events.
- Monitor and review significant events on a regular basis.
- Request a meeting with all persons with a bona fide interest in the welfare of the young person where the young person's normal baseline behaviour gives continuing cause for concern.
- Provide clear guidance to the centre's staff team on how to manage and report significant events.

Purpose

The purpose of this policy is to:

- Record significant events that occur throughout the young persons' placement in the centre.
- Initiate where necessary a multi-agency response to significant events that will lead to:
 - 1) Clarification of the circumstances surrounding the event.
 - 2) A risk assessment being undertaken where necessary.
 - 3) Development of a plan of action that seeks a positive outcome for the young person.
- Provide the young person with access to potential advocates on their behalf.
- Provide written evidence that significant events are notified and responded to.
- Make records concerning significant events available for review, monitoring and inspection by authorised personnel.
- Provide transparency in the management of significant events.
- Develop practice by learning from the centre's experience of significant events.
- Fulfil the centre's statutory obligation outlined in

Standard 2.9 of National Standards for Children's Residential Centres (2001).

Persons involved

All persons with a bona fide interest in the welfare of the young person; including specifically SCM, SCW, keyworker(s), SW, ACM, independent monitor and young person's family.

Other relevant parties may include An Garda Síochána, Guardian ad Litem and medical practitioners.

Relevant Procedure

The relevant procedure to be followed will be determined by the nature of the event itself. The action required by SCW will be outlined in the steps of the relevant procedure.

Date 1/2/2010

Policy on Unauthorised Absences

Policy No. 6.3
Edition No. 1

Policy on Unauthorised Absences

This centre will be guided by the joint protocol agreed between the HSE and An Garda Síochána entitled 'Missing Children from Care' (appendix 4).

The following policy provides a summary of the actions to be taken by the centre in the event of unauthorised absences from the centre as outlined in the joint protocol.

Definition

An unauthorised absence is defined as a situation whereby a young person is missing or outside the supervision of the centre.

There are three types of unauthorised absence; 'absent without permission', 'absent at risk' and 'missing child from care'.

Absent without permission

This refers to young people who are absent from the centre without agreement from the centre's staff team but where there are no immediate concerns for their safety or wellbeing. This is considered to be a matter of behaviour management and the centre will respond to this without notifying An Síochána.

Young people initially judged to be absent without permission may soon be considered absent at risk should the absence continue over a longer period of time or evidence presents itself to suggest they are at greater risk than initially perceived.

Absent at risk

Young people are considered absent and at risk if they are absent without permission in circumstances that give rise to concerns for their safety. Even where SCW may know the whereabouts of a young person, he or she could be considered 'absent at risk' due to their vulnerability, previous patterns of behaviour, and other level of risk.

Under the joint HSE/An Garda Síochána protocol; when the centre is aware that a significant risk is posed to the young person by their continued absence, and the centre is unable to facilitate the safe return of the young person, then the centre should telephone their local Garda Station to request Garda assistance to arrange for the return of the young person. An Garda Síochána may assist and categorise the event as a 'Health Service Executive Child Return Request'.

Missing Child from Care

Under the joint HSE/An Garda Síochána protocol, a young person is considered to be a 'missing child from care' when his/her whereabouts are unknown and the circumstances of the disappearance are such that the HSE, or its agents, risk assess the absence as high risk. The notification of a young person as being a 'missing child from care' should be used only as a measure of last resort and when the centre has no knowledge of the young person's whereabouts.

Risk assessment and unauthorised absences

Young people may only be considered 'absent at risk' or a 'missing child from care' following a risk assessment. There are a number of risk assessment tools available to the centre examples of which may be found in this document and another which may be found in the Joint Protocol between the HSE and An Garda Síochána. This centre will consider the following factors when undertaking any risk assessment for an unauthorised absence:

This centre will consider the following factors when undertaking a risk assessment for unauthorised absences:

- The general vulnerability of the young person.
- The circumstances of the absence.
- The age, stage of development, level of understanding and personal circumstances of the young person.
- Decisions already agreed and incorporated into the young person's statutory care plan.
- Any special instructions in the young person's ICMP/DICES.

- Previous behaviour patterns in relation to unauthorised absences.
- Previous actions during absences.
- Length of time absent.
- The continuing or urgent need for the young person to have medication or other medical treatment.
- Any special needs.
- Likely use of drugs/solvents/alcohol.
- Risk of deliberate self-harm.
- Possible reasons for absconding.
- SCW knowledge of the young person's friends and peer group.
- Whether the young person is familiar with the area.
- Whether the young person poses a risk to themselves or others.
- Whether the young person is being targeted or exploited by adults in the community.
- Environmental factors including weather, time of year, community events or tensions.

Policy

The centre will:

- Familiarise itself with the Children Missing from Care Joint Protocol between An Síochána and the HSE.
- Maintain an up-to-date photograph of each young person living in the centre on each of their files.
- Store all records relating to unauthorised absences in a safe and secure manner that facilitates access by authorised personnel.
- Monitor and review unauthorised absences at regular intervals.
- Ensure that the centre's staff team are aware of their responsibilities with regard to the management and notification of unauthorised absences.

In the event of a young person judged to be 'absent without permission' then this centre will:

- Attempt to locate the young person without notifying An Garda Síochána.

In the event of the young person not being located this centre will:

- Carry out a risk assessment to determine the plan of action for returning the young person to the centre as soon as possible.
- Record details of the assessment on the centre's risk assessment form.
- Continually assess the changing level of risk posed to the young person for the duration of the absence.

In the event of a young person being assessed as being 'absent and at risk' this centre will:

- Notify the SCM/on call manager (where applicable), the young person's SW, the ACM and the monitor of the absence and the measures taken by the centre to locate the young person. The young person's parents should also be informed where appropriate.
- Maintain an agreed level of contact with all persons notified of the absence until the young person returns to the centre.
- Record details of the absence on the centre's absent at risk form and forward copies of this form to each relevant person named on the form.
- Enter details of the absent at risk in the centre's register of significant events.

In the event of a young person being assessed as a 'missing child from care' this centre will:

- Establish contact with the local garda station to determine and agree the most effective way to inform the Gardaí when a young person is assessed as being a 'missing child from care'. This may involve:
 1. Faxing a 'Missing Child from Care Report Form' and photograph to the Garda station.
 2. A SCW personally delivering the 'Missing Child from Care Report Form' and photograph to the Garda station when it is safe and practicable to do so.
 3. Requesting An Garda Síochána to collect the 'Missing Child from Care Report Form' and photograph from the centre if necessary.

- Take an active interest in the investigation of a 'missing child from care' and will pass on all information which may help to inform the investigation and assist with protecting the young person while missing.
- Notify the SCM/on call manager (where applicable), the young person's SW, the ACM and the monitor of the absence and the measures taken by the centre to locate the young person. The young person's parents should also be informed where appropriate.
- Maintain an agreed level of contact with all persons notified of the absence until the young person returns to the centre.
- Record details of the absence on the centre's missing child from care report form and forward copies of this form to each relevant person named on the form.
- Enter details of the 'missing child from care' in the centre's register of significant events.

Purpose

The purpose of this policy is to:

- Clarify when An Garda Síochána should and should not be notified of unauthorised absences.
- Distinguish between absences that are considered to place the young person at risk and those that do not.
- Minimise any potential harm to the young person by returning them to the centre as quickly as possible.
- Provide written evidence that unauthorised absences are notified and responded to.
- Make records concerning unauthorised absences available for review, monitoring and inspection by authorised personnel.
- Develop practice by learning from the centre's experience of unauthorised absences and how they are managed.
- Fulfil the centre's statutory obligations as outlined in Standards 6.32 and 6.33 of National Standards for Children's Residential Centres (2001).

Persons involved

All persons involved in the management of unauthorised absences; including specifically the SCW, SCM, SW, parent(s) and An Garda Síochána. Other relevant parties may include extended family, ACM, and any other person that may be able to assist in returning the young person to the care of the centre.

Relevant procedure

Procedure for an absence without permission
Procedure for risk assessment
Procedure for an absence at risk
Procedure for a 'missing child from care'

Procedure for an Absence without Permission

Step	Action	Records to complete	Persons to consult
1.	<p>If possible, undertake the following measures until the young person has been located:</p> <ul style="list-style-type: none"> • Conduct an extensive search of the centre. • Call the young person on their mobile phone. • Conduct an extensive search of the surrounding area, where possible. • Contact the young person's parent(s), extended family and known friends to determine if they are aware of the young person's whereabouts. 	Absent without permission form	Parent(s) Extended family Known friends

Contingencies for an Absence without Permission

"What if...."	Recommended action	Records to complete	Persons to consult
1. I cannot locate the young person?	Carry out a risk assessment to agree a plan of action.	RAF	As per risk assessment
2. The young person absconds from another organisation (e.g. school, sports club, social club etc.)?	<ul style="list-style-type: none"> • Contact the organisation and ascertain any precipitating factors and possible whereabouts. • Carry out a risk assessment to agree a plan of action. 	RAF	As per risk assessment

Procedure for an Absence at Risk

Step	Action	Records to complete	Persons to consult
1.	Notify SCM/person on-call that the young person is 'absent at risk'.	Absent at Risk Form	ACM SCM
2.	Fax the absence at risk form to the SW, ACM and Monitor (and ACM for the young person's LHO if necessary).	Absent at Risk Form	SW Monitor
3.	Continuously monitor events to assess whether or not the status of the absence has changed from 'an absence at risk' to a 'missing child from care'.	RAF	Any person or agency who can provide information concerning the absence
3.	Enter details into register of significant events.	Register of significant events	N/A
4.	File all information recorded safely and securely.	N/A	N/A

Contingencies for an Absence at Risk

"What if...."	Recommended action	Records to complete	Persons to consult
1. The centre is aware that a significant risk is posed to the young person by their continued absence, and the centre is unable to facilitate the safe return of the young person?	Telephone your local Garda Station to request Garda assistance to arrange for the return of the young person. (An Garda Síochána may assist and categorise the event as a 'Health Service Executive Child Return Request').	PCF	An Garda Síochána SCM/Person On-Call

Procedure for when a young person is considered as a 'missing child from care'

Step	Action	Records to complete	Persons to consult
1.	Report the young person as a 'missing child from care' to your local Garda Station.	Missing child from care report form	An Garda Síochána
2.	Inform the Gardaí that you will be faxing a copy of the missing child from care report form and a photograph of the young person following the phone call unless otherwise advised.	N/A	An Garda Síochána
3.	Pass on all information which may help to inform the investigation and assist with protecting the young person while missing.	PCF	An Garda Síochána
4.	Agree with the Garda Station the most suitable times for phoning the station for an update on their investigation but no less than once during each working shift at the station i.e. <ul style="list-style-type: none"> ● 6am - 2pm ● 2pm - 10pm ● 10pm - 6am 	Missing child from care report form	An Garda Síochána
5.	Notify SCM/person on-call that the young person is 'absent at risk'.	Missing child from care report form	ACM SCM
6.	Fax the absence at risk form to the SW, ACM and Monitor (and ACM for the young person's LHO if necessary).	Missing child from care report form	SW Monitor

Contingencies for when a young person is considered as a 'missing child from care'

"What if...."	Recommended action	Records to complete	Persons to consult
1. It is not possible for the Garda Station to receive a fax?	Agree the most effective way to inform the Garda when a young person is assessed as being a 'missing child from care'.	Missing child from care report form	Garda
2. I am asked to make a statement by An Garda Síochána?	Make the statement as requested by An Garda Síochána?	PCF	An Garda Síochána

Date 1/2/2010

Policy on Returns from
Unauthorised Absences

Policy No. 6.4
Edition No. 1

Policy on Returns from Unauthorised Absences

Definition

A return from an unauthorised absence is defined as a situation whereby a young person returns to the care of the centre following an 'absence without permission', an 'absence at risk' or a 'missing child from care'.

Policy

Upon young people returning from unauthorised absences, this centre will:

- Where necessary, make appropriate transport arrangements to facilitate the young person's return to the centre.
- Welcome the young person home in an unconditional manner.
- Attend to their immediate needs i.e. food, sleep, clothes, wash, medical attention.
- Notify all persons informed of the absence of the return as soon as is practicable.
- Notify An Garda Síochána of the return **only** if the absence was notified to An Garda Síochána.
- Choose an appropriate time to discuss the circumstances that led to the absence.
- Attempt to ascertain the young person's whereabouts during the absence.
- Attempt to ascertain who the young person was with during the absence.
- Attempt to ascertain the young person's actions during the absence.
- Discuss alternatives to absconding as a means of self-expression.
- Record details of the return in the centre's return from unauthorised absence form.
- Fax a copy of the return from unauthorised absence form to all persons as indicated on the form.
- Store all records relating to return from

unauthorised absences in a safe and secure manner that facilitates access by authorised personnel.

- Monitor and review returns from unauthorised absence at regular intervals.

Purpose

The purpose of this policy is to:

- Provide a nurturing, non-hostile welcome for a young person returning to the centre following an unauthorised absence.
- Relieve An Garda Síochána of their responsibility to continue searching for the young person.
- Relieve any possible anxiety felt by those persons notified of the young person's absence.
- Attempt to establish whether the absence was motivated by the young person being attracted to a situation outside the centre or a desire to get away from a situation inside the centre.
- Gather information that may be useful for locating the young person in the event of any future unauthorised absences.
- Discourage young people from leaving the centre without permission by examining, with them, the risks associated with unauthorised absences.
- Provide written evidence that returns from unauthorised absences are responded to and notified.
- Make records concerning returns from unauthorised absences available for review, monitoring and inspection by authorised personnel.

Persons involved

All persons involved in the management of return from unauthorised absences; including specifically the SCW and the young person. Other relevant parties may include SCM, SW, parent(s), An Garda Síochána extended family, ACM, and any other person that may be able to assist in returning the young person to the care of the centre.

Relevant procedure

Procedure for return from an unauthorised absence **6.4**

Procedure for Returns from Unauthorised Absences

Step	Action	Records to complete	Persons to consult
1.	Welcome the young person back to the centre.	N/A	N/A
2.	Ascertain and attend to the following: <ul style="list-style-type: none"> • Does the young person require medical attention? • Does the young person require food and drink? • Is the young person in need of clean or dry clothing? • Does the young person wish to have a shower or a bath? • Does the young person need to sleep? 	N/A	N/A
3.	Inform the Gardaí that the young person has returned home only if the absence was notified to An Garda Síochána.	Return from unauthorised absence form	Gardaí
4.	Fax the completed copy of the return from unauthorised absence form to the Gardaí only if the absence was notified to An Garda Síochána.	Return from unauthorised absence form	Gardaí
5.	Contact all other persons and agencies that were informed of the young person's absence.	Return from unauthorised absence form	All persons and agencies that were informed of the young person's unauthorised absence.
6.	Fax the return from unauthorised absence form to all persons and agencies notified in the first instance.	Return from unauthorised absence form	SW ACM Monitor
7.	At the earliest appropriate opportunity (i.e. within 24 hours), discuss the following with the young person: <ul style="list-style-type: none"> • The young person's reason for absconding. • The young person's whereabouts during absence. • The young person's activities during absence. • The young person's companions during absence. 	Return from unauthorised absence form	Parent(s) SCM SW ACM All other persons and agencies that were informed of the young person's unauthorised absence.

Date 1/2/2010

**HSE National
Guidelines for Engaging An
Garda Síochána to deal with
Incidents involving Children/
Young People in
HSE Residential Care Centres**

**Policy No. 6.5
Edition No. 1**

HSE National - Guidelines for Engaging An Garda Síochána to deal with Incidents involving Children/Young People in HSE Residential Care Centres

Introduction

The HSE acknowledges the fact that young people in residential care may present with complex needs and challenging behaviour arising from psychological, emotional and social problems. When children and young people come into HSE care they are likely to be troubled and exhibit behaviour that is indicative of the trauma they have experienced. These problems are likely to manifest themselves in displays of difficult, challenging and sometimes violent/aggressive behaviour. In such instances An Garda Síochána are oftentimes called to assist residential care staff.

The Safety, Health and Welfare at Work Act, 2005 sets out the general duties of the employer which indicates that the employer has a duty so far as reasonably practical to ensure the safety, health and welfare at work of it's employees. Equally it is the duty of every employee to take reasonable care for his/her own safety, health and welfare and that of others, who might be affected by his/her acts or omissions especially service users.

The residential care team, in conjunction with other relevant professionals, is required to develop risk management strategies for anticipating and managing challenging behaviour. This is a critical aspect of therapeutic input. In this context the HSE, in consultation with all the relevant HSE professionals, has developed these guidelines.

The purpose of these guidelines is:

- To assist and guide those working in the residential care sector in developing a consistent approach to decision-making processes that may lead them to making a complaint to An Garda

Síochána and, subsequently, to young people facing prosecution while in the care of the HSE.

- To promote a balance between the rights and responsibilities of young people in care and those of the staff employed to care for them. It is the policy of the HSE combined with its statutory responsibility to all employees to, so far as is reasonably practicable, ensure the safety, health and welfare of all employees within the workplace.
- To promote good working relationships between residential centres and An Garda Síochána by providing a coherent approach to involving them in critical incidents at the residential centre.
- To provide information for residential care staff on the powers of An Garda Síochána under the current legislation and enable them to make decisive and informed decisions in relation to An Garda Síochána intervention.

Implications to be Considered when Seeking An Garda Síochána Involvement

Residential care staff should be aware that any legal proceedings against young people can only be initiated with the approval of the Director of the National Juvenile Office and after assessing the evidence contained in the Garda investigation file. The HSE as an organisation cannot make a statement or prefer charges against a young person. This does not negate the right of an individual to make a complaint. Statements are made by individuals, staff, residents, witnesses and victims and by the alleged offender who has a choice to make a statement or not. Between collating evidence, submitting a file to the Director of National Juvenile Office and issuing a summons timeframes of up to six months and beyond can be expected as normal for any alleged criminal offence. Staff members should be aware of this in the event that a complaint is being considered as a prompt resolution to challenging behaviour.

The HSE acknowledges that there may be extreme circumstances when it is necessary to contact An

Garda Síochána for assistance in managing a potentially dangerous situation. Residential centres should have a documented strategy for dealing with challenging behaviour as it escalates, up to and including, seeking assistance from An Garda Síochána. Staff must ultimately use their own professional judgment following consultation with colleagues and adherence to agreed behaviour management strategies.

This balance can only be achieved in residential centres through good leadership, and a clearly defined approach to working with young people that are set out in the centre's statement of purpose and function.

Where a service level agreement with a non-statutory provider exists procedures for engaging the Gardaí should be incorporated into such an agreement.

All residential care services should have systems in place to monitor and review Garda interventions.

Residential care workers should be mindful of the following when considering Garda intervention:

- The legal processes entailed when an initial complaint is made to An Garda Síochána and the subsequent implications of this for the young person, the staff team and the individual staff member.
- The impact on all parties of making a formal complaint and also the impact of subsequently withdrawing such complaints. Due consideration should be given to the potential damage such actions may cause to important relationships between An Garda Síochána, the young people, the staff team and the residential centre itself.
- An over reliance on An Garda Síochána to assist in dealing with critical incidents within the residential care centre is likely to result in a strained relationship between the local Garda station and the centre. A reliance on Garda intervention or inappropriate use of Garda resources might also dilute the effectiveness of the response from An Garda Síochána when it is most needed.
- Relinquishing power to An Garda Síochána in such circumstances may lead to a situation where young people in a residential care centre perceive that the staff team lacks the capacity to maintain their authority without the aid of external agencies.

This may lead to a power struggle between residential care staff and particular young people on one hand, and a general feeling of insecurity and lack of authority in the residential care centre on the other.

- The possibility that Garda intervention may result in an escalation of the challenging and violent behaviour and not a resolution to it as was initially intended. Garda intervention may also impinge on the potential for therapeutic relationships between residential care staff and the young people concerned.
- The importance of creating opportunities within residential centres to promote An Garda Síochána in a positive light and to develop relationships in times when the centre is not in crisis, for example, through the Juvenile Liaison Officer and/or the Community Garda. Residential care centres should be proactive in promoting the educative role An Garda Síochána.

Preventative Approach to Behaviour Management

The HSE should give due cognisance to the stability and appropriateness of the residential care setting for the young person and every effort should be made to ensure that the young person is placed in a centre that can best respond to his or her presenting needs and behaviour.

There are a number of measures that can assist residential care staff in the prevention and management of violent or aggressive behaviour.

These measures include:

- Conveying an understanding of the underlying causes of why the young person is in care.
- Conveying an understanding of the psychological, social and educational problems associated with being in care.
- Maintaining and following the guidelines in the young person's Individual Crisis Management Plan/Risk Management Plan (ICMP/DICES).
- Demonstrating a reasonable tolerance of certain displays of difficult and challenging behaviour in accordance with the young person's care plan and ICMP/DICES.
- Providing structure, routines and activities in consultation with the young people.
- Recognising the young people's concerns as valid and responding to them appropriately.

- Taking steps to ensure that young people know their rights and responsibilities.
- Involving all staff in risk management and risk assessment processes and providing appropriate training for staff in this area of practice.

Intervention Approaches to Behaviour Management

In recognition of the requirement for a consistent and structured approach to the management of violent and aggressive behaviour within residential centres, residential care staff within the HSE services should receive training in this area of practice and each residential centre should have a written policy to endorse this approach.

Residential care staff are responsible for participating in any approved training and implementing its ethos and approach with the young people in the centre.

Both the care plan and placement plan/PDP should identify potential services that could offer respite breaks for the young person where it is anticipated that this may be required to support the primary placement.

Acts of violence and aggression should be dealt with individually and on a case-by-case basis giving due consideration to these guidelines.

The establishment of positive interaction between An Garda Síochána and the residential care services can build and promote positive and supportive professional relationships between both agencies.

Debriefing and Support Following a Critical Incident

There is a statutory requirement setting out the requirements to record, report and notify the HSE of any significant event that occurs within the centre.

Where an episode of violence or aggression occurs, the residential care centre should arrange support for both victim and perpetrator as required.

Staff supports should include:

- Facilitation to leave work to seek medical attention
- Debriefing and supervision for the residential care staff

- Debriefing for the staff team
- Access to HSE occupational health services or any other internal supports for residential care staff i.e. staff welfare/HR services.
- Access to external supervision/counselling as appropriate

Supports for young person should include:

- Access to debriefing by centre manager and/or key-worker
- Access to supervising SW/Guardian ad Litem/monitoring officer/inspector
- Access to medical attention
- Access to counselling services as appropriate
- Access to critical incident records and an opportunity to comment on same
- Access to the centre's complaints procedure
- Access to An Garda Síochána complaints procedure

Making a complaint to An Garda Síochána

The HSE acknowledges the rights of any employee to make a complaint to An Garda Síochána in the event of an alleged criminal act perpetrated against them.

- The legislation dictates that although an individual may make a complaint/statement to An Garda Síochána about alleged criminal activity by a young person - **staff members or the HSE cannot charge the young person.** The complainant becomes a witness for the State and the law enforcement agency. Control rests with the Garda Authority who is prosecuting the case. Charges can only be initiated on approval of the Director of the National Juvenile Office, having considered a range of options presented in the Garda file dealing with the complaint, one of which may be recommending a prosecution, a caution, or neither based on available evidence.
- An Garda Síochána is a law enforcement agency and is therefore governed by a duty to seek outcomes for its interventions which maybe different from those of residential care staff.
- Residential care staff should be aware that they do not have an automatic right to accompany a young person to a Garda station in a Garda vehicle. It is at the discretion of An Garda Síochána as to who accompanies the young person to the Garda station.

- Residential care staff do not have an automatic right to be present with a young person who is being questioned or interviewed by An Garda Síochána in relation to an alleged offence. An Garda Síochána may identify an appropriate adult to sit in on the interview. This person may not necessarily be the residential care worker.
- Where a residential care staff is the complainant it is not appropriate that this worker accompanies the young person to the Garda station or is present during a Garda interview.
- Where a young person has been removed from the centre by An Garda Síochána a residential care worker should be present at the Garda station to offer appropriate support to the young person.
- An Garda Síochána cannot detain a young person on the basis that they might re-offend if returned to the residential care centre.
- Where a young person is returning to the centre following a critical incident the centre staff should develop a risk management plan prior to the child returning to the centre.
- It is considered best practice to involve the supervising SW in the decision to make a complaint unless critical forensic evidence could be lost in waiting.
- Parents should be notified of the incidents, the course of action being undertaken and their consent sought for any medical treatment.

It is not recommended that residential care staff, on an individual basis, make complaints to An Garda Síochána in the following circumstances:

- Damage to or theft of property belonging to the residential centre.
- Any instances of verbal abuse, in general circumstances, by a young person.
- An Garda Síochána cannot take any course of action in respect of criminal behaviour of a minor (under 12 years of age), with the exception of murder or sexual assault (Children Act, 2001).
- When a young person is believed to be under the influence of drugs or alcohol but is not engaging in any violent or aggressive behaviour.

In these circumstances, the young person's behaviour should be dealt with via the normal

behaviour management techniques and in accordance with the relevant procedures used in the centre.

In the case of a young person displaying persistent and extreme behaviour it may be necessary for the centre to request a placement management meeting or a special review with the SW and the external service managers. An Garda Síochána may be invited to attend the review meeting as a decision to proceed with a prosecution may be agreed by all parties.

Date 1/2/2010

Policy for the death of a young person in care

Policy No. 6.6
Edition No. 1

Policy for the death of a young person in care

Introduction

This policy intends to give guidance on the practical tasks that the centre must consider in the event of a young person dying. The policy outlines the steps which should be taken by the centre in the unfortunate event of the death of a young person in the care of the centre. At such an emotional time, it is important that the management and staff team maintain the capacity to rely on professional judgement and a responsive approach to meeting the individual needs of the other young people living in the centre. It is important too that the centre's staff team can meet the needs of the family and acquaintances of the deceased young person in a sensitive, confidential and professional manner. This policy also intends to give guidance that will help the centre to understand the importance of maintaining normal routines and practices in so far as is possible given the circumstances; whilst providing comfort and support to all persons affected by the bereavement.

Informing others

Policy

In the event of a young person dying while in the care of the centre, SCW on duty will:

- Notify the SCM and the Person on Call.
- Carry out a risk assessment to determine the safest and most appropriate manner in which to inform the young person's family of the death of the young person in the event of it not being possible to contact the young person's social worker or ACM.
- Notify the young person's SW.
- Notify the SWs for the other young people living in the centre.
- Notify An Garda Síochána and other emergency services if necessary.
- Complete a notification of a significant event form and fax it to all persons named on the form.

- Treat all information pertaining to the death in a confidential manner.
- Not communicate with any media representative regarding the death of the young person.
- Refer all queries from the media to the HSE area communications office.

Upon being notified that a young person has died the SCM/Person on Call will:

- Inform the ACM of the death.
- Consult with the young person's SW and the ACM to determine the safest and most appropriate manner in which to inform the young person's family of the death of the young person.
- Carry out a risk assessment to determine the safest and most appropriate manner in which to inform the young person's family of the death of the young person in the event of it not being possible to contact the young person's SW or ACM.
- Ensure that the other young people living in the centre are informed of the death in a manner that considers their age and level of understanding.
- Ensure that the monitoring officer is informed of the death.
- Ensure that the Local Health Manager and the Lead Local Health Manager for Childcare are informed of the death.
- Ensure that HIQA is informed of the death within 48 hours of the death of the young person.
- Ensure that all members of the centre's staff team are informed
- Ensure that members of the centre's staff team are aware that they do not have the authority to communicate with the media.
- Ensure that other centres with which the deceased young person may have had relationships are informed of the death in a confidential and professional manner.
- Ensure that the young person's school/training/employer is informed of the death in a confidential and professional manner.
- Ensure that other professionals involved with the deceased young person are informed of the death in a confidential and professional manner.

- Ensure that all other persons with a bona fide interest in the welfare of the deceased young person are informed of the death in a confidential and professional manner.

Purpose

The purpose of this policy is to:

- Ensure that all persons with a bona fide interest in the welfare of the deceased young person are informed of the death as soon as possible.
- Ensure that the young person's right to confidentiality is maintained throughout the process of providing and gathering information concerning the death.
- Ensure that all relevant statutory agencies are informed of the young person's death as soon as possible.
- Ensure that there is ongoing communication between the centre and all persons with a bona fide interest in the welfare of the deceased young person.

Management of the event

Policy

The SCM will:

- Ensure that the staff roster provides the necessary cover for the normal business of the centre and any extra duties arising from the death of the young person.
- Evaluate how the demeanour of the staff team is impacting on the other young people living in the centre and respond appropriately.

The SCW on duty will accommodate the presenting emotional and physical needs of the other young people in the centre as appropriate.

Purpose

The purpose of this policy is to:

- Ensure that the centre's daily routines continue in as normal a manner as possible.
- Ensure that there is accountability for the day to day running of the centre throughout this process.
- Ensure that the SCW on duty are able to meet the individual needs of the other young people living in the centre.

Young person's records

Policy

The SCM will:

- Immediately ensure that all of the deceased young person's report books and files held in the centre are gathered together, ready for collection by an authorised person.
- Ensure that an inventory is taken of all of the deceased young person's report books and files held in the centre.
- Ensure that all of the deceased young person's report books and files held in the centre are locked in a filing cabinet to await collection.
- Consult with ACM to identify the person authorised to collect the documents from the centre.
- Prohibit access to all persons to the files until the files are they are collected by the authorised person.
- Ensure that the authorised person signs a statement confirming that they have received all of the documents detailed in the inventory.
- Liaise with the ACM to ensure that photocopies of the young person's documents are returned to the centre as soon as practicable.
- Complete an end of placement report detailing the young person's life in the centre paying particular attention to events leading up to the death of the young person.
- Forward of copy of the end of placement report to the ACM and the deceased young person's SW.
- Place a copy of the end of placement report in the young person's file and await instruction from the ACM regarding the archiving of the young person's file.

Purpose

The purpose of this policy is to:

- Ensure that all records held by the centre pertaining to the deceased young person are made available for inspection by authorised personnel.
- Minimise the likelihood of any adjustment to, or falsification of, the deceased young person's records.

- Make the deceased young person's records available for review for an inquiry into the circumstances surrounding the young person's death.
- Allow the centre's staff team prepare for an inquiry into the circumstances surrounding the young person's death.

Funeral Arrangements

Policy

The SCM will:

- Consult with the deceased young person's family, SW and the ACM regarding the payment arrangements for the funeral and other associated costs.
- Consult with the deceased young person's SW and the ACM, to agree a mechanism to support the family and assist with the funeral arrangements. These arrangements may include the undertakers, the wake, the funeral mass, newspaper notice, attendance details, travel arrangements, post funeral reception, flowers, readings, music, eulogies etc.
- Ensure that the other young people in the centre who are invited to attend the funeral service are consulted about their wishes to do so or not.
- Ensure that all necessary arrangements are made for the young people who wish to attend the funeral. Such arrangements may include transport, post funeral arrangements, choice of clothing etc.

Purpose

The purpose of this policy is to:

- Ensure that the centre is clear about its role in the funeral arrangements for the deceased young person.
- Avoid any aspect of the funeral arrangements being overlooked because of confusion over roles and responsibilities.
- Ensure that the other young people living in the centre are consulted about their wishes regarding the funeral arrangements.

Young person's belongings

Policy

The SCM will:

- Identify the most appropriate person to consult with young person's family regarding their wishes about the young person's belongings, memorabilia etc. that are held by the centre e.g. where will the belongings be stored, who will gather up the belongings, who will collect/deliver the belongings to the family etc.
- Ensure that there are appropriate containers and bags for the deceased young person's belongings and memorabilia e.g. the deceased young person's belongings are not packed in plastic refuse bags.

Purpose

The purpose of this policy is to:

- Ensure that the deceased young person's family has the opportunity to decide on what to do with the young person's belongings.
- Ensure that the young person's belongings are stored and transported in a sensitive and respectful manner

Ongoing support

Policy

The SCM will:

- Ensure that the staff team are available to offer ongoing support to the other young people living in the centre.
- Ensure that the other young people living in the centre have access to external emotional and specialist support.
- Provide information about support services to the deceased young person's family.
- Provide access to support services for the deceased young person's family if appropriate and if possible.
- Make provision for members of the centre's staff team to maintain a supportive relationship with the deceased young person's family if requested by the family and for as long as is considered appropriate.

- Ensure that there are ample opportunities for the staff team to discuss the impact the death of the young person on the staff team.
- Ensure that members of the centre's staff team have access to emotional and specialist support services.
- Update each young person's ICMP/DICES to reflect the impact the death has had on each young person.

Purpose

The purpose of this policy is to:

- Ensure that ongoing internal and external emotional support is available to the other young people living in the centre.
- Allow the members of the centre's staff team the opportunity to support the young person's family throughout the grieving process.
- Ensure that ongoing internal and external emotional support is available to the members of the centre's staff team.
- Ensure that the centre is prepared to respond to changes in each young person's ability to manage their own behaviour due to the impact of the death of the young person.

Leaving Care

Section 7

Date 1/2/2010

Policy on Planning for
Leaving Care

Policy No. 7.1
Edition No. 1

Policy on Planning for Leaving Care

Definition

This policy refers to the process through which a young person is prepared for leaving the care of the centre in a planned and structured way that is reflected in the young person's care plan.

'The Youth Homeless Strategy' requires that each HSE area produce an aftercare policy, on the basis that an effective aftercare policy strengthens the position of young people leaving care. It supports their transition into independent living and reduces the likelihood of homelessness and social exclusion on leaving care.

Alternative living arrangements which the young people may choose include; return to the family home, foster families, residential aftercare and private rented accommodation or supported lodgings.

Policy

The centre will:

- Engage with the young person and their SW in carrying out the preparation for leaving care needs assessments, within one month after the young person's 16th birthday.
- Assist the young person to leave the care of the centre in a manner that increases the likelihood of a successful placement in an alternative placement.
- Explain all aspects of the young person's preparation for leaving care plan to them and encourage the young person to be active in their transition from the centre.
- Have a named member of the centre's staff team co-ordinate and disseminate information about the young person's transition from the centre.
- Schedule with the young person, the activities set out in the preparation for leaving care plan, which are designed to meet the moving on needs of the young person.
- Link in with the SW department for the purposes of monitoring and reviewing the progress and relevance of the preparation for leaving care plan.
- Introduce the young person to their dedicated aftercare worker six months prior to their expected departure from the centre.
- Assist the young person, if necessary, to complete their aftercare plan needs assessment.
- Contribute to the professional aftercare plan needs assessment, which informs the young person's aftercare plan.
- Participate in multi-disciplinary meetings, along with the young person, to confirm the suitability of the future placement laid out in the aftercare plan.
- Confirm the process for leaving the centre with the young person, their SW, aftercare worker and the intended future placement.
- Agree the aftercare arrangements of the centre with all concerned.
- Agree with the ACM how long the centre may hold the young person's placement open for them in the case of a breakdown of the alternative living arrangement.
- Make arrangements for the professional archiving of records and data relating to the young person's placement in the centre.
- Enter the **full** address of the young person's destination in the 'Details of Young Person's Destination' section in the centre's register of young people living in the centre.
- Engage in all reviews of the aftercare planning and implementation process.

Purpose

The purpose of this policy is to:

- Ensure that a plan is in place to help the young person achieve a smooth transition from the centre to an alternative living arrangement.
- Assist the young person to leave the care of the

centre in a manner that reduces the likelihood of homelessness and social exclusion.

- Ensure that the young person can return to the centre in the event of the alternative living arrangements breaking down for an agreed period of time.
- Ensure that the young person can visit the centre and maintain contact with the centre after they leave its care.
- Fulfil the centre's statutory obligations as outlined in Standards 5.33 to 5.36 inclusive of the National Standards for Children's Residential Centres (2001).

Persons involved

The young person, the keyworker(s), the young person's family, the young person's SW and the aftercare service provider.

Date 1/2/2010

Policy on Discharges
from the Centre

Policy No. 7.2
Edition No. 1

Introduction

This policy acknowledges that there are many vulnerable young people who access residential care services. This centre is committed to putting supports in place for young people to ensure that they leave the care of the centre in a structured and planned way in accordance with their statutory care plan. There is a shared commitment between the statutory and voluntary partners to avoid young people being discharged in an unplanned manner. Unplanned Discharges only take place as a matter of absolute last resort. This centre will make every effort to manage the young person's presenting behaviour and to secure the safety of others in the immediate environment. This policy acknowledges that there are extraordinary circumstances when this is not possible and when the young person needs to be discharged for the safety of all concerned. This centre will, as far as is practical, adhere to the guidelines contained in the 'HSE Model for the Delivery of Leaving Care and Aftercare Services in HSE North West Dublin, North Central Dublin and North Dublin'.

Definition

A discharge is the process by which a young person formally leaves the care of the centre. Discharges may be planned or unplanned discharges.

An unplanned discharge is a discharge that takes place outside of the agreed timeframe. An unplanned discharge is only considered when the young person's behaviour presents a serious and unmanageable risk to their welfare and safety or to the welfare and safety of others. This centre is committed to early intervention and planning in instances where a young person is experiencing difficulties in the placement and exhibits behaviour that is escalating to a situation where an unplanned discharge may occur.

Date 1/2/2010

Policy on Planned Discharges
from the CentrePolicy No. 7.3
Edition No. 1

Definition

A planned discharge is the process through which a young person leaves the care of the centre within an agreed timeframe as is reflected in the young person's care plan.

'Leaving care is a through care process, in consultation with the young person, beginning from reception into care and includes comprehensive assessments, care plans and reviews' (Youth Homelessness Strategy Monitoring Committee 2004).

Alternative placement refers to the place the young people will live after they have left the care of the centre. This includes: living with their families, foster families, another residential centre, shared care, supported lodgings or other aftercare arrangements.

Policy

This centre will:

- Prepare young people for leaving the care of the centre from the time of their admission to the centre.
- Prepare young people for leaving the care of the centre in a manner that considers their age and level of understanding.
- Agree a plan for leaving the care of the centre with the young person, the young person's parent(s) and the young person's SW.
- Appoint the young person's keyworker to support the young person's transition from the centre.
- Review the plan for leaving the care of the centre at regular intervals to take into account developments in the young person's life.
- Participate in multi-disciplinary meetings held to confirm the suitability of the intended alternative placement.
- Agree the process for leaving the care of the centre with the young person, the young person's SW and the intended alternative placement.
- Request that an aftercare worker is assigned to young people aged sixteen and older who leave the care of the centre.

- Agree the aftercare arrangements between the centre and the young person with the young person, the young person's family, the young person's SW, the aftercare worker and the intended alternative placement.
- Assist the young person in packing belongings and memorabilia in preparation for leaving the care of the centre.
- Respect the young person's dignity by providing appropriate bags and containers for personal belongings.
- Make arrangements for the professional archiving of records and information relating to the young person's placement in the centre.

Purpose

The purpose of this policy is to:

- Ensure that a plan is in place to help the young person achieve a smooth transition from the centre to an alternative placement.
- Assist the young person to leave the care of the centre in a manner that may increase the likelihood of a successful placement in the alternative placement.
- Have a named member of the centre's staff team co-ordinate and disseminate information about the young person's transition from the centre.
- Fulfil the centre's statutory obligations as outlined in Standards 5.33 to 5.37 inclusive of National Standards for Children's Residential Centres (2001).

Persons involved

The young person, the keyworker(s), the young person's SW, the young person's family and the intended alternative placement. Other relevant parties will include the SCM, the ACM and the SWTL.

Date 1/2/2010

Policy on Unplanned Discharges
from the Centre

Policy No. 7.4
Edition No. 1

Policy on Unplanned Discharges from the Centre

Definition

An unplanned discharge is a discharge that takes place outside of the agreed timeframe.

An unplanned discharge is only considered when the young person's behaviour presents a serious and unmanageable risk to the welfare and safety of themselves or others.

Preventative interventions

This centre is committed to early intervention and planning in instances where a young person is experiencing difficulties in the placement and exhibits behaviour that is escalating to a situation where an unplanned discharge may occur.

Upon identifying such behaviour this centre will:

- Convene a crisis meeting with the young person (if possible), the young person's social worker and the SCM.
- Advise the ACM of the detail and outcome of the meeting.
- Ensure that the PSW is advised of the detail and outcome of the meeting.
- Encourage and assist the young person to engage in a plan of action that will minimise the likelihood of an unplanned discharge occurring.
- Provide written evidence that unplanned discharges are notified to all relevant persons.
- Make records concerning unplanned discharges available for review, monitoring and inspection by authorised personnel.

Policy

Where an unplanned discharge cannot be prevented this centre will:

- Agree with the ACM that the unplanned discharge is necessary and must take place.
- Ensure that the following are consulted to identify and consider alternative arrangements for the young person:
 1. The young person's SW
 2. The young person's SWTL
 3. The young person's parent(s)/guardians
 4. The young person's extended family
 5. The Out of Hours service (weekends and outside of normal office hours only).
- Carry out a risk assessment to identify the risks associated with the unplanned discharge.
- Respond to the identified risks associated with the unplanned discharge.
- Ensure that all relevant people or agencies are notified of any identified risks associated with the unplanned discharge.
- Inform the young person of the arrangements that have been made for their unplanned discharge.
- Discharge the young person to the care of the local health office SW team.
- Ensure that the PSW (Crisis Intervention Service) has been notified of the unplanned discharge (by fax if outside normal office hours).
- Ensure that the Out of Hours service has been notified of the unplanned discharge.
- Make arrangements to have the young person's possessions returned to them.
- Respect the young person's dignity by providing appropriate bags and containers for personal belongings.
- Record all details of the unplanned discharge on the centre's unplanned discharge form (SCM only) and forward copies of this form to each relevant person named on the form.

- Store records relating to the unplanned discharge in a safe manner that facilitates access by authorised personnel.

This centre will not:

- Discharge the young person directly to the Out of Hours service.
- Involve An Garda Síochána in unplanned discharges unless absolutely necessary.

Purpose

The purpose of this policy is to:

- Minimise the harmful effects that the young person's behaviour has upon the safety and welfare of themselves and others.
- Ensure that suitable alternative care arrangements are made for young people who are being discharged from the care of the centre in an unplanned way.
- Initiate a multi-agency response to the unplanned discharge that will lead to a risk assessment being undertaken to determine the risks associated with the unplanned discharge and where risks exist, outline what measures will be put in place to ensure the safety of that young person and the other persons associated with the risks.
- Ensure that young people are made aware of the care arrangements that have been made on their behalf.
- Provide written evidence that unplanned discharges are notified to all relevant persons.
- Make records concerning unplanned discharges available for review, monitoring and inspection by authorised personnel.

Readmission to the Centre

All young people who have been discharged from the centre under any circumstances can reapply for a placement in the centre. This may be done through the normal referral process centre and following completion of a pre-admissions risk assessment.

Persons Involved

All persons with a bona fide interest in the welfare of the young person; including specifically the young person, SCM, SCW, ACM the young person's family and SW. Other relevant parties will include the monitor, Guardian ad Litem etc.

Date 1/2/2010

Policy on Discharges from
the Crisis Intervention Services

Policy No. 7.5
Edition No. 1

Policy on Discharges from the Crisis Intervention Services

Introduction

This policy acknowledges that there are many vulnerable young people who access crisis intervention services and that the behaviour of these young people requires a particular level of understanding and tolerance that may be considered as unique to the crisis intervention services. Crisis intervention centres are committed to putting supports in place for young people to ensure that they leave the care of the centre in a structured and planned way in accordance with their statutory care plan.

There is a shared commitment between the statutory and voluntary partners to avoid young people being discharged in an unplanned manner. Immediate discharges only take place as a matter of absolute last resort.

Crisis intervention services will make every effort to manage the young person's presenting behaviour and to secure the safety of others in the immediate environment.

This policy acknowledges that there are extraordinary circumstances when this is not possible and when the young person needs to be discharged for the safety of all concerned.

This centre will as far as practical adhere to the guidelines contained in the 'HSE Model for the Delivery of Leaving Care and Aftercare Services in HSE North West Dublin, North Central Dublin and North Dublin'.

Definitions

A discharge is the process by which a young person formally leaves the care of the centre. Discharges may be planned, emergency discharges, immediate discharges or the discharge may be initiated by young people themselves (self-discharge).

Planned Discharge

A planned discharge is the process through which a young person leaves the care of the centre within an agreed timeframe as is reflected in the young person's care plan.

Emergency Discharge

An emergency discharge is a discharge that takes place outside of the agreed timeframe. An emergency discharge is only considered when the young person's behaviour presents a serious and unmanageable risk to their welfare and safety or to the welfare and safety of others.

Self-discharge

Self-discharge is a discharge that is initiated by the young person. Self-discharge occurs when the young person states or demonstrates their intention to leave the care of the centre in an unplanned way and without the approval of the SCM, SCW and SW.

Immediate Discharge

Immediate discharge is a discharge that takes place when it is no longer possible to manage the young person's violent behaviour and to secure the safety of others in the centre. Immediate discharge takes place only in extraordinary circumstances when a young person's violent behaviour makes the placement untenable. The final decision on whether or not an immediate discharge takes place is made by the ACM in consultation with the person on-call.

Emergency Discharge and Self-discharge

Crisis intervention centre are committed to early intervention and planning in instances where a young person is experiencing difficulties in the placement and exhibits behaviour that is escalating to a situation where an emergency discharge or a self-discharge may occur.

Upon identifying such behaviour this centre will:

- Convene a crisis meeting with the young person (if possible), the young person's SW and the SCM.
- Advise the ACM of the detail and outcome of the meeting.
- Ensure that the PSW (Crisis Intervention Service) is advised of the detail and outcome of the meeting.
- Encourage and assist the young person to engage in a plan of action that will minimise the likelihood of a self-discharge or an emergency discharge occurring.

The following policies and procedure provide clear guidelines on how to manage discharges from crisis intervention services. They are:

- Policy on planned discharges from crisis intervention services
- Policy on emergency discharges from crisis intervention services
- Policy on self-discharges from crisis intervention services
- Procedure for immediate discharges from crisis intervention services.

Readmission to Crisis Intervention Services

All young people who have been discharged from crisis intervention services under any circumstances can reapply for a placement in crisis intervention services. This may be done through the normal referral process providing the young person meets the criteria for admissions to crisis intervention services.

Date 1/2/2010

Policy on Planned Discharges
from the Crisis Intervention Services

Policy No. 7.6
Edition No. 1

Policy on Planned Discharges from the Crisis Intervention Services

Definition

A planned discharge is the process through which a young person leaves the care of the centre within an agreed timeframe as is reflected in the young person's care plan. 'Leaving care is a through care process, in consultation with the young person, beginning from reception into care and includes comprehensive assessments, care plans and reviews' (Youth Homelessness Strategy Monitoring Committee, 2004). Alternative placement refers to the place the young people will live after they have left the care of the centre. This includes: living with their families, foster families, another residential centre, shared care, supported lodgings or other aftercare arrangements.

Policy

This centre will:

- Prepare young people for leaving the care of the centre from the time of their admission to the centre.
- Prepare young people for leaving the care of the centre in a manner that considers their age and level of understanding.
- Agree a plan for leaving the care of the centre with the young person, the young person's parent(s) and the young person's SW.
- Appoint the young person's keyworker to support the young person's transition from the centre.
- Review the plan for leaving the care of the centre at regular intervals to take into account developments in the young person's life.
- Participate in multi-disciplinary meetings held to confirm the suitability of the intended alternative placement.

- Agree the process for leaving the care of the centre with the young person, the young person's SW and the intended alternative placement.
- Request that an aftercare worker is assigned to a young person who leaves the care of the centre.
- Agree the aftercare arrangements between the centre and the young person with the young person, the young person's family, the young person's SW, the aftercare worker and the intended alternative placement.
- Assist the young person in packing belongings and memorabilia in preparation for leaving the care of the centre.
- Make arrangements for the professional archiving of records and information relating to the young person's placement in the centre.
- Respect the young person's dignity by providing appropriate bags and containers for personal belongings.

Purpose

The purpose of this policy is to:

- Ensure that a plan is in place to help the young person achieve a smooth transition from the centre to an alternative placement.
- Assist the young person to leave the care of the centre in a manner that may increase the likelihood of a successful placement in the alternative placement.
- Have a named member of the centre's staff team co-ordinate and disseminate information about the young person's transition from the centre.
- Fulfil the centre's statutory obligations as outlined in Standards 5.33 to 5.37 inclusive of National Standards for Children's Residential Centres (2001).

Persons involved

The young person, the keyworker(s), the young person's social worker, the young person's family and the intended alternative placement. Other relevant parties will include the SCM, the ACM and the SWTL.

Date 1/1/2010

Policy on Emergency
Discharges from the Crisis
Intervention Services

Policy No. 7.7
Edition No. 1

Policy on Emergency Discharges from the Crisis Intervention Services

Definition

An emergency discharge is a discharge that takes place outside of the agreed timeframe. An emergency discharge is only considered when the young person's behaviour presents a serious and unmanageable risk to their welfare and safety or to the welfare and safety of others.

Introduction

Crisis intervention services are committed to early intervention and planning in instances where a young person is experiencing difficulties in the placement and exhibits behaviour that is escalating to a situation where an emergency discharge may occur.

Policy

This centre will:

- Agree with the ACM that the emergency discharge is necessary and must take place.
- Ensure that the following are consulted to identify and consider alternative arrangements for the young person:
 1. The young person's SW
 2. The young person's SWTL
 3. The young person's parent(s)/guardians
 4. The young person's extended family
 5. The out of hours service (weekends and outside of normal office hours only).
- Carry out a risk assessment to identify the risks associated with the emergency discharge.
- Respond to the identified risks associated with the emergency discharge.

- Ensure that all relevant people or agencies are notified of any identified risks associated with the emergency discharge.
- Inform the young person of the arrangements that have been made for their emergency discharge.
- Discharge the young person to the care of the local health office SW team.
- Ensure that the PSW (Crisis Intervention Service) has been notified of the emergency discharge (by fax if outside normal office hours).
- Ensure that the Out of Hours service has been notified of the emergency discharge.
- Ensure that the crisis intervention service partnership has been notified of the emergency discharge.
- Make arrangements to have the young person's possessions returned to them.
- Respect the young person's dignity by providing appropriate bags and containers for personal belongings.
- Record all details of the emergency discharge on the centre's emergency discharge form (SCM only) and forward copies of this form to each relevant person named on the form.
- Store records relating to the emergency discharge in a safe manner that facilitates access by authorised personnel.

This centre will not:

- Discharge the young person directly to the Out of Hours service.
- Involve An Garda Síochána in emergency discharges unless absolutely necessary.

Purpose

The purpose of this policy is to:

- Minimise the harmful effects that the young person's behaviour has upon the safety and welfare of themselves and others.
- Ensure that suitable alternative care arrangements are made for young people who are being discharged from the care of the centre in an unplanned way.

- Initiate a multi-agency response to the self-discharge that will lead to a risk assessment being undertaken to determine the risks associated with the emergency discharge and where risks exist, outline what measures will be put in place to ensure the safety of that young person and the other persons associated with the risks.
- Ensure that young people are made aware of the care arrangements that have been made on their behalf.
- Provide written evidence that emergency discharges are notified to all relevant persons.
- Make records concerning emergency discharges available for review, monitoring and inspection by authorised personnel.

Persons Involved

All persons with a bona fide interest in the welfare of the young person; including specifically the young person, SCM, SCW, ACM the young person's family and SW. Other relevant parties will include the monitor, Guardian ad Litem, etc.

Date 1/2/2010

Policy on Immediate
Discharges from the Crisis
Intervention Services

Policy No. 7.8
Edition No. 1

Policy on Immediate Discharges from the Crisis Intervention Services

Definition

Immediate discharge is a discharge that takes place when it is no longer possible to manage the young person's violent behaviour and to secure the safety of others in the centre. Immediate discharge takes place only in extraordinary circumstances when a young person's violent behaviour makes the placement untenable.

Introduction

Immediate Discharges only take place as a matter of absolute last resort. Crisis Intervention Services will make every effort to manage the young person's presenting violent behaviour and to secure the safety of others in the immediate environment. This policy acknowledges that there are extraordinary circumstances when this is not possible and when the young person needs to be discharged for the safety of all concerned.

Policy

This centre will:

- Contact An Garda Síochána and request that the young person displaying the violent behaviour be removed from the centre for the protection of all persons concerned.
- Contact An Garda Síochána and request that the young person displaying the violent behaviour be removed from the centre for the protection of all persons concerned.
- Contact the ACM and give a detailed account of the event including the young person's violent behaviour.
- Agree with the ACM that the discharge is necessary and must take place immediately.

- Ensure that the following are consulted to identify and consider alternative arrangements for the young person:
 1. The young person's SW
 2. The young person's SWTL
 3. The young person's parent(s)/guardians
 4. The young person's extended family
 5. The out of hours service (weekends and outside of normal office hours only).
- Carry out a risk assessment to identify the risks associated with the emergency discharge.
- Respond to the identified risks associated with the emergency discharge.
- Ensure that all relevant people or agencies are notified of any identified risks associated with the emergency discharge.
- Inform the young person of the arrangements that have been made for their emergency discharge.
- Discharge the young person to the care of the local health office SW team.
- Ensure that the PSW (Crisis Intervention Service) has been notified of the emergency discharge (by fax if outside normal office hours).
- Ensure that the Out of Hours service has been notified of the emergency discharge.
- Ensure that the crisis intervention service partnership has been notified of the emergency discharge.
- Make arrangements to have the young person's possessions returned to them.
- Respect the young person's dignity by providing appropriate bags and containers for personal belongings.
- Record all details of the emergency discharge on the centre's emergency discharge form (SCM only) and forward copies of this form to each relevant person named on the form.
- Store records relating to the emergency discharge in a safe manner that facilitates access by authorised personnel.

This centre will not:

- Discharge the young person directly to the out of hours service.
- Involve An Garda Síochána in emergency discharges unless absolutely necessary.

Purpose

The purpose of this policy is to:

- Minimise the harmful effects that the young person's behaviour has upon the safety and welfare of themselves and others.
- Ensure that suitable alternative care arrangements are made for young people who are being discharged from the care of the centre in an unplanned way.
- Initiate a multi-agency response to the self-discharge that will lead to a risk assessment being undertaken to determine the risks associated with the emergency discharge and where risks exist, outline what measures will be put in place to ensure the safety of that young person and the other persons associated with the risks.
- Ensure that young people are made aware of the care arrangements that have been made on their behalf.
- Provide written evidence that emergency discharges are notified to all relevant persons.
- Make records concerning emergency discharges available for review, monitoring and inspection by authorised personnel.

Persons Involved

All persons with a bona fide interest in the welfare of the young person; including specifically the young person, SCM, SCW, ACM the young person's family and SW. Other relevant parties will include the monitor, Guardian ad Litem etc.

Procedure for an Immediate Discharge from a Crisis Intervention Centre

Step	Action	Records to complete	Persons to consult
1.	Confirm with the shift co-ordinator that the young person's violent behaviour is such that assistance is required from An Garda Síochána.	N/A	Shift Co-ordinator
2.	Contact An Garda Síochána and <ul style="list-style-type: none"> Inform them that the young person is displaying unmanageable acts of violence. Request that the young person be removed from the centre as a matter of urgency. 	N/A	An Garda Síochána
3.	Provide An Garda Síochána with whatever information they require to substantiate this request.	N/A	An Garda Síochána
4.	Co-operate fully with An Garda Síochána upon their arrival at the centre.	N/A	An Garda Síochána
5.	Contact the person on-call and give them concise, accurate and objective details of the event.	N/A	Person on-call
6.	Follow instructions given by person on-call.	As per person on-call instructions.	As per person on-call instructions.

Person On-Call's Procedure for an Immediate Discharge from a Crisis Intervention Centre

Step	Action	Records to complete	Persons to consult
1.	Contact ACM and <ul style="list-style-type: none"> Provide concise, accurate and objective details of the event. Confirm that an immediate discharge needs to take place. 	N/A	ACM
2.	<ul style="list-style-type: none"> Contact the centre and inform them that the young person has been discharged from the care of the centre. 	N/A	Shift co-ordinator

Contingencies for the Person On-Call's Procedure for an Immediate Discharge from a Crisis Intervention Centre

"What if...."	Recommended action	Records to complete	Persons to consult
1. I cannot contact the ACM?	Decide whether or not the discharge needs to take place immediately or if it is possible to delay the decision until the ACM can be contacted.	N/A	Shift co-ordinator

Procedure upon Confirmation of an Immediate Discharge from a Crisis Intervention Centre

Step	Action	Records to complete	Persons to consult
1.	<p>Notify the following that the young person has been discharged from the care of the centre and will not be readmitted to the centre at this time:</p> <ul style="list-style-type: none"> • An Garda Síochána • The young person's SW • The young person's SWTL • The young person's parent(s)/guardians • The young person's extended family • The Out of Hours Service (weekends and outside of normal office hours only). 	N/A	Persons notified
2.	<ul style="list-style-type: none"> • Carry out a risk assessment to identify the risks associated with the immediate discharge. • Respond to the identified risks associated with the immediate discharge. • Ensure that all relevant people or agencies are notified of any identified risks associated with the immediate discharge 	Risk assessment form	As per risk assessment
3.	Complete the centre's immediate discharge form.	Immediate discharge form	Shift co-ordinator

Contingencies for an Immediate Discharge from a Crisis Intervention Centre

"What if...."	Recommended action	Records to complete	Persons to consult
1. I cannot contact the person-on-call?	<ul style="list-style-type: none"> • Contact the ACM directly. • Follow ACM instructions. 	As per ACM instructions	ACM
2. I cannot contact the ACM?	<ul style="list-style-type: none"> • Inform An Garda Síochána that the young person cannot be admitted until a decision is reached with the centre's line management. 	N/A	An Garda Síochána

Date 1/2/2010

Policy on Self-Discharges
from the Crisis
Intervention Services

Policy No. 7.9
Edition No. 1

Policy on Self-Discharges from the Crisis Intervention Services

Definition

A self-discharge is a discharge that is initiated by the young person. A self-discharge occurs when the young person states or demonstrates their intention to leave the care of the centre in an unplanned way and without the approval of the SCM, SCW and SW. Young people who refuse the services and facilities of the centre are still considered to be in the care of the centre and should be treated as being absent without permission or absent at risk until they have been formally discharged.

Policy upon a young person stating or demonstrating their intention to leave the care of the centre

Please note that this policy applies to the crisis intervention services only

Policy

This centre will:

- Attempt to determine the reasons why the young person wishes to leave the care of the centre.
- Encourage the young person to remain in the care of the centre while the centre's staff team addresses the reasons given by the young person for (as to) why they wish to leave the care of the centre.
- Notify the young person's SW as soon as is practicable that the young person has stated or demonstrated their intention to leave the care of the centre.
- Notify the Out of Hours service that the young person has left the care of the centre.
- Consult with the young person to agree a plan of action for their return to the care of the centre and to ensure that they understand the implications of their decision to self-discharge.

- Consult with all other persons that may be able to assist in returning the young person to the care of the centre.
- Agree a period of time that is no less than three working days with the ACM, PSW (CIS) and the young person's SW to implement the plan of action.
- Keep the young person's placement open for the agreed period of time.
- Assess the outcome of the plan of action with the ACM, PSW (CIS) and the young person's SW.
- Agree with the young person, ACM, PSW (CIS) and the young person's SW whether or not to formally discharge the young person from the care of the centre.
- Contact all persons involved in the consultation process and inform them whether or not the young person was formally discharged.
- Record details of the actions undertaken by the centre in the appropriate report book or form.
- Store records relating to self-discharge in a safe manner that facilitates access by authorised personnel.

Policy upon the centre formally acknowledging a young person's self-discharge

This centre will:

- Carry out a risk assessment to determine the risks associated with the young person discharging themselves from the centre.
- Respond to the risks associated with the young person discharging themselves from the centre.
- Notify all persons with a bona fide interest in the welfare of the young person that the young person has discharged themselves from the care of the centre.
- Offer the young person the opportunity to have an exit interview to discuss the impact the quality of the service offered by the centre had on their decision to self-discharge.
- Agree an aftercare plan between the centre and the young person.

- Inform the young person that their decision to self-discharge does not preclude them from accessing the service again at a later date.
- Make arrangements to have the young person's possessions returned to them.
- Ensure that appropriate bags are provided for the young person's belongings e.g. clothes are not packed into black plastic bags.
- Record all details of the discharge on the centre's self-discharge form (SCM only).
- Provide written evidence that self-discharges are notified to all relevant persons.
- Make records concerning self-discharges available for review, monitoring and inspection by authorised personnel.

Persons Involved

All persons with a bona fide interest in the welfare of the young person; including specifically young person, SCM, SCW, keyworker(s) and SW. Other relevant parties may include the young person's family, ACM, monitor and Guardian ad Litem.

Purpose

The purpose of this policy is to:

- Prevent the young person from placing themselves at risk by leaving the care of the centre.
- Explore all possible means by which the young person may remain in the care of the centre.
- Ensure that young people are involved in decisions that affect their lives.
- Provide a reasonable period of time to enable the young person to reconsider their decision to self-discharge while enabling the centre to determine when to make its services and facilities available to other young people.
- Initiate a multi-agency response to the self-discharge that will lead to:
 1. Clarification of the circumstances that lead to the event.
 2. A risk assessment being undertaken to determine the risks associated with a young person self-discharging and where risks exist, outline what measures will be put in place to ensure the safety of that young person and the other persons associated with the risks.
 3. The development of a plan of action that leads to a positive outcome for the young person.
- Offer support to young people who self-discharge and who wish to remain in contact with the centre.
- Develop practice by learning from the centre's experience of young people who self-discharge.
- Respect the young person's dignity by providing appropriate bags and containers for personal belongings.



Staff Recruitment, Training and Support

Section 8

Date 1/2/2010

Policy on Temporary Staff
Recruitment

Policy No. 8.1
Edition No. 1

Policy on Temporary Staff Recruitment

Note

This policy concerns the employment of temporary staff only.

This centre recognises that there is a policy in place within the HSE concerning the employment of permanent staff.

Staff recruitment and child protection

This centre considers that rigorous recruitment and vetting procedures are fundamental elements in the creation and maintenance of a safe environment for young people. The principles of child protection inherent in such procedures will take precedence over the centre's need to employ staff at short notice.

Policy

This centre will:

- Consult with the local HR department to agree the most suitable method for advertising each vacancy as it arises.
- Provide a written job description that includes the required personal specifications for posts available in the centre to any applicant upon request.
- Draw up a shortlist of suitable candidates for interview.
- Establish an interview panel comprised of an independent chairperson and no less than two interviewers, (one of whom is also independent) who hold permanent posts that are at least one grade higher than the post being offered. Ensure all interviewers are trained in the appropriate interviewing skills.
- Interview all suitable candidates without prejudice or favour.
- Offer successful candidates an initial assignment subject to the normal terms and conditions of employment outlined in the employment contract and staff handbook.

- Advise unsuccessful candidates in writing as promptly as is practicable.
- Require successful candidates to sign an employment contract.
- Make members of the staff team available to sit on interview panels if possible.

This centre will only offer employment to candidates who satisfy the vetting process by:

- Holding a qualification required for the post.
- Having the amount of experience required for the post.
- Providing the centre with confirmation of their identity.
- Being successful during the interview process.
- Providing three written and verifiable references.
- Obtaining full Garda clearance.
- Completing a satisfactory medical examination if required.
- Fulfilling any other requirements outlined in the job description.

Purpose

The purpose of this policy is to:

- Minimise the risk of persons who are unsuitable to work with young people being employed in the centre.
- Ensure that there is an adequate number of suitably qualified and experienced staff available to fulfil the purpose and function of the centre.
- Fill all vacancies with staff that have the skills, attributes and qualifications necessary for carrying out their duties.
- Provide a fair, effective and efficient recruitment process for candidates applying for positions in the centre.
- Fulfil the centre's statutory obligations as outlined in Standards 2.10 to 2.11 of National Standards for Children's Residential Centres (2001).

Persons involved

All persons associated with the recruitment of staff; including specifically the applicant, referees, ACM, SCM, the interview panel and the Garda vetting office.

Other relevant parties may include payroll department, human resources department and medical practitioner.

Relevant procedures

Procedure for Staff Recruitment

Procedure for Temporary Staff Recruitment

Step	Action	Records to complete	Persons to inform
1.	Inform ACM of the need to recruit a new staff member and agree the following: <ul style="list-style-type: none"> ● How the post will be advertised. ● Closing date for receipt of applications. ● Members of interview board. ● Details of questions for interviewees 	GCB	ACM Members of interview board
2.	Ensure that all applicants receive the following: <ul style="list-style-type: none"> ● Application form. ● Garda clearance form. ● Job description. ● Personal specification requirements. 	GCB	Applicant
3.	<ul style="list-style-type: none"> ● On receipt of the above information compile a list of potential candidates in consultation with ACM. 	GCB	ACM
4.	<ul style="list-style-type: none"> ● Arrange interviews with suitable candidates. 	GCB	Suitable candidates
5.	<ul style="list-style-type: none"> ● Conduct interview with each selected candidate. ● Record responses of candidates in interviews 	Record of interview and assessment form	Interview board
6.	<ul style="list-style-type: none"> ● Compile a list of successful candidates and allocate them a position on the order of merit form according to the marks achieved. 	Order of merit form	Interview board
7.	<ul style="list-style-type: none"> ● Forward completed Garda clearance forms to HR for forwarding to the Garda vetting office 	GCB	Garda Vetting Office
8.	Offer position to candidate with highest marks subject to the following conditions of employment: <ul style="list-style-type: none"> ● Verification of qualifications ● Receipt of three written references ● Satisfactory Garda clearance ● Confirmation of candidate's identity i.e. passport or driving licence ● Completion of satisfactory medical where required. 	Letter to candidate	Candidate ACM Members of interview board
9.	Confirm the reference details recording the following: <ul style="list-style-type: none"> ● The name of the referees ● The time and date of contact with referees ● The details of the conversation with referees in relation to the applicant's suitability. 	Confirmation of candidates details form	Referees
10.	<ul style="list-style-type: none"> ● Inform other candidates of the outcome of the interview. 	Letters to candidates	Other candidates
11.	Set up personnel file for new staff member including the following details: <ul style="list-style-type: none"> ● CV ● Application form ● Three verifiable references ● Confirmation of candidates details form ● Processed copy of Garda clearance form ● Training audit ● Copy of qualifications ● Copy of driver's licence, if necessary. ● Copy of identification 	Confirmation of candidates details form	New staff member

Procedure for Temporary Staff Recruitment

Step	Action	Records to complete	Persons to inform
12.	Agree a date for new staff member to begin induction process.	Confirmation of candidates details form	ACM New staff member, staff team and young people
13.	Confirmation of candidates details form	N/A	Payroll department

Contingencies for Temporary Staff Recruitment

"What if...."	Recommended action	Records to complete	Persons to inform
1. There are gaps or inconsistencies in the candidate's employment history?	Explore this issue with the candidate at the interview.	Application form	Candidate Interview board
2. The conditions of employment have not been satisfactorily met? (see step 8)	Seek resolution of issue with candidate.	Application form	Candidate ACM Interview board
3. It is not possible to resolve issue with candidate?	Inform candidate that they will not be offered the position.	Application form	Candidate ACM Interview board
4. The candidate with the highest marks declines the offer of employment?	Offer position to the next highest placed candidate on the order of merit form.	Letter to candidate	Candidate ACM Interview board
5. The post is a promotional opportunity?	Offer post to qualified staff in the centre.	Advertisement in centre	All staff in centre
6. There is no qualified staff in centre for promotional opportunity?	Offer post to qualified staff in local community care area.	Advertisement to each centre in local LHO	All staff in local LHO
7. There is no qualified staff in local community care area for promotional opportunity?	Offer post to qualified staff in HSE Dublin North East.	Advertisement to each centre in HSE Dublin North East.	All staff in HSE Dublin North East.
8. Written references are not available and I need to employ a new staff member urgently?	<ul style="list-style-type: none"> ● Verify references by telephone. ● Record details of conversation with referee. ● Verify date for receipt of written references. 	Confirmation of candidates details	Referees.

Date 1/2/2010

Policy on Staff Induction

Policy No. 8.2
Edition No. 1

Policy on Staff Induction

Definition

Staff induction is the process by which each new staff member is formally received and welcomed by the young people, the staff team and the line management of the centre.

New staff team members undergo both a local induction and a corporate induction.

Local induction

Local induction refers to the process whereby new staff members are introduced to the structure and routine of the centre itself.

The local induction programme involves new staff members being:

- Introduced to the young people living in the centre
- Introduced to the staff team
- Introduced to the local area and amenities
- Introduced to the policies and procedures for the centre
- Assisted to understand the policies and procedures drawing particular attention to the policies governing behaviour management, child protection and safe practice
- Introduced to the records and recording systems maintained in the centre
- Introduced to the information contained in each young person's file
- Informed of the role other agencies and professionals involved with the young people living in the centre (e.g. schools, SW, etc.)
- Provided with information about salaries and payment
- Informed of the role of other internal departments that work directly with the centre (e.g. payroll department, human resources and CTDU)

- Provided with information about employee services and agencies such as IMPACT trade union and the health services staff credit union
- Encouraged to ask questions about any aspect of the structure and routine of the centre

Corporate induction

Corporate induction compliments the local induction process and deals with the broader context and overview of the HSE.

Corporate induction is provided by HSE employees who are not directly employed in the centre e.g. administration department, training department, HR, etc.

The corporate induction programme involves each new staff member being:

- Released from duties to attend a formal corporate induction programme outside the centre
- Introduced to the wider policies and procedures for the HSE
- Introduced to the functions of the different departments of the HSE.

Policy

This centre will:

- Ensure that new staff members joining the staff team undergo a local induction programme before they take on the full responsibilities of staff team members.
- Arrange a series of day and overnight shifts for new staff members before they take on the full responsibilities of staff team members.
- Appoint an experienced member of the staff team to work with the new staff member and to oversee the local induction programme using the centre's induction package as reference.
- Encourage each new staff team member to ask questions about the centre's policies, procedures and recording systems.
- Require the SCM to satisfy him/herself that the new staff team member understands the centre's policies, procedures and recording systems.

- Require that each new staff team member signs a statement that confirms that they have read and understand the centre's policies and procedures.
- Agree a supervision schedule with new staff members that reflects their need for more frequent supervision in the early stages of their career in the centre.
- Closely monitor new staff members' work practice and relationships with the young people and the staff team.
- Assist new staff members to overcome any difficulties they may experience in the early stages of their career in the centre.
- Respond to any concerns about a new staff member's work practice or relationships with the young people and the staff team.
- Make each new staff member available for the corporate induction programme.

Purpose

The purpose of this policy is to:

- Ensure that all new staff members receive formal induction at local and corporate level.
- Enable new staff members to become familiar with and are aware of their rights and responsibilities.
- Ensure that new staff members are informed of their responsibility to carry out their duties in accordance with the centre's policies, procedures and recording systems.
- Prepare new staff members for assuming the full responsibility of a SCW.
- Provide guidelines on a local induction programme that provides new staff members with information necessary to carry out their duties.
- Minimise the disruption to the quality of care being offered to the young people living in the centre as a result of new staff members joining the team.
- Fulfil the centre's statutory obligations outlined in Standard 2.12 of the National Standards for Residential Care (2001).

Persons involved

All persons involved in the induction of new staff members; including specifically the new staff member, the SCM, a SCW appointed by the SCM and HR.

Date 1/2/2010

Policy on Staff Training

Policy No. 8.3
Edition No. 1

Policy on Staff Training

Definition

Staff training refers to educational programmes designed to assist members of the staff team develop a wide base of knowledge, skills and applications that contribute to their personal and professional development.

Policy

This centre will:

- Require members of the staff team to attend regular training and refresher training throughout their career in the centre.
- Carry out a training audit with each SCW upon their employment in the centre that outlines a plan to address the specific training needs for the SCW.
- Review each SCW's training and learning needs on a regular basis to ensure that the training audit is updated to reflect any changes in the needs of the centre.
- Liaise regularly with the Childcare Training and Development Unit (CTDU) concerning relevant training programmes, courses and seminars that may be available to the centre.
- Confirm with the CTDU the procedure for members of the staff team to access relevant training programmes, courses and seminars, etc.
- Encourage individual staff members to take responsibility for identifying specific learning needs and for maintaining and updating skills.
- Make members of the staff team available for mandatory training programmes e.g Therapeutic Crisis Intervention (TCI)/Professional Management of Aggression and Violence (PMAV), Supervision, Children First and Occupational First Aid.
- Make members of the staff team available for other training that is considered by the SCM to be relevant and beneficial.

- Assist members of the centre's staff team to access supports available through the HSE academic support scheme for third level training that is approved by the centre's line management.
- Release members of the centre's staff team from normal duties in order to attend all mandatory training that is required by the centre.
- Expect members of the staff team to attend all training that the centre has made them available for unless there are exceptional circumstances that have been discussed with the SCM.
- Notify the CTDU immediately if any member of the staff team is unable to attend training being offered by the CTDU.
- Seek local funding for conferences, short courses and seminars that are offered by outside agencies and that are considered to be relevant and beneficial to the staff team member and the needs of the centre.
- Provide a local induction programme for new members joining the staff team.
- Make new staff members available for the HSE corporate induction programme.

Provided that staffing cover for the prospective student is available, and that the course is of a standard recognised by the HSE, this centre will:

- Make members of the staff team available for training to the minimum standard of the BA (ord.) in Social Care (or its equivalent); provided that the centre is able to provide staffing cover for the prospective student and that the course is of a standard recognised by the HSE.
- Encourage and facilitate unqualified members of the staff team to make themselves available for training in the BA (ord.) in Social Care.
- Prioritise trainee social care workers for release for training in the BA (ord.) in Social Care.
- Require staff team members who have been released for such training to complete a HSE learning contract.
- Allocate a supervisor to each member of the staff team undertaking the BA (ord.) in Social Care whose role will be to liaise with the educational facility and to provide support to the student during training.

Purpose

The purpose of this policy is to:

- Improve upon the quality of care offered to young people by having a staff team that is regularly engaging in training opportunities.
- Improve upon the staff team's collective ability to offer care to young people by making individual team members available for training in a variety of subjects and specialist areas.
- Provide guidelines for members of the staff team wishing to access training from various sources.
- Promote a continuum of learning for each member of the staff team for the duration of their working career with the centre.
- Identify compulsory training programmes that all members of the staff team are required to undertake.
- Ensure that a plan is devised to assist each SCW meet their identified individual training and learning needs.
- Provide members of the staff team with opportunities to widen their knowledge and skills base.
- Ensure that the needs of the centre are considered when training programmes are being accessed for members of the staff team.
- Acknowledge the BA (ord.) in Social Care (or its equivalent) as being the minimum qualification required by the centre for members of the staff team.
- Ensure that unqualified members of the staff team are made available for training to the minimum required academic level.
- Ensure that the centre's need to provide adequate cover takes precedence over the prospective student's need to attend college.
- Fulfil the centre's statutory obligations as outlined in Standard 2.18 of the National Standards for Children's Residential Centres (2001).

Persons involved

All SCW employed to work in the centre, SCM and CTDU. Other relevant persons may include ACM, HSE shared services and other agencies providing training or learning opportunities for the staff team.

Date 1/2/2010

Policy on Staff Supervision

Policy No. 8.4
Edition No. 1

Policy on Staff Supervision

Definition

Supervision may be defined as a process in which one worker is given the responsibility to work with another worker in order to achieve certain professional, personal and organisational objectives. These objectives include competent, accountable practice, continuing professional development and personal support.

Policy

This centre will:

- Provide supervision to staff team members at intervals no greater than six to eight weeks.
- Provide a supervision roster that allows a timeframe of no less than one hour and no greater than two hours for each staff team member.
- Plan supervision in such a way as to minimise the likelihood of any disruption.
- Provide a supervision contract that outlines the structure of supervision and the roles and expectations of the supervisor and supervisee.
- Recognise the managerial function of supervision as a means of assessing a team member's overall performance in line with the centre's standards and expectations including the implementation of each young person's statutory care plan.
- Recognise the educative function of supervision as a means of enabling team members to measure their own level of skill and competence and to develop these as appropriate.
- Recognise the supportive function of supervision as a means of creating a safe trusting relationship between the team member and his or her supervisor that enables the team member to identify and deal with the personal impact of his or her work.
- Recognise the mediation function of supervision as a mechanism to facilitate feedback from the centre to the team member and, equally importantly, from the team member to the centre.

- Recognise the importance of achieving a balance between these functions of supervision.
- Adhere to the centre's policy on confidentiality in relation to any matter discussed during supervision.
- Make the staff team available for training in supervision.
- Allow appropriately qualified and experienced personnel supervise other members of the staff team at a grade below them.
- Record the details of supervision on the centre's record of supervision. This record should be signed by both the supervisor and supervisee as an accurate account.
- Store all records relating to supervision in a safe and secure manner that facilitates access by authorised personnel.
- Monitor and review the process of supervision at regular intervals.

Purpose

The purpose of this policy is to:

- Ensure that each member of the centre's staff team receives regular planned supervision.
- Promote and develop best practice.
- Promote and sustain professional development.
- Optimise the skills, knowledge and abilities of the centre's staff team.
- Provide a balanced approach to the process of supervision that considers the needs of the staff team member, young people and the centre.
- Avoid circumstances where peer supervision might be the only form of support available to members of the centre's staff team.
- Provide written evidence that supervision has taken place.
- Make records concerning supervision available for review, monitoring and inspection by appropriate personnel.
- Fulfil the centre's statutory obligation outlined in Standards 2.13 and 2.14 of the National Standards for Children's Residential Centres (2001).

Persons involved

Supervisor and supervisee

Date 1/2/2010

Policy on Agency Staff

Policy No. 8.5
Edition No. 1

Policy on Agency Staff

Definition

Agency staff are care staff that are not employed directly by the centre but are contracted through an employment agency to work in the centre for a specified period of time.

Agency staff and child protection

This centre is aware of the particular child protection concerns presented by the engagement of agency staff who may be unknown to the SCM, SCW or young people in the centre. The need to protect the young people resident in the centre takes precedence over the need to engage agency staff. Therefore this centre requires verification that the following documentation for each agency staff member prior to them being engaged by the centre:

- Garda clearance
- Three verified references
- Details of qualification
- Valid photographic identification where available.

This centre will store a copy of this information in the centre's agency staff file.

Discretion and agency staff

This centre acknowledges that there are two levels of engagement of agency staff; engagement with those that work in the centre on an infrequent and intermittent basis and with those that are engaged by the centre on a frequent and regular basis. The level of engagement between the centre and each agency staff member will determine the level of discretion shown towards them by the SCM in relation to certain aspects of this policy e.g. delegation of responsibility, level of access to information, provision of supervision, attendance at handovers and staff meetings and levels of involvement in other communication forums.

Policy

This centre will:

- Only engage agency staff when cover cannot be provided by members of the centre's staff team.
- Only engage agency staff from an employment agency that has a service agreement with the line management for the centre.
- Obtain the approval of the ACM before engaging agency staff.
- Give the agency the maximum notice possible in order to allow the agency time to source suitable agency staff.
- Carry out the duties outlined in the centre's procedure for the engagement of agency staff.
- Provide the centre's local induction for each agency staff member commencing duty in the centre for the first time.
- Clearly outline the centre's expectations from the agency staff member for the duration of the shift.
- Delegate the task with the least amount of responsibility attached to it to the agency staff member.
- Require each agency staff member to comply with the centre's policies, procedures and regulations at all times while on duty in the centre.
- Require agency staff members to contribute to the centre's daily recording systems at the discretion of the SCM.
- Not permit agency staff members to access records concerning any young person's social history unless specifically approved by the SCM.
- Require agency staff members to follow the centre's child protection reporting procedures and to report any child protection concerns they may have to the centre's SCM and/or their own line manager.
- Inform agency staff members that this centre does not tolerate gossip about the business of other centres.
- Inform agency of agency staff members who are known to gossip about the business of other centres.

- Not re-engage agency staff members who persistently gossip about the business of other centres.
- Actively seek the opinions of the centre's staff team and the young people resident in the centre in assessing the suitability of each agency staff member for future engagement by the centre.
- Offer formal supervision to agency staff members for every 100 hours of duty accumulated in the centre.
- Offer more frequent levels of supervision to agency staff members at the discretion of the SCM.
- Record details of supervision with agency staff on the centre's record of supervision.
- Store records relating to supervision of agency staff in a safe and secure manner that facilitates access by authorised personnel.
- Invite agency staff members to participate in the centre's staff meetings, handovers and other communication forums at the discretion of the SCM.

Purpose

The purpose of this policy is to:

- Ensure that the centre has an adequate number of staff on duty at any time in accordance with the needs of the centre.
- Ensure that proper vetting takes place on each agency staff member engaged by the centre.
- Attempt to engage staff who have qualifications relevant to the needs of the centre.
- Minimise the likelihood of the centre engaging unsuitable agency staff members.
- Clarify the centre's expectations of each agency staff member.
- Provide guidance to agency staff members concerning their role in child protection.
- Minimise the risk of person's unsuitable for working with young people being employed in the centre.
- Ensure that agency staff are prepared for, supported and monitored throughout their shift.
- Protect each young person's right to

confidentiality.

- Minimise the likelihood of agency staff members discussing the business of other centres.
- Ensure that agency staff members who are regularly engaged by the centre are offered formal supervision.
- Provide written evidence that supervision of agency staff has taken place.
- Make records concerning supervision of agency staff available for review, monitoring and inspection by authorised personnel.
- Fulfil the centre's statutory obligations under Standards 2.10 to 2.13 (inclusive) of the National Standards for Children's Residential Centres (2001).

Persons involved

Authorised agency, agency staff members engaged by the centre, SCM, SCW and ACM.

Relevant procedure

Procedure for the engagement of agency staff

Procedure for the Engagement of Agency Staff

Step	Action	Records to complete	Persons to inform
1.	Contact and receive authorisation from the ACM for the use of agency staff		ACM
2.	Contact authorised agency and provide details of the following: <ul style="list-style-type: none"> ● The name and location of the centre. ● The number of agency staff required. ● The dates and times of the shifts that the agency staff are required to cover. ● Any specific requirements. 	GCB	Agency
3.	Request a fax/email to confirm that the agency has the following documents on file for each agency staff member being engaged: <ul style="list-style-type: none"> ● Garda clearance. ● Three verified references. ● Details of qualifications. 	N/A	Agency
4.	Confirm agency staff member's identity upon their arrival at the centre. Request to see identification card.	N/A	Agency staff member
5.	Place a copy of the documents in the agency staff file.	Agency staff file	Agency staff member
6.	Ensure each agency staff member is aware of the following policies and procedures: <ul style="list-style-type: none"> ● The centre's child protection policies ● The centre's behaviour management policies ● The centre's policy on confidentiality ● The centre's policy on complaints ● The general details of the young people in the centre ● Each young person's ICMP/DICES/PDP/PP ● The layout of the centre ● The general routine of the centre and any planned activities for the day ● Fire safety procedure and exits ● Their duties and responsibilities for the duration of the shift ● Any other information necessary for the agency staff member to carry out their duties in a safe and efficient manner. 	N/A	Agency staff
7.	Support agency staff for the duration of their shift	N/A	Agency staff
8.	Update the agency staff on any developments throughout the shift and inform them of how these developments affect their duties and responsibilities.	N/A	Agency staff
9.	Ensure that agency staff are familiar with the policies and procedures for report writing and record keeping.	N/A	Agency staff
10.	Encourage agency staff to participate in reflective practice if required.	N/A	All SCW on duty including agency staff
11.	Ensure that each agency staff member completes the agency log book for hours worked.	Agency log book	Agency staff
12.	Verify details in agency log book and sign where requested.	Agency log book	Agency staff

Contingencies for the Engagement of Agency Staff

"What if...."	Recommended action	Records to complete	Persons to inform
1. The ACM is not available to authorise agency staff?	<ul style="list-style-type: none"> ● Contact on-call manager or notify ACM at the earliest convenience. 		ACM On-call manager
2. The necessary documents are not presented to the centre?	<ul style="list-style-type: none"> ● Inform agency staff member that they cannot commence shift until the necessary documents are presented. ● Appraise agency of situation and request that the agency faxes the documents immediately. 	GCB	Agency staff member Agency
3. Any of the vetting requirements cannot be met?	<ul style="list-style-type: none"> ● Remind agency of vetting requirements. ● Request an alternative agency staff member who meets the vetting requirements. 	GCB	Agency
4. An agency staff member requests to see historical information on a young person's file?	<ul style="list-style-type: none"> ● Inform agency staff member that this information is confidential. ● Inform agency staff member that it is not necessary for them to have knowledge of this information in order to carry out their duties. 	N/A	Agency staff member
5. An agency staff member engages in inappropriate conversation concerning the running of any other centre or its residents?	<ul style="list-style-type: none"> ● Inform agency staff member that conversations of this nature are in breach of the policy on confidentiality and must not continue. ● Inform SCM and agency. 	GCB	Agency staff member SCM

Date 1/2/2010

Policy on Students

Policy No. 8.6
Edition No. 1

Policy on Students

Definition

Students are persons that are pursuing a third level qualification relevant to social care. Students are not employed directly by the centre but are offered a placement in the centre for a specified period of time.

Student placements and child protection

This centre is aware of the particular child protection concerns presented by the placement of students who may be unknown to the SCM, SCW or young people in the centre. The need to protect the young people resident in the centre takes precedence over the need to provide placements for students.

Therefore this centre requires the following documentation for each student prior to them being offered a placement by the centre:

- Garda clearance
- Three verified references
- A copy of the student's CV
- Valid photographic identification where available.

This centre will store a copy of this information in the centre's file on the student.

Policy

This centre will:

- Obtain the approval of the ACM before offering placements to students.
- Consider the prevailing needs of the young people and staff team in the centre before offering placements to students.
- Only consider offering placements to students undertaking a qualification that is relevant to working in social care.
- Appoint a member of the staff team to act as supervisor for the student for the duration of their placement.
- Agree a supervision contract with the student, the

student's college tutor and the student's supervisor in the centre.

- Clearly outline the centre's expectations from the student for the duration of the placement.
- Provide the centre's local induction for each student commencing a placement in the centre for the first time.
- Require each student on placement to adhere to the centre's policies, procedures and staff code of conduct at all times while on placement in the centre.
- Consider students on placement to be surplus to the normal staffing requirements for the centre.
- Not permit students on placement to access records concerning any young person's social history unless specifically approved by the SCM.
- Require students to submit a copy of any assignments written about the business of the centre or the young people living in it to the SCM, prior to submission to the college.
- Require students on placement to follow the centre's child protection reporting procedures and to report any child protection concerns they may have to their supervisor and/or the centre's SCM.
- Actively seek the opinions of the centre's staff team and the young people resident in the centre in assessing the suitability of each student for continuing placement in the centre.
- Record details of supervision with students on the centre's record of student supervision.
- Store records relating to supervision of students in a safe and secure manner that facilitates access by authorised personnel.
- Invite students on placement to participate in the centre's staff meetings, handovers and other communication forums at the discretion of the SCM.

Purpose

The purpose of this policy is to:

- Ensure that the centre is adequately prepared to accept students on placement.
- Ensure that proper vetting takes place on each student offered a placement by the centre.

- Ensure that students on placement are prepared for, supported and monitored throughout their placement.
- Clarify the centre's expectations of each student on placement.
- Provide guidance to students on placement concerning their role in child protection.
- Minimise the risk of unsuitable students availing of college placements in the centres.
- Protect each young person's right to confidentiality.
- Provide written evidence that supervision of students on placement has taken place.
- Make records concerning supervision of students on placement available for review, monitoring and inspection by authorised personnel.

Persons involved

The student, the student's supervisor, the student's college tutor, SCM, SCW and ACM.

Date 1/2/2010

Guidelines for On-Call

Policy No. 8.7
Edition No. 1

Guidelines for On-Call

Definition

Where a formal arrangement exists, on-call is the system in the centre that allows SCW on duty to contact a designated member of the staff team outside normal working hours under particular circumstances.

Person on-call

The designated member of the staff team who agrees to be on-call is referred to as the person on-call.

The person on-call may be:

- The social care manager
- The deputy social care manager
- Social care leaders.

On occasion the SCM may agree to delegate responsibility for on-call to a SCM from another centre managed by the same local health office e.g. staff team days, Christmas parties, etc.

Where there is more than one designated person on-call, the centre will provide SCW on duty with an on-call roster.

The SCM will inform SCW on duty of times when the on-call service is not available.

The shift co-ordinator will make whatever decisions are necessary at times when the on-call service is not available.

Policy

On-call under ordinary circumstances

This centre provides policies and procedures that clearly outline the duties and responsibilities of SCW on duty in the centre. There is an expectation that SCW will follow the guidelines stated in the policies and procedures to determine the course of action to

be taken under ordinary circumstances. Therefore under ordinary circumstances it is not necessary to contact the person on-call.

On-call and notification

SCW on duty will notify the person on-call in the event of:

- A young person or SCW requiring the use of the emergency services i.e. An Garda Síochána, ambulance service, fire brigade, etc.
- An allegation of abuse being made by a young person or a SCW.
- A young person being absent at risk.
- A young person returning from an absence at risk.

On-call and consultation

SCW will seek to consult with the person on-call when:

- A young person is considered to be at risk and some consultation with the person on-call is likely to result in a safer outcome for the young person.
- A SCW is unable to work or has had to leave shift and it is not possible to obtain adequate staff cover for that shift.
- A young person is being refused entry to a centre.

The person on-call must be confident that they can exercise clear judgement when consulted by SCW on duty.

Contacting the person on-call

The shift co-ordinator is responsible for:

- Making the final decision to contact the person on-call.
- Making the initial phone call to the person-on-call.
- Any subsequent communication between the centre and the person on-call.

When contacting the person on-call, the shift co-ordinator should:

- Ring the designated person on-call only.
- Contact the person on-call using the agreed phone number only.

- Leave a message on the agreed phone number in the event of the person on-call not being available.
- Wait for a response from the person on-call in the event of the person on-call not being available.
- Make a record of the phone call in the centre's general communications book.

Purpose

The purpose of this policy is to:

- Acknowledge that being on on-call is a matter of personal choice and judgement for each member of the on-call team.
- Provide proposed parameters for persons providing an on-call service that minimises the impact being on-call has on that person's free time.
- Provide clear guidelines for SCW accessing the on-call service that minimises the impact the on-call service has on the person on-call's free time.
- Ensure that only the person on-call for any particular shift and not another member of the on-call team is contacted outside of normal working hours.
- Inform SCW on duty that the guidelines in the relevant policy or procedure should be fully implemented prior to the person on-call being notified or consulted.
- Provide a system of notification of particular significant events that enables the SCM to respond in an appropriate manner.
- Provide a system that allows SCW on duty have access to a member of the on-call team that may be able to assist them respond to potential risks for a young person.
- Ensure that the person on-call is satisfied that they are in a position to make an informed decision concerning any aspect of the centre's business.
- Ensure that SCWs on duty are made aware of when the on-call service is available and not available.
- Have a named member of the staff team to co-ordinate communication between the centre and the person on-call.
- Establish a clear line of communication between the centre and the person on-call.

- Designate the final responsibility for decision making to the shift co-ordinator in the event of the on-call service being unavailable.

Persons involved

All persons involved in the on-call service specifically the SCW on duty the shift co-ordinator and the person on-call. Other persons involved may include the SCM and the ACM.



Report Writing, Record Keeping and Sharing of Information

Section 9

Date 1/2/2010

Policy on Report Writing
and Record KeepingPolicy No. 9.1
Edition No. 1

Policy on Report Writing and Record Keeping

Definition

Reports are formal accounts of the communications, proceedings and transactions of the centre concerning the provision of care for the young people currently or previously resident therein. Records refer to one or more report containing information held by the centre pertaining to the care of young people currently or previously resident therein.

Records upon which information may be stored include:

- Paper records-books, files, letters, loose papers, diaries, post-it notes and computer printouts.
- Electronic records - floppy discs, CD-ROM or computer hard drives.
- Audio-visual records - films, tapes, videos, CDs, photographs, X-rays, or microfilm.

Policy on report writing

This centre will:

- Maintain all reports as contemporaneously as is practicable.
- Explain to young people the value, importance and necessity of report writing and record keeping.
- Actively seek to include and record the views and opinions of young people in reports written about them.
- Sign and date all entries.
- Consider all reports that are written by the centre's staff team to be the property of the centre and not the author.
- Ensure that relevant reports are signed by the SCM to confirm that they have been read.
- Ensure that records or reports required for review meetings are available and completely up to date.

- Send copies of the report to any parties as requested on the relevant form.
- Provide access to records and reports in line with the centre's policy on access to information.
- Adhere to the centre's policy on confidentiality during all exchanges of information contained on records and reports.
- Provide clear guidance to the centre's staff team on how to manage requests by young people for access to their records and reports.

When writing reports SCW will:

- Use the names of young people and members of the centre's staff team when mentioning them in reports
- Use black ink
- Cross out mistakes with a single line
- Place initials beside all corrections
- Not use correctional fluid
- Avoid using jargon or slang unless quoting young people or other people
- Not paraphrase comments made by young people.

Where summaries are required, SCW will enter details:

- Concisely
- Accurately
- Non-speculatively
- Objectively
- Legibly
- Factually.

When SCW need to give their opinion they will:

- State that it is their opinion.
- Support their opinion with factual evidence.

Purpose of report writing

The purpose of this policy is to:

- Increase the likelihood that reports concerning young people are written in an honest, objective and apposite manner.

- Minimise the likelihood of SCW offering their unsupported opinion as a factual explanation or account of events.
- Ensure that reports are written in a colour of ink that provides best results for faxing or photocopying.
- Promote transparency in how reports are written and mistakes corrected.
- Prohibit the use of correctional fluid and therefore avoid its use as a possible tool for concealing evidence of malpractice.
- Protect the confidentiality of all young people being mentioned in another young person's report.
- Highlight the fact that the author will not always be available to clarify any aspect of the report.
- Promote a manner and style of report writing that considers the fact that reports are stored in perpetuity as an historical account of events in the young person's life while in the care of the centre.
- Increase the likelihood that relevant information concerning each young person is communicated to all persons with a bona fide interest in the welfare of that young person in an effective and appropriate manner.
- Monitor and evaluate the progress of young people resident in the centre.
- Provide written evidence of the level and quality of care delivered to young people resident in the centre.
- Provide evidence of consultation with young people in matters that affect their lives.
- Fulfil the centre's statutory obligations under Standards 5.41 and 5.42 of the National Standards for Children's Residential Centres (2001).
- PDP/PP
- PDP/PP review reports
- Young person's full birth certificate
- Social history records
- Medical records and reports
- Contact forms and reports
- Education records and reports
- Keywork and individual work records
- Significant event reports
- ICMP/DICES/PDP/PP forms
- TCI reports
- Sanctions records
- Complaints reports
- Unauthorised absence reports.
- Place each young person's records or reports in the correct section of clearly indexed and partitioned individual files.
- Maintain chronological consistency within each young person's file.
- Not destroy or delete any record or report concerning young people currently or previously resident in the centre.
- Keep all young people's case and care files in perpetuity using an appropriate medium.
- Employ appropriate technical measures to prevent unauthorised processing of personal data and accidental loss or destruction of, or damage to, personal data.
- Ensure the following operational reports and records are maintained:
 - Register of young people living in the centre
 - Young person's daily report book
 - Register of significant events
 - Handover book
 - Register of complaints
 - Maintenance log book
 - Staff personnel records
 - Staff supervision records
 - Fire drill record books

Policy on record keeping

This centre will:

- Ensure that the following reports and records are held on each young persons file:
 - Admission into care form.
 - Court orders
 - Pre-admission risk assessment form
 - Statutory care plan

- Petty cash record book
- Written confirmation from a certified engineer or appropriately qualified architect that all regulations and building controls have been met
- Certificate of building and contents insurance for the centre
- Certificate of public liability insurance
- Prohibit the removal of any report or record from the centre without prior approval.
- Store all records and reports in a safe and secure manner that facilitates access by authorised personnel.

Purpose of record keeping

The purpose of this policy is to:

- Ensure that young peoples records are well organised and contain all necessary documentation.
- Facilitate easy access to information by authorised personnel.
- Fulfil the centre's statutory obligations under Standards 5.40, 5.43 and 5.44 of the National Standards for Children's Residential Centres (2001).

Policy on a confidential section in young people's files

Definition

A confidential section in the young person's file contains information that requires additional consultation or permission from the SCM and/or relevant third parties prior to the information being made available to the young person.

Introduction

Information that should be contained in the confidential section includes:

- Third party reports where prior permission has not been given for the young person to access them.
- Reports written by members of the centre's staff team which contains information that may be considered harmful to the emotional welfare of the young person.

Young people may make requests to restrict access to highly sensitive information contained about them to certain members of the staff team.

These requests will be considered following consultation with the SCM, young person's SW and the ACM.

In these instances the SCM will carry out a risk assessment to determine any potential risks posed to the young person and members of the staff team by agreeing to restrict access to this information.

The SCM will inform the young person and the staff team of the outcome of the risk assessment.

Reports that are restricted to certain members of the staff team will be stored separately by the SCM in a safe manner that facilitates access by authorised personnel.

Policy

This centre will:

- Agree with the authors of third party reports which reports should be placed in the confidential section of the young person's file.
- Maintain a confidential section in each young person's file.
- Ensure that the confidential section is easily distinguishable from all the other sections of the young person's file.
- Inform the young person that a confidential section in their file exists.
- Explain the purpose of the confidential section to each young person.
- Explain the reasons why a confidential section must be maintained to each young person.
- Facilitate requests from young people to access information in the confidential section of their files by:
 - Seeking permission from the authors of third party reports.
 - Carrying out a risk assessment to explore the possible risks to the young person's emotional welfare posed by the young person reading a report from the confidential section of their file.
 - Assisting young people to make freedom of information requests to access information that has been denied to them by contacting the freedom of information officer for the centre's LHO.

Purpose

The purpose of the policy is to:

- Maintain appropriate levels of privacy and confidentiality regarding information held about young people living in the centre.
- Ensure that young people are assisted in exercising their rights to have knowledge of, and seek access to, information held in the confidential section of their file.
- Minimise the likelihood of members of the centre's staff team accidentally providing information to young people that may prove harmful to their emotional welfare.
- Fulfil the centre's statutory obligation under the Freedom of Information (Amendment) Act 2003.

Persons involved

All persons involved in the exchange of information concerning a young person including specifically the young person, SCW, SCM and SW. Other relevant parties may include ACM, monitor, young person's family, the Gardaí and Guardian ad Litem.

Relevant procedure

Procedure for report writing

Procedure for Report Writing

Step	Action	Records to complete	Persons to consult
1.	Select the appropriate report book or form and write the report in black ink.	Appropriate report book or form	N/A
2.	Enter details as requested in the report book or form ensuring that: <ul style="list-style-type: none"> Any corrections or errors should be crossed out using a single line. You place initials beside all corrections. You do not use correctional fluid. 	Appropriate report book or form	As requested in the appropriate report book or form
3.	<ul style="list-style-type: none"> Where summaries are required, details should be entered: <ol style="list-style-type: none"> Concisely Accurately Non-speculatively Objectively Legibly Factually All entries should be dated. Unless absolutely necessary, avoid using jargon or slang. 	Appropriate report book or form	As requested in the appropriate report book or form
4.	Use the names of young people and members of the centre's staff team when mentioning them in reports.	Appropriate report book or form	As requested in the appropriate report book or form
5.	Author must sign and date all entries.	Appropriate report book or form	As requested in the appropriate report book or form
6.	Send copies of the report to any parties as requested on the relevant form.	Relevant form	As requested in the relevant form.
7.	Upon completion, store or file report books and forms: <p>Safely and securely.</p> <ul style="list-style-type: none"> In chronological order. In the appropriate section of the file. 	N/A	N/A

Contingencies for Report Writing

"What if...."	Recommended action	Records to complete	Persons to consult
1. I want to give my opinion when writing a report?	<ul style="list-style-type: none"> ● State that this is your opinion. ● Support your opinion with factual evidence. 	Appropriate report book or form	As requested in the appropriate report book or form
2. I want to give my opinion but cannot support it with factual evidence?	Do not give your opinion.	Appropriate report book or form	As requested in the appropriate report book or form
3. SCW disagrees over any aspect of a report?	Reports should be re-read, discussed and clarified in an attempt to reach agreement.	Appropriate report book or form	N/A
4. SCW fails to reach an agreement?	<ul style="list-style-type: none"> ● SCW write individual reports giving their own perspective. ● Inform SCM. 	Appropriate report book or form	SCM
5. A young person wants to contribute to his or her own YPDRB?	Encourage and assist the young person in carrying out this task.	YPDRB	YP
6. An outside agency not stated on the report book or form requests a copy of a report?	<ul style="list-style-type: none"> ● Consult SCM. ● Do not issue the report without directions. 	HB	SCM
7. The young person wants to read a report that I have written?	<ul style="list-style-type: none"> ● Allow the young person to read the report at an appropriate time. ● Remain with the young person while the report is being read. ● Note the young person's reaction to the report and monitor accordingly. 	YPDRB	YP
8. The young person wants to read a report that another SCW has written?	See point 7	YPDRB	YP
9. A young person wants to read a report from an outside agency?	Seek the permission of the author before you allow the young person to read the report.	YPDRB HB	YP SCM Outside agency
10. A young person wants access to a report but is unable to read or comprehend it?	Read and explain the report to the young person	YPDRB	YP
11. A young person is unhappy with an aspect of a report?	Arrange meeting with young person and author of report.	HB	YP Author of report

Date 1/2/2010

Policy on Handovers

Policy No. 9.2
Edition No. 1

Policy on Handovers

Definition

A handover is a structured meeting during which information concerning the previous shift's events and any plans for the forthcoming shift is shared between members of the centre's staff team that are coming off duty and members of the centre's staff team that are coming on duty.

Policy on handovers

This centre will:

- Agree a specified time of the day for the handover meeting to take place.
- Require that all SCW coming on and off duty attend the handover meeting unless they are required to attend work related duties or have been excused by the SCM.
- Ensure that all SCW attending the handover meetings carry out the duties outlined in the centre's procedure for a handover.
- Allocate sufficient time during the handover meeting to discuss matters concerning each young person.
- Allow time during the handover meeting for SCW coming off duty to address any queries the SCW coming on duty may have about the previous shift's events or the expectations for the forthcoming shift.
- Engage in all matters relating to handovers in a manner that demonstrates a willingness to participate in reflective practice (see note below).
- Nominate a shift co-ordinator for the forthcoming shift.
- Ensure that all subsequent SCW coming on duty receive a summary of the handover.
- Record information for the handover meeting in the centre's handover book/form.
- Require that all records are completed by the SCW coming off duty and are ready for discussion at the handover meeting.
- Require that all records are read by the SCW coming on duty prior to going to work on the floor.
- Require that members of the centre's staff team countersign the handover book/form upon completion of the handover meeting.

- Store the handover book/form in a safe and secure manner that facilitates access by authorised personnel.
- Provide guidance to the centre's staff team on how to manage handovers.

Purpose

The purpose of this policy is to:

- Ensure that a handover meeting takes place during each changeover of shift.
- Ensure that information is communicated effectively between all members of the centre's staff team on duty.
- Assist in the provision of individual care for each young person living in the centre.
- Enable members of the centre's staff team to perform their duties to the best of their ability by being prepared for each shift through knowledge of the information shared at the handover meeting.
- Ensure that members of the centre's staff team coming on duty confirm that they are familiar with the previous shift's events and are aware of the expectations for the forthcoming shift by countersigning the centre's handover book/form.
- Make records concerning handovers available for review, monitoring and inspection by authorised personnel.

Persons involved

All members of the centre's staff team present during the handover meeting but specifically the SCW coming on duty and the SCW coming off duty.

Relevant procedure

Procedure for a handover

Note on Reflective Practice

Reflective Practice is a learning process through which staff reflect on and review their work practice. It can take place at the end of a shift to allow staff to recall the shift's events. Reflective practice acknowledges and examines interventions that had positive outcomes and interventions that had negative outcomes. The aim of reflective practice is to identify possible improvements in their work practice and in their interactions with young people. In this way, reflective practice may be useful following a significant event.

Procedure for a Handover

Step	Action	Records to complete	Persons to consult
1.	Agree a time for the handover meeting that will accommodate all SCWs.	N/A	SCWs
2.	Give an account of the previous shift's events including: <ul style="list-style-type: none"> Any activities undertaken by the young people Any significant visitors to the centre Any significant events The general mood of the young people Any family contact Any external agency contact Any medical information. 	N/A	SCWs
3.	Give an account of any individual work done with the young people.	N/A	SCWs
4.	Inform SCWs coming on duty of: <ul style="list-style-type: none"> Any appointments for the day All outstanding issues to be addressed. 	N/A	SCWs
5.	Inform SCWs of any requests made by the young people.	N/A	SCWs
6.	Inform SCWs coming on duty of any 'housekeeping' requirements i.e. <ul style="list-style-type: none"> Maintenance issues Shopping requirements Transport requirements Petty cash requirements 	N/A	SCWs
7.	Ensure that: <ul style="list-style-type: none"> Petty cash balance is correct. All expenditure is accounted for. Petty cash book is signed off and signed as accepted. 	Petty cash book	SCWs
8.	Ensure that records are completed and counter-signed.	Any incomplete records	SCWs
9.	Ensure that all household duties have been completed.	Cleaning check-list	SCWs
10.	Provide time for SCWs coming on duty later in the shift to: <ul style="list-style-type: none"> Read through reports Address any queries that may arise. 	HB	SCWs
11.	Handover set(s) keys.	N/A	SCWs

Contingencies for a Handover

"What if...."	Recommended action	Records to complete	Persons to consult
1. It is not possible for all SCW to participate in the handover meeting?	<ul style="list-style-type: none"> ● Confirm that reason for non-participation is valid or work related. ● Proceed with meeting. 	N/A	N/A
2. SCW cannot participate in handover for reason not related to work?	<ul style="list-style-type: none"> ● SCW excused from handover only with SCM's approval. 	N/A	SCM SCW
3. SCW is dissatisfied with any aspect of the handover?	Indicate your dissatisfaction to the SCW giving the handover and seek clarification on the aspects of the handover giving cause for concern.	HB	SCW

Date 1/2/2010

Policy on Confidentiality

Policy No. 9.3
Edition No. 1

Definition

Confidentiality is the preservation of privileged information concerning a young person. Although confidential information may be shared with many others, the obligation to confidentiality is not lessened and it binds equally all who share the privileged information.

(Based on Biestek, F. 1957).

Confidentiality and child protection

This centre clearly understands that all child protection concerns brought to the attention of the centre will be notified to the appropriate authorities regardless of how the information was received. Giving information to others for the protection of a young person is not a breach of confidentiality.

Policy

This centre will:

- Provide a detailed explanation of the centre's policy on confidentiality to young people and their parent(s) upon a young person being admitted to centre.
- Only provide information that is necessary to assist the person receiving it to do their job more effectively.
- Only share information with another party that is accurate and capable of being substantiated.
- Share any information concerning a young person openly and in a way that maintains the young person's dignity.
- Store all young persons' files and records securely in such a way that they are protected from unauthorised access.
- Grant access to young persons' files to authorised personnel only.
- Only grant access to medical files in respect of a young person to a duly authorised medical practitioner.
- Provide clear guidance to the centre's staff team on how to conduct interactions with and on behalf of a young person in a confidential manner.

- Refer any enquires from the media to the Area Communications Office.

This centre will not:

- Give any undertaking of absolute confidentiality to young people, young people's families or any person associated with young people in any capacity.
- Permit files or documents related to young people to be removed from the centre without authorisation.
- Share information received by the centre from other persons or agencies without the consent of the author.
- Take photographs or make recordings of young people without their permission.
- Provide staff addresses telephone numbers or other personal information to any person without their permission.
- Discuss matters concerning young people resident in the centre outside the centre unless authorised to do so.
- Discuss a young person's behaviour or personal information with or in front of another young person.

Purpose

The purpose of this policy is to:

- Respect and safeguard the right of young people to privacy in their interactions with the centre and other agencies.
- Contribute to the creation of a safe living and working environment that encourages young people to speak openly, in the knowledge that all information will be treated confidentially.
- Assist in the development and maintenance of trusting and meaningful relationships with young people.
- Acknowledge that the centre cannot give an effective service to young people unless information is shared with other authorised personnel within the centre and with other agencies.

- Prevent any serious, foreseeable, and imminent harm to a young person or other identifiable person.

Persons involved

All persons with a bona fide interest in the welfare of the young person; including specifically SCM, SCW, keyworker(s) and SW.

Relevant procedures

There is no single, specific procedure for confidentiality. The need for all interactions with and on behalf of young people to be conducted in a confidential manner is implicit in any procedure where such interaction is required.

Household and Transport

Section 10

Date 1/2/2010

Policy on Creating and
Maintaining a Safe and
Homely EnvironmentPolicy No. 10.1
Edition No. 1

Policy on Creating and Maintaining a Safe and Homely Environment

Definition

This policy refers to how the physical condition, living arrangements and safety regulations contribute to the general ambience in the centre.

Policy

This centre will:

- Not include in its address anything that will draw unnecessary attention to its purpose and function e.g. use of words such as 'hostel', 'boy's home', etc.
- Undertake regular risk assessments/health and safety audits to ensure that the centre is a safe and secure place for young people to live in and for the staff team to work in.
- Respond to any concerns about the safety and security of the centre highlighted by a risk assessment/health and safety audits.
- Keep the common living areas of the home free from any evidence that indicates the business of the centre where possible.
- Provide age appropriate play and recreational facilities for the young people living in the centre.
- Provide a space for young people to receive private visits from their friends, family members or SW that minimises disruption to the other residents of the centre.
- Monitor the structural condition of the home and notify any concerns to the maintenance department and line management of the centre.
- Consult regularly with line management about what funding is required to maintain the home to a high standard.
- Conform to the standards outlined in the centre's health and safety statement.
- Appoint and train a health and safety representative who will oversee general health and safety issues and report any concerns to the SCM.
- Notify any request for repairs to the maintenance department for the centre.
- Notify any health and safety concerns to the maintenance department and the line management of the centre.
- Record details of all maintenance requests and the maintenance department's response to them and date of completion of request in the centre's maintenance log book.
- Furnish, decorate and equip the home to a high standard that is domestic in appearance and function.
- Ensure that the home is adequately lit, heated and ventilated.
- Have sufficient furniture, facilities and domestic appliances to meet the needs of the number of young people living in the centre.
- Provide young people with their own bedrooms.
- Involve young people in making decisions concerning the redecoration or furnishing of the home.
- Encourage young people to personalise their own bedrooms and to contribute to the personalising of common living areas.
- Provide young people with a place where their personal belongings can be kept safely and securely.
- Conform to the standards outlined in the centre's fire safety policy.
- Follow the steps outlined in the centre's procedure for evacuation in the event of a fire.
- Provide written confirmation from a certified engineer or appropriately qualified architect that all regulations and building controls have been met.
- Notify the maintenance department/Fire Safety Company of any concerns regarding fire safety and to inform them when fire safety equipment is due for servicing.

- Carry out regular fire drills with the staff team and residents of the centre.
- Conduct fire drills when a new young person is admitted to the centre or when a new staff member commences employment in the centre.
- Record details of fire drills in the fire safety log book.
- Make staff team members and young people available for fire safety training.
- Make staff team members available for first aid training.
- Ensure that the centre has public liability insurance and building and contents insurance and will keep evidence of this on file.

Purpose

The purpose of this policy is to:

- Provide a safe and secure living and working environment that is suitable for the purpose and function of the centre.
- Provide young people and the staff team with a living environment that contributes to a pleasant ambience in the home.
- Provide a home for young people that does not unnecessarily reveal itself as a children's residential centre.
- Provide young people with a living environment that is similar to that experienced by their peers.
- Encourage young people to take ownership of their bedrooms and the home in general.
- Provide a space in the centre for young people to enjoy uninterrupted privacy with their friends, family and SW.
- Encourage young people to feel safe and secure in the home.
- Have a named member of the staff team lead the centre's response to health and safety considerations.
- Provide the young people and staff team with guidelines for responding to a fire breaking out in the centre.
- Provide guidelines for effective reporting of any health and safety or fire safety concerns.

- Provide written evidence that health and safety concerns and fire safety concerns are notified to the maintenance department and line management of the centre.
- Provide written evidence of the maintenance department's response to requests for repairs or health and safety concerns.
- Provide written evidence that fire safety training and fire drills take place.
- Provide written evidence that the centre meets fire safety regulations.
- Provide written evidence that the centre has adequate and appropriate insurance cover.
- Have all members of the centre's staff team trained in first aid.
- Make records concerning health and safety and fire safety available for review, monitoring and inspection by authorised personnel.
- Fulfil the centre's statutory obligations as outlined in Standards 10.1 to 10.23 (excluding Standards 10.17 and 10.18) of the National Standards for Children's Residential Centres (2001).

Persons Involved

All persons responsible for the upkeep and maintenance of the centre including specifically the SCW, SCM and maintenance department.

Relevant Procedure

Procedure for Evacuation in the Event of a Fire
Procedure for Maintenance

Procedure for Maintenance

Step	Action	Records to complete	Persons to consult
1.	Report any identified need to the maintenance department giving as many details as possible.	Maintenance log book	Maintenance department SCM
2.	State level of urgency of maintenance required.	Maintenance log book	Maintenance department SCM
3.	Record details of contact with maintenance department.	Maintenance log book	N/A
4.	Confirm identity of maintenance staff upon their arrival.	Maintenance log book	N/A
5.	Identify the problem to maintenance staff.	Maintenance log book	Maintenance department
6.	Remove young people from the area where maintenance work is being carried out.	N/A	Young people
7.	<ul style="list-style-type: none"> ● Record actions undertaken by maintenance department. ● Follow directions given by maintenance department. 	Maintenance log book	SCM

Contingencies for Maintenance

"What if...."	Recommended action	Records to complete	Persons to consult
1. The maintenance department fail to respond to step 1?	Remind them of the need to have the requested work completed as a matter of urgency.	Maintenance log book	Maintenance department SCM
2. The maintenance department continually fail to respond to step 1?	<ul style="list-style-type: none"> ● Inform SCM. ● Inform ACM. ● Record ACM response. ● Follow directions given by ACM. 	HB Maintenance log book	Maintenance department SCM ACM
3. You require an emergency maintenance response?	<ul style="list-style-type: none"> ● Inform SCM ● Seek approval to seek local emergency service. 	N/A	SCM

Procedure for Evacuation in the Event of a Fire

Step	Action	Records to complete	Persons to consult
1.	SCW #1: <ul style="list-style-type: none"> ● Evacuates all persons from the downstairs area of the house. ● Calls the emergency services. ● Opens all the fire exits. SCW #2: <ul style="list-style-type: none"> ● Evacuates all persons from the upstairs area of the house. ● Closes all windows and doors if able to do so without risk. 	N/A	Occupants Emergency services
2.	All persons meet at the designated fire assembly point as indicated in each centre's fire safety policy.	N/A	Occupants
3.	<ul style="list-style-type: none"> ● Account for all people present. ● Wait for the emergency services to arrive 	N/A	N/A
4.	SCW #1 notifies immediate neighbours of fire.	N/A	Immediate neighbours
5.	Do not re-enter the centre until advised by the emergency services.	N/A	Occupants
6.	<ul style="list-style-type: none"> ● At the next available opportunity record details in the fire safety log book, YPDRB and SEF. ● Inform SCM at next available opportunity. 	Fire safety log book YPDRB SEF	SCM

Contingencies for Evacuation in the Event of a Fire

"What if...."	Recommended action	Records to complete	Persons to consult
1. I am confident that the fire can be safely controlled?	<ul style="list-style-type: none"> ● Evacuate premises. ● Extinguish fire (<i>only SCW who have received fire safety training should undertake this task</i>). 	Appropriate report book or form	As requested in the appropriate report book or form
2. The fire occurs during the night?	<ul style="list-style-type: none"> ● As per procedure for evacuation in the event of a fire. ● Use torches and whistles to guide and alert occupants. 	Fire safety log book	Occupants Emergency services
3. A fire occurs but no alarm sounds?	<ul style="list-style-type: none"> ● As per procedure for evacuation in the event of a fire. ● Use whistles to alert occupants. ● Report fault to maintenance department at next available opportunity. 	Fire safety log book	Occupants Emergency services Maintenance department
4. The fire alarm activates but there is no sign of a fire?	<ul style="list-style-type: none"> ● Search for evidence of fire. ● If no fire is discovered reset the alarm and report fault to maintenance department or Fire Safety Company. 	Fire safety log book	Occupants Maintenance department
5. An occupant refuses to leave the centre?	<ul style="list-style-type: none"> ● Impress upon the occupant that they must leave the centre for their own safety. 	Fire safety log book YPDRB	Emergency services SCM
6. An occupant continues to refuse to leave the centre?	<ul style="list-style-type: none"> ● Shut the door on the room being occupied. ● Inform the emergency services of the occupant's decision. 	Fire safety log book YPDRB SEF	Fire safety log book YPDRB SEF

Date 1/2/2010

Policy on Transport

Policy No. 10.2
Edition No. 1

Policy on Transport

Definition

The modes of transport used by this centre are:

- Vehicles belonging to the centre
- Public transport including taxis
- Private vehicles belonging to the members of the centre's staff team.

Transport and child protection

This centre recognises that SCW being alone with young people during a journey may present a risk of a young person being abused or making an allegation of abuse.

In addition to this, certain modes of public transport may present opportunities to young people that may place them at risk.

Therefore this centre will carry out a risk assessment to respond to any concerns raised by having to transport a young person to a particular destination. This centre will record the following details for each journey a SCW undertakes with a young person:

- The time of departure from centre
- The purpose of the journey
- The destination(s) of the journey
- The time of return to centre.

Policy on the use of vehicles belonging to the centre

This centre will:

- Only allow a SCW with a full driving license to drive vehicles belonging to the centre.
- Require production of a current full driving licence by a SCW prior to using any vehicle belonging to the centre.
- Consider it the responsibility of SCW to re-present this document upon any subsequent changes or renewals (endorsements).

- Adhere to the centre's health and safety policy as it pertains to using vehicles belonging to the centre.
- Require all persons to wear a seatbelt while travelling in the vehicle(s).
- Not permit young people under the age of twelve to sit in the front seat of any vehicle supplied by the centre.
- Be aware of and adhere to (EU policy on Child Car Seat Safety) compulsory child safety protection laws in relation to child restraints, height restrictions and booster seats in vehicles*.
- Terminate or not undertake any journey where the driver believes that the safety of all passengers is compromised due to driving conditions or the roadworthiness of the vehicle.
- Terminate or not undertake any journey where the driver believes that the safety of all passengers is compromised due to the behaviour of young people in the vehicle.
- Carry a first aid kit in each vehicle supplied by the centre.
- Ensure that the vehicles are made available for servicing as required.
- Ensure that the vehicles are made available for DOE or NCT testing as required.

Purpose of Policy on the use of vehicles belonging to the centre

The purpose of this policy is to:

- Ensure that only SCWs who have a full driving license drive vehicles belonging to the centre.
- Ensure that the safety of all passengers is of paramount concern while journeys are being undertaken in vehicles belonging to the centre.
- Ensure that all vehicles belonging to the centre are equipped and prepared for each journey.
- Ensure that all vehicles belonging to the centre meet all statutory requirements.

Persons involved

All SCWs who drive vehicles belonging to the centre, SCM, young people and any person authorised to maintain the vehicles.

Relevant procedures

Procedure for the Use of Supplied Transport

Policy on the use of public transport

This centre will:

- Carry out a risk assessment to respond to any concerns raised by young people using public transport.
- Carry out a risk assessment to respond to any concerns raised by young people travelling alone on public transport.
- Accompany young people using public transport in an age appropriate manner that considers the safety and welfare of each young person.
- Only use taxis for essential journeys when other modes of transport are not available or suitable to the needs of a young person.
- Use a taxi company that is authorised by line management for the centre.
- Use taxi vouchers as payment for the journey when possible.
- Not keep taxis waiting for any longer than 10 minutes where possible.
- Verify the cost of the taxi journey with the taxi driver and obtain a receipt for the journey.
- Attach the receipt to the taxi voucher book.
- Report any complaints about the taxi service to local line management.

Purpose of Policy on the use of public transport

The purpose of this policy is to:

- Allow young people to use public transport in a

manner similar to their peers.

- Respond to any concerns raised by young people travelling alone on public transport.
- Promote the use of public transport as a mechanism for young people to develop an important life skill.
- Recognise that an over-reliance on taxis may give young people an unreasonable expectation of resources when living outside the care of the centre.
- Minimise the expense incurred through the use of taxis.
- Ensure that correct charges are applied to journeys undertaken with taxi companies.

Persons Involved

SCW, young people, SCM and SW

Relevant Procedures

Procedure for the use of Supplied Transport

Policy on the use of private vehicles belonging to members of the centre's staff team

This centre will:

- Only use vehicles belonging to staff team members for work related duties when it is not possible to use vehicles belonging to the centre and it is not appropriate or economical to use public transport for the journey.
- Only permit staff team members who have their insurance policies indemnified against the employer to use their private vehicle to carry out their duties.
- Require that staff team members present their driving licence, vehicle registration certificate and their insurance policy prior to using their vehicle.
- Require staff team members to present these documents upon their renewal or change of vehicle.
- Require staff team members to carry a first aid kit in their vehicle while carrying out work related duties.

- Require staff team members to adhere to the centre's health and safety policy while using their vehicle for work related duties.
- Require all persons to wear a seatbelt while travelling in the vehicle.
- Not permit young people under the age of twelve to sit in the front seat of any vehicle belonging to staff team members.
- Be aware of and adhere to (EU policy on Child Car Seat Safety) compulsory child safety protection laws in relation to child restraints, height restrictions and booster seats in vehicles*.
- Terminate or not undertake any journey where the driver believes that the safety of all passengers is compromised due to driving conditions or the roadworthiness of the vehicle.
- Terminate or not undertake any journey where the driver believes that the safety of all passengers is compromised due to the behaviour of young people in the vehicle.
- Require staff team members to record details of journeys in the centre's travel expenses claim form.
- Require the SCM to examine travel expenses claims forms to ensure the accuracy of the expenses being submitted for payment.

Purpose of Policy on the use of private vehicles belonging to members of the centre's staff team

The purpose of this policy is to:

- Minimise any unnecessary expenses incurred by the centre through the payment of travel allowance to staff team members when other means of transport were available and appropriate for the journey.
- Ensure that staff team members who use their vehicles for work related duties are insured to do so.
- Ensure that the safety of all passengers is of paramount concern while journeys are being undertaken in vehicles belonging to staff team members.
- Provide a written account of journeys undertaken in order that staff team members may be paid a travel allowance.

* Note:

On Monday 18th September 2008 New EU child safety protection laws came into force making it compulsory for all children to travel in the correct child seats, booster seats or booster cushions. The new regulations state all children up to the age of 12 years and less than 4 feet 5 inches (135cm) tall must use appropriate EU approved car restraints.

Age related regulations are as follows:

- **0-2 years** can travel in the front or back of a car only with a European Union safety approved child seat. The use of rear-facing restraints is prohibited where there is a front active air-bag
- Children aged **3 years or over** who are under 150cms in height and weighing less than 36 kilograms (i.e. generally children up to 11/12 years old) must use the correct child seat, booster seat or booster cushion when travelling in vehicles (other than a taxi).
- **4-6 years** Must use a booster seat suitable for their height.
- **6-12 years up to a height of 4 ft 5 inches (135cm)** must use a booster cushion suitable for raising them to a height where the seatbelt crosses the correct part of their chest. Drivers have a legal responsibility to ensure passengers aged less than 17 years-of-age use the correct seat, booster seat, booster cushion or seatbelt.

Persons involved

All staff team members using private vehicles for work related duties, young people and SCM.

Relevant procedures

Procedure for the Use of Private Vehicles.

Procedure for the Use of Private Vehicles

Step	Action	Records to complete	Persons to consult
1.	Prior to using their own vehicle for the first time in the course of their duty, SCWs must provide SCM with the following documentation: <ul style="list-style-type: none"> ● A current driving licence ● A vehicle registration log book/certificate ● A certificate of insurance ● Confirmation of indemnity against HSE. <i>Note: The above documents must be re-presented to the SCM upon renewal, or where a change in vehicle details has occurred.</i>	N/A	SCM
2.	Before embarking on a journey with a young person, the SCW must: <ul style="list-style-type: none"> ● Ensure they are familiar with the guidelines regarding the transportation of young people as outlined in the safety statement for the centre. ● Inform the young person of relevant safety guidelines relating to their transportation. ● Ensure there is a first aid box on board the vehicle. 	N/A	Young person
3.	Record the following: <ul style="list-style-type: none"> ● Time of departure from centre ● The purpose of the journey ● Destination(s) of the journey ● Estimated time of return to centre. 	Travel expenses claim form	N/A
4.	Record details as requested on the travel expenses claim form.	Travel expenses claim form	N/A
5.	Give the SCM completed travel expenses claim form for authorisation.	Travel expenses claim form	SCM

Contingencies for Use of Private Vehicles

"What if...."	Recommended action	Records to complete	Persons to consult
1. I have not presented the correct documentation?	Do not use your own vehicle for any work-related duties.	N/A	SCM
2. During the journey a young person misbehaves or refuses to abide by the guidelines in the safety statement?	<ul style="list-style-type: none"> ● Attempt to reach agreement with the young person regarding their behaviour. ● Remind them of the importance of adhering to transportation guidelines for their own safety. 	YPDRB	Young person
3. The young person's dangerous behaviour continues?	<ul style="list-style-type: none"> ● Do not proceed with the journey. ● Make alternative transport arrangements to destination. 	YPDRB	Young person SCM
4. During a journey with a young person I incur a fine or other penalty under the Road Traffic Act?	Any fines or penalties incurred are the responsibility of the owner of the vehicle.	N/A	SCM

Date 1/2/2010

Policy on Petty Cash and
the Purchase of GoodsPolicy No. 10.3
Edition No. 1

Policy on Petty Cash and the Purchase of Goods

Definition

Petty cash is defined as the amount of cash kept on hand by the centre for incidental purchases. Purchase of goods refers to items required that are not included in the definition of petty cash.

Policy on petty cash

This centre will:

- Ensure that there is a sufficient amount of petty cash on hand to meet the incidental needs of the centre.
- Ensure that all SCWs on shift take responsibility for the administration of petty cash.
- Provide guidance to the centre's staff team on how to manage petty cash as outlined in the centre's procedure for petty cash.
- Obtain receipts for all purchases wherever possible.
- Not require young people to obtain receipts for purchases where doing so may draw unwelcome attention to their personal circumstances.
- Consider a method of payment for goods and services that does not draw unnecessary attention to the care status of the young person.
- Take similar precautions in the handling and storage of receipts as it should in the handling and storage of cash.
- Follow the agencies local procedures for the submission of receipts for reimbursement of funds and for accounting purposes.
- Record the details of petty cash in the centre's petty cash book.
- Store all records relating to petty cash in a safe and secure manner that facilitates access by authorised personnel.
- Not use petty cash for any purpose other than for the business of the centre.

Purpose

The purpose of this policy is to:

- Ensure that petty cash is administered appropriately, accounted for, balanced accurately and stored safely.
- Ensure that the centre and young people have money on hand to make whatever incidental purchases are necessary.
- Provide clarity and accountability in relation to the administration of petty cash.
- Avoid the petty cash system drawing unnecessary attention to the fact that the young person is in care.
- Provide verification of petty cash expenditure.
- Make records concerning petty cash available for review, monitoring and inspection by appropriate personnel.
- Fulfil the centre's statutory obligation outlined in Standard 2.22 of the National Standards for Children's Residential Centres (2001).

Policy on the purchase of goods

This centre will:

- Identify goods required for the business of the centre.
- Obtain three quotations for any goods required.
- Purchase goods based upon the quotation that represents the best value for money i.e. based upon the cost, quality, durability and suitability of the item(s).
- Agree with line management how the goods are to be paid for.
- Consider a method of payment for goods and services that does not draw unnecessary attention to the purpose and function of the centre.

Purpose

The purpose of this policy is to:

- Ensure that the centre has adequate resources at all times.

- Make the best use of the centre's budget.
- Avoid the purchase of goods in a system that draws unnecessary attention to the business of the centre and the young people living in it.
- Fulfil the centre's statutory obligation outlined in Standard 2.22 of the National Standards for Children's Residential Centres (2001).

Persons involved

Any person handling or receiving petty cash including specifically SCW, SCM and young people.

Relevant procedure

Procedure for petty cash
SCW procedure for the purchase of goods
SCM procedure for the purchase of goods

Procedure for Petty Cash

Step	Action	Records to complete	Persons to consult
1.	<ul style="list-style-type: none"> Count petty cash. Confirm petty cash on hand tallies with amount entered in petty cash book. Sign for petty cash. 	Petty cash book	SCW
2.	Issue petty cash as required.	N/A	SCW
3.	<ul style="list-style-type: none"> Obtain receipt for all purchases. Attach receipt to petty cash voucher outlining details of purchase. Allocate folio number to the voucher following on from the previous folio number. Add receipt and voucher to receipts and vouchers from previous purchases using treasury tag. Record transaction in petty cash book. Ensure petty cash box stored securely. Ensure receipts and vouchers are stored securely. 	Petty cash voucher Petty cash book	Person to whom petty cash was issued
4.	Upon completion of shift sign off petty cash.	Petty cash book	N/A

Contingencies for Petty Cash

"What if...."	Recommended action	Records to complete	Persons to consult
1. Cash on hand differs from amount entered in petty cash book?	<ul style="list-style-type: none"> Ascertain possible reason for discrepancy. Inform SCM at next available opportunity. Follow instructions given by SCM. 	HB	SCM
2. A receipt is not required for the purchase (e.g. pocket money, school money)?	<ul style="list-style-type: none"> Fill in details on petty cash voucher. Sign petty cash voucher. Record reason for receipt not being required. SCW co-sign petty cash voucher. 	Petty cash voucher	SCM
3. A receipt is not produced for the purchase?	<ul style="list-style-type: none"> Fill in details on petty cash voucher. Sign petty cash voucher. Inform SCM at next available opportunity. Follow directions given by SCM. 	Petty cash voucher	As per SCM's directions
4. Nominated person is not available to issue petty cash?	<ul style="list-style-type: none"> Take required petty cash. Inform nominated person. Submit receipt. Countersign petty cash book upon completion of shift. 	Petty cash voucher Petty cash book	Nominated person

SCW Procedure for the Purchase of Goods

Step	Action	Records to complete	Persons to consult
1.	Identify the item that needs to be purchased.	N/A	N/A
2.	Obtain three quotes for the item.	N/A	Suppliers
3.	Present the quotes to SCM.	N/A	SCM
4.	Follow directions given by SCM.	As per SCM's directions.	As per SCM's directions.

SCM Procedure for the Purchase of Goods

Step	Action	Records to complete	Persons to consult
1.	Ensure that there are three quotes for the required item.	N/A	N/A
2.	Assess the quotes in terms of the 'value for money' offered to the centre i.e. <ul style="list-style-type: none"> ● The cost of item ● The quality of the item ● The durability of the item ● The suitability of item 	N/A	N/A
3.	Write to ACM requesting approval to purchase the item enclosing a copy of the quotes and indicating which item offers best 'value for money' to the centre.	Letter to ACM	ACM
4.	Follow directions given by ACM.	As per directions	As per directions

SCM Contingencies for the Purchase of Goods

"What if...."	Recommended action	Records to complete	Persons to consult
1. Goods do not offer 'value for money' to the centre.	<ul style="list-style-type: none"> ● Obtain a further three quotes from different sources. ● Submit quotes to ACM requesting purchase. ● Follow instructions given by ACM. 	N/A	SCW ACM
2. It is not deemed necessary to purchase the item.	<ul style="list-style-type: none"> ● Do not proceed with purchase. ● Inform SCW of reasons why purchase is not deemed necessary. 	N/A	SCW

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The following references were used during the creation of this document.

Many of these are available via the hyperlink on the electronic version of this page.

Copies of the electronic version of the page will be issued to centres in CD-ROM format with the updated version of the recording system.

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Feidhmeannacht na Seirbhíse Sláinte
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