



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

**National Overview Report
of Special Care Services
Provided by the
Health Service Executive**

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About the Health Information and Quality Authority

The Health Information and Quality Authority is the independent Authority which has been established to drive continuous improvement in Ireland's health and social care services. The Authority was established as part of the Government's overall Health Service Reform Programme.

The Authority's mandate extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting directly to the Minister for Health and Children, the Health Information and Quality Authority has statutory responsibility for:

Setting Standards for Health and Social Services — Developing person centred standards, based on evidence and best international practice, for health and social care services in Ireland (except mental health services)

Social Services Inspectorate — Registration and inspection of residential homes for children, older people and people with disabilities. Inspecting children detention schools and foster care services. Monitoring day and pre-school facilities¹

Monitoring Healthcare Quality — Monitoring standards of quality and safety in our health services and investigating as necessary serious concerns about the health and welfare of service users

Health Technology Assessment — Ensuring the best outcome for the service user by evaluating the clinical and economic effectiveness of drugs, equipment, diagnostic techniques and health promotion activities

Health Information — Advising on the collection and sharing of information across the services, evaluating information and publishing information about the delivery and performance of Ireland's health and social care services

¹ Not all parts of the relevant legislation, the Health Act 2007, have yet been commenced.

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Executive summary

This report provides a national overview of the Health Service Executive (HSE) special care services in Ireland. This follows coordinated and simultaneous inspections by the Health Information and Quality Authority (the Authority) of all three Special Care Units in Ireland which form the national special care service.

The Authority has identified common themes from the inspections, which were undertaken in 2010, and makes national recommendations to the HSE about the provision of these services. Between March and October 2010, the Authority inspected the special care services at Coovagh House in HSE West, Gleann Alainn in HSE South, and Ballydowd in HSE Dublin Mid-Leinster.

The Authority found that there was no coherent national structure for the strategic development or operation of the services. The HSE had a National Special Care and High Support Management Team which operated under the HSE's Office of Assistant National Director Children and Families Social Services. The strategic and operational management of Coovagh House and Ballydowd came under this structure. Gleann Alainn was managed by the local health area in the HSE South.

The HSE did not have a comprehensive national strategic plan for the operation and development of the national special care service. Specific themes identified by the Authority where that there were significant failings were in the areas of:

- governance and management
- staffing, training and support
- management of behaviour
- premises, safety and security.

Specific actions are proposed by the HSE to address particular areas of concern. This includes the transfer of the current operational and strategic management structures of the three Special Care Units to a new national structure under the umbrella of the HSE's Regional Director of Operations Dublin North East. The HSE has also appointed an interim National Manager for Special Care and High Support pending the appointment of a permanent national manager. While these actions are important, the Authority is concerned about the capacity of the HSE to provide a national special care service that will meet the needs of this vulnerable group of children.

National recommendations are made by the Authority including the appointment of a HSE National Director with delegated specific responsibilities for children's services. This recommendation was previously made by the Authority in July 2010 as part of its recommendations arising from inspections into foster care services.

The Authority also identified the need for the HSE to develop and approve a national strategy to address short-, medium- and long-term needs of service development and operations. Linked to this strategy is the need for a national review of the

governance of special care services and the implementation of the findings of such a review.

Another key finding of this overview includes the development of a national HSE quality assurance system for the special care service through the appointment of one HSE monitoring officer for all units.

In addition to recommendations contained in the individual Unit inspection reports, the Authority has made seven national recommendations to the HSE in this report. Through a process which will incorporate the findings and recommendations of the three inspection reports and this report, monthly progress reports will be required by the Authority from the HSE on its action plan to implement the Authority's recommendations. A further report will be provided by the Authority to the Minister for Children and Youth Affairs within three months of the publication of these reports.

1. Introduction

The Social Services Inspectorate (SSI) of the Health Information and Quality Authority (the Authority), which comprises the Office of the Chief Inspector of Social Services, is responsible for the inspections of special care units (SCUs) under Section 69(2) of the Child Care Act, 1991. The Authority reports to the Minister for Health and Children and the Minister for Children and Youth Affairs on the findings of the inspections.

The Child Care Act, 1991 and the Children Act 2001 provides for a statutory special care scheme where a court can make a special care order or an interim special care order. This is done if the court is satisfied that the behaviour of the child is such that it poses a real and substantial risk to his or her health, safety, development or welfare, and the child requires special care or protection which he or she is unlikely to receive unless the court makes such an order. The order of the court involves the detention and secure placement of a child in a special care unit which is under the management of the Health Service Executive (HSE).

The overall aim of the special care unit is to provide focused care to children so that their behaviour is stabilised and they are enabled to return to mainstream care in as short a time as possible.

SCUs are inspected annually by the Authority against the *National Standards for Special Care Units* (2001, see Appendix 1) and the Child Care (Special Care) Regulations 2004. The provision of special care units has been provided for under the Children Act 2001.

Research on special care has shown that special care provision has the capacity to assess and stabilise the 'at-risk' behaviour of children, to provide individuals with therapeutic interventions and specialist services, address health and education needs and prepare him/her for continued intensive support and therapy in a continuum of care. The research shows that the reality is that children who are assessed as needing special care also need intensive support when they are discharged from the unit. Their needs do not disappear when the most damaging of their behaviours has been mitigated.²

All efforts should be targeted to ensure that children are fully supported following their special care placement. The research has raised a number of issues including that:

- the child remains in special care only for a planned and an appropriate amount of time. This requires that a continuum of support services is available to the child once they leave the unit

² The impact of placement in special care unit settings on the wellbeing of young people and their families. Centre for Social and Educational Research, DIT (2004).

- services must work in cooperation with one another in identifying how they can collectively meet the needs of children in order for special care interventions, or any other specialist interventions, to work.

2. Special care provision in Ireland

Special care units are purpose-built secure locked facilities, managed by the HSE. Children are detained in a special care unit under a High Court detention order on the basis that they pose a serious risk to themselves or others. Under High Court order, the children's liberty is restricted in order to secure their safety and welfare needs. This means that the children/young people placed by order of the High Court cannot leave the facility of their own accord.

There are three such units in Ireland, where children can be placed by a National Special Care Admission and Discharge Committee which considers referrals from all 32 local health areas in the HSE. At the time of the inspections (October 2010), special care was being provided in three units nationally in the following regions: HSE Dublin Mid-Leinster, HSE West and HSE South.

The special care units are:

- **Ballydowd Special Care Unit** – a mixed gender unit in HSE Dublin Mid-Leinster which incorporates the Solas Unit, a female only unit (a temporary interim service) located in a high support campus in HSE Dublin North East.
- **Coovagh House Special Care Unit** – a mixed gender unit in the HSE West.
- **Gleann Alainn Special Care Unit** – a female only unit in the HSE South.

Only children and young people between the ages of 11 and 17 are eligible for special care due to the nature and seriousness of such interventions and the restriction of that individual's liberty. In addition, only children and young people with serious emotional and behavioural difficulties, who meet the agreed national criteria for the appropriate use of special care units, can access these facilities.³

Ballydowd (incorporating Solas Unit), Coovagh House and Gleann Alainn are purpose-built units. Solas Unit is a temporary interim unit located in a high support campus in the HSE Dublin North East area. It was designated as a temporary special care facility for three children following a fire incident in the Ballydowd campus in October 2009.

³ Tracing and Tracking of Children Subject to a Special Care Application (Children Acts Advisory Board, June 2010)

Despite a decision taken in November 2009 by the HSE Dublin Mid-Leinster to close Ballydowd, this Unit remained open and at the time of a follow-up inspection in October 2010, provided special care for seven children. At the time of this inspection, five children were living in Ballydowd and two children in its Solas Unit. At the time of this report, a third child had been admitted to the Solas Unit. Coovagh House had capacity to provide five places for children in need of special care. However, this Unit has never operated at full capacity. Three children have been the most this Unit has cared for, for a short period of time. There were two children in the Unit at the time of the inspection.

Gleann Alainn had capacity to provide five places for children in need of special care. It maintained a good record of full capacity down through the years. There were five children in the Unit at the time of the inspection.

2.1 Temporary special care provision

On 8 October 2010, the Authority was informed of the HSE's intention to open a special care unit (Piccolo Casa) to meet the urgent and immediate crisis needs of a young person who was before the High Court. A vacant unit on the campus of an open residential child care centre for boys in the HSE South was sourced and used as a special care unit. The Authority carried out an announced inspection of Piccolo Casa Special Care Unit on 19 October 2010.

The purpose and function of the Unit was temporarily amended on 11 October 2010 to facilitate the emergency admission of this young person whose healthcare needs had been determined, by various professionals and by the Court, to be at significant risk. This was a temporary (eight weeks approximately) arrangement, after which it was envisaged that the young person would return to his/her previous residential placement. Overall, inspectors found that this was a unit that was not suited to the provision of special care, but that the placement was a targeted intervention that provided a suitable, temporary, safe and stable environment for the young person in question, with very specific aims and objectives to the placement.

3. Methodology

The Authority undertook inspections (both announced and unannounced) of the special care units between March 2010 and October 2010. Individual inspection reports on each of the units have been produced following each inspection and should be read in conjunction with this report. These inspection reports are available on the Authority's website, www.hiqa.ie.

In October 2010, the Authority completed full inspections of Coovagh House and Gleann Alainn and a follow-up inspection of Ballydowd. This follow-up inspection specifically addressed the progress against implementation of the recommendations and action plan arising from the full inspection carried out by the Authority in July 2010.

Inspectors' judgments are based on an analysis of findings verified from several sources gathered through a number of means. An examination of records was undertaken as well as interviews with children, unit managers, residential care staff as well as professionals associated with the units or individual care of children. Interviews were also conducted with managers external to the day-to-day operations of the units including relevant HSE monitoring officers, and the HSE's National Manager Special Care and High Support.

Inspectors conducted inspections of the accommodation and formed views on the care of young people through observation during the visits to the Units. Two inspectors visited each of the Units (see Appendix 2) and sourced information on each of the children and determined if the Unit was meeting the *National Standards for Special Care Units* (2001). Individual reports on the inspection findings were prepared.

The Authority reviewed the individual inspection reports and extracted themes from the reports. These themes were determined to be national issues and which were of significant concern to the Authority in relation to the provision of the national special care service.

4. Key findings

This report identifies key overarching issues that emerged from the inspections of all of the special care units that were undertaken by the Authority in 2010. It does not provide the specific findings of each inspection which can be found in the individual inspection reports for each Unit published on the Authority's website, www.hiqa.ie.

In general, inspectors found that there was evidence of good practice in some aspects of the special care service. In all the Units, Standards were met in relation to contact with families, consultation and access to information, legal and court work, primary care and aspects of daily living.

However, inspectors had significant concerns in relation to a number of areas. Their concern about the provision of special care services was significant and was due to failings, to varying degrees across the three Units, over a number of years on the Standards relating to:

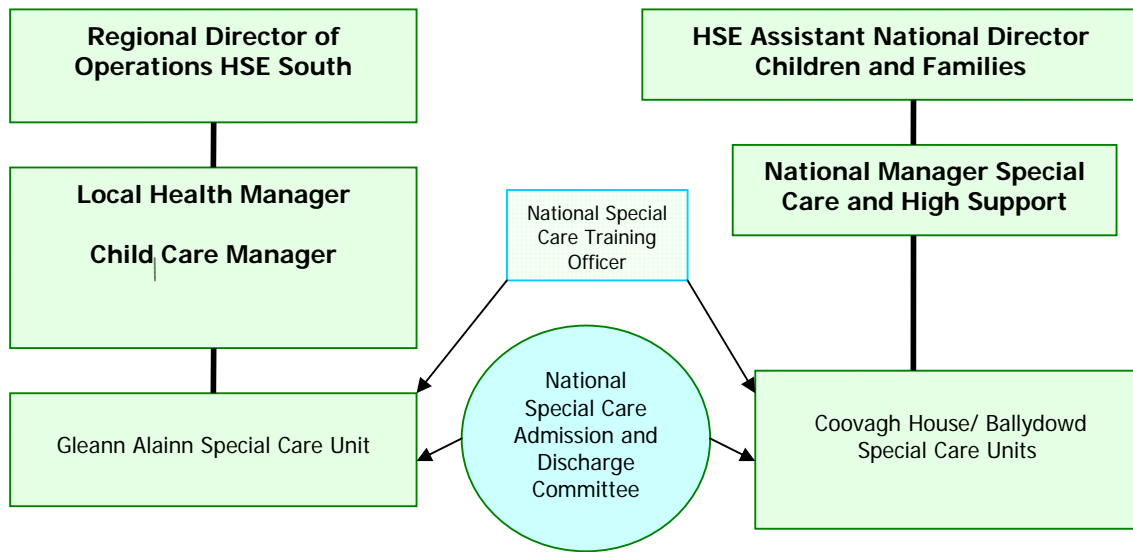
- governance and management
- staffing, training and support
- management of behaviour
- premises, safety and security.

These findings are outlined in more detail in the following sections.

4.1 Governance and management

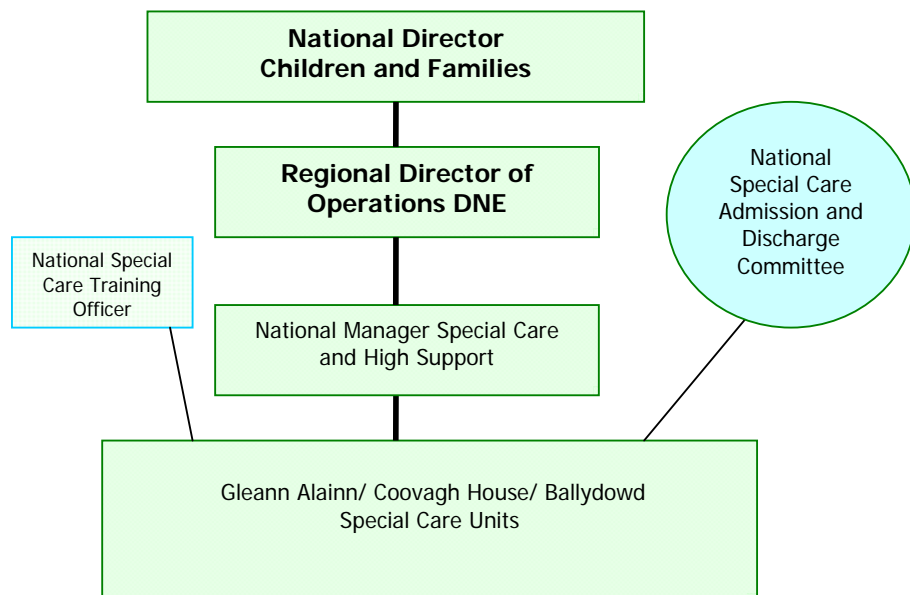
The HSE is responsible for the provision of special care units in Ireland. Historically, the units were managed and operated within local health areas of the HSE. In recent years there has been a move to integrate the operational aspects of the units through the development of a national management team for special care. The HSE national operational strategy for special care and high support proposed by the Executive's National Lead Alternative Care Services in March 2010 highlighted that services would be line managed at a national level. There is a national governance structure in place for two of the Units. Currently, the Coovagh House and Ballydowd Special Care Units are not managed by the local health area but by a national management team. Gleann Alainn is managed by the HSE South. Chart 1 provides an overview of the current HSE structure of special care services in Ireland with two management structures in place.

Chart 1. Current HSE management structure of Special Care Units



A new national governance structure for all three Special Care Units has been proposed by the HSE. The Authority was informed of plans to have all the special care units under the operational and strategic structure of the HSE's Regional Director of Operations in Dublin North East. This has yet to happen. Chart 2 shows the proposed HSE structure where all three Special Care Units will be managed by a national manager who functions under the umbrella of the Regional Director of Operations Dublin North East.

Chart 2. Proposed HSE structure for management of Special Care Units



However, plans issued to the Authority in relation to the transfer of governance of the Special Care Units have not materialised and a new date for the introduction of

the new national management structure of 4 January 2011 has been provided to the Authority by the HSE.

As a result of the inspections, inspectors had concerns about the overall governance of special care provision nationally. The transfer of the management of the Units, from local health areas into a national management structure, is a particular concern. The Authority found there were deficiencies in key processes to attain a smooth transfer from local management to the existing national management structure. These included poor communication, lack of planning and no agreement on the operational components of the service. These issues were first brought to the attention of the HSE in May 2008 when the Authority recommended to the National Management Team for Special Care that the reporting and governance relationship between the national management and local managers/directors needed to be clarified.

The findings of recent inspections showed that the change-management process for this transfer was inadequately implemented. Poor communication and a lack of a clear direction about the future model of the service contributed to significant levels of concern among staff teams, local management and external professionals.

There was a history in recent years of difficulties in the Ballydowd Unit culminating in a crisis of management in 2009⁴ where serious difficulties of trust between management and staff developed and had impacted negatively on the running of the Unit. The difficulties presented itself in the management of several aspects of care as a crisis of confidence and authority.

During the most recent full inspection of this Unit in July 2010, inspectors acknowledged that some changes had been introduced and an acting director had been appointed. The Acting Director had operational responsibility for the Ballydowd and Solas Units. Inspectors found that there was insufficient consideration of the risks presented by the physical buildings and other issues regarding security and accommodation on the Ballydowd campus when accepting the placement of children beyond the original closure date of November 2009.

In December 2009, Coovagh House was transferred to the existing HSE national management structure. This change coincided with a significant deterioration in staffing and management levels as well as poor management of behaviour, risk and serious incidents within the Unit. Inspectors found that lines of accountability were unclear from this point and that appropriate responses to these concerns from national management were insufficient and ineffective.

Gleann Alainn continued to be managed at a local level. Inspectors have serious concerns about the governance of this service, specifically, the impact of the transition process and the alignment of the governance, from local to national management, on care practices. It was evident over several inspections of this Unit

⁴ See inspection report IDs 341/366

that there was a degree of frustration and anger from external managers due to poor communication and a lack of clear direction about the future model of the service.

Each of the SCUs had managers/directors in acting positions at the time of the inspections. Children in need of special care provision are the most vulnerable and their needs require an intensive stability with committed managers and staff. In order to achieve this it is vital that management positions within these settings are stable and filled permanently. The current managers/directors of the Coovagh House and Gleann Alainn Units had been recently appointed at the time of the inspections. Inspectors noted that these managers/directors endeavoured to ensure compliance with the Standards and to bring about positive changes relating to the safety and wellbeing of the children within their respective Units despite the overarching governance issues.

Inspectors found that the impact of the lack of effective governance and management structures were represented by:

- a lack of clarity in relation to lines of accountability and reporting relationships
- a crisis of confidence and authority in the National Special Care and High Support Management Team
- poor communication between operational and national management
- insufficient consideration of risks as well as issues regarding security and accommodation when accepting referrals of children
- insufficient service planning with some units not operating to full capacity
- special care not being led and managed as a national service, therefore strategic planning, consistent policies and procedures, standardised education and training and the best use of the available capacity are not being undertaken at a national level.

4.2 Staffing, training and support

The *National Standards for Special Care Units* (2001) require a special care unit to be effectively managed and for staff to be organised and deployed in order to operate the unit effectively and efficiently.⁵ Inspectors found that on various inspection dates during 2010, there had been approximately 109 staff employed across the three Special Care Units. In general, the majority of permanent HSE staff were suitably qualified and well experienced throughout the Units. The National Standards require that there is an adequate number of staff who are sufficiently experienced and qualified to enable the unit to achieve its purpose and function and meet the needs of the children. However, at the time of the inspections, there were 20 unqualified staff in the Units.

Ideally, special care units should have a higher staff to child ratio compared to other residential units in Ireland given the type of intervention required. Staffing levels

⁵ Standard 2 of the National Standards for Special Care Units

have been a constant issue for these Units due to sick leave and the embargo on recruitment within the HSE. Inspectors found on occasions that permanent staff were outnumbered by agency staff and there was an over reliance on temporary and agency staff in some Units. This was a serious concern for inspectors as they found this contributed to a lack of cohesive practices and consistency in the Units.

Staff training in certain competencies, such as therapeutic crisis intervention (TCI), *Children First: National Guidelines on the Protection and Welfare of Children* (1999), first aid and fire safety, had lapsed in all of the Units. There was little evidence of an effective ongoing staff development and training programme which is appropriate to working in secure accommodation and relates to the needs of the children accommodated, as required by the *National Standards for Special Care*.

In response to the concerns cited by the Authority about staff training, the Authority was informed by the HSE's Assistant National Director Child and Family Services on 27 October 2010, that as part of the national service development, a manager had been appointed to coordinate and support the implementation of standardised training programmes across the Units in order to ensure best practice and compliance with the National Standards.

Professional supervision for staff had also lapsed significantly. Staff meetings and hand-over meetings were not taking place regularly. Of serious concern to inspectors were the inconsistencies across different care teams in the same Units combined with a lack of targeted interventions in addressing the high risk challenging behaviours of the children in the Units.

While there were weaknesses in the current provision of special care, and the fact that children placed in special care generally do not wish to be there, staff members did provide good levels of primary care and they were striving to develop positive relationships with the children in the Units so as to bring about positive changes. However, given that children are placed in special care units for a relatively short period of time (three to six months) the relationships and trust they form with care staff is important in achieving meaningful change for them. The HSE strategy of using agency staff to provide appropriate levels of care staff in special care units must consider the impact and implications of ongoing changing personnel on this group of vulnerable children.

The key issues in relation to staffing found during the inspections were the:

- significant increase in the use of agency staff and an over reliance on temporary staff
- number of unqualified staff
- high levels of sick leave by staff members
- erosion of staff confidence
- inadequate provision of staff supervision and limited training
- poor management of behaviour
- poor shift planning

- lack of effective communication and continuity across shifts
- lack of clear infrastructure for human resource (HR) and industrial relations (IR) issues.

4.3 Management of behaviour

The *National Standards for Special Care Units* (2001) require that children whose conduct is unacceptable to be dealt with in accordance with positive disciplinary measures approved by the HSE.⁶

This Standard was partly met in all the Units.

Whilst the number of incidents varied from each Unit, the ability of staff to promote good order was generally poor. There were high levels of persistent aggression, threats and assaults against staff and damage to property. Relevant parties were notified, including the Garda Síochána in line with HSE policy. However, incidents continued.

In particular, inspectors found that Coovagh House was in crisis. This was evident through interviews with staff, external professionals, and also correspondence issued by local managers and HSE Monitoring Office to the National Special Care and High Support Management Team describing the crisis within the Unit and highlighting their grave concerns regarding safety for children and staff.

Inspectors found several factors such as a lack of leadership, depleted staffing levels and lack of appropriate training, and staff did not have the capacity to manage the challenging and violent behaviours safely.

In spite of actions taken by managers and staff, such as providing a good level of primary care, maintaining positive relationships and consultation with social workers and the Garda Síochána, the children remained unsafe.

External professionals expressed their concern in relation to minimum therapeutic interventions available to children in special care. This had a serious impact on the implementation of the model of care which includes clinical input for children and consultation for staff. At the time of the inspections, Coovagh House and Gleann Alainn had the services of dedicated senior clinical psychologists. The pending departure of the psychologist attached to Gleann Alainn, at the time of this report, will have a direct impact on the therapeutic work of the service and planning for this person's departure was not evident.

The key issues in relation to the management of behaviour found during the inspections were the:

- inadequate and limited training for staff and managers

⁶ Standard 5 of the National Standards for Special Care Units

- lack of therapeutic interventions or input for children from professionals
- poor management of behaviour
- crisis of confidence and authority
- inconsistencies across teams
- high number of agency staff
- lack of a resilient management structure.

Development of a national cohesive special care service would allow for the development of shared learning between the Units.

4.4 Premises, safety and security

The *National Standards for Special Care Units* (2001) requires that a special care unit and its associated outdoor areas are designed to prevent unauthorised entry or exit. They should facilitate supervision and minimize opportunities for self-harm while providing accommodation which is, in so far as is practicable, appropriate to its designation as a children's home. It must also be properly maintained and furnished.⁷

The standard on accommodation was not met in two of the three Units. There had been significant property damage to Ballydowd and Coovagh House. The location and condition of the premises at Ballydowd had been raised in a number of previous inspection reports and was specifically brought to the attention of the National Special Care and High Support Management Team by inspectors in a meeting in May 2008. In 2009, inspectors stated that the SCU was in considerable disrepair and generally not fit for purpose. Following the 2009 report, the HSE gave an undertaking that the Unit would close in November 2009. This has not taken place.

During an inspection in July 2010, inspectors were informed that one of the three units within the Ballydowd campus was to be refurbished and that special care places available in Solas Unit (located in a different geographical location but which is under the remit of the Ballydowd Unit) would transfer back to the Ballydowd campus. The Authority required that the HSE cease the use of both Units as special care facilities with immediate effect and not place children in either. In the follow-up inspection on 27 October 2010, inspectors found that this recommendation had not been implemented.

Inspectors were informed that there had been a significant increase (50%) in the national demand for special care placements in 2010. Subsequently, the HSE stated that it was not possible to close Ballydowd and it continued to keep both it and the Solas Unit open pending a new national model of special care and high support provision.

The HSE told inspectors that the interim plan is for the Ballydowd campus to remain open and its building to be brought up to standard. The Solas Unit is due to close

⁷ Standard 6 of the National Standards for Special Care Units

following the discharge of the last child which was proposed for December 2010/January 2011. Notwithstanding the demand for placements, and the refurbishment being carried out to ensure the Unit is fit for purpose, inspectors were still concerned that children were residing in a unit that was not fit for purpose.

As a consequence of the initial decision to close Ballydowd, repairs and maintenance became less of a priority and managers began closing down the premises and transferring administrative files and records to another HSE facility. Given that the Unit never closed, inspectors were concerned about the overall condition of the physical environment and its visual impact on any child being placed there. On the subsequent follow-up inspection on 27 October 2010, considerable redecoration and refurbishment of the campus in Ballydowd had taken place. However, it is not expected to be completed until January 2011. The Solas Unit was part of the full inspection of the Ballydowd Unit in July 2010. While in good structural shape, it was found not to be equipped with the necessary special care features to ensure safety and good order. As an interim facility, there was no substantial effort to make it more appealing and comfortable for children and the Unit remained unfit for purpose.

The condition of Coovagh House had deteriorated and there had been significant property damage since the last inspection in 2009, including damage to fire doors and bedroom locks. The Unit was in a poor state of décor and had a general unkempt appearance. Communal areas showed significant signs of wear and tear which gave rise to several safety issues. Many repairs were temporary and unsightly and some had not been attended to for several months. Inspectors found that some maintenance requests were repeatedly referred to the HSE maintenance department with no subsequent action, particularly in relation to malfunctioning locks. The Gleann Alainn Unit was found to be well maintained and considerable resources had been invested recently to provide good quality accommodation.

The key issues in relation to accommodation found during the inspections were:

- unsuitable, inadequate units
- negative impact of the environment on children
- malfunctioning locks
- poor response to maintenance requests
- lack of a rolling programme of maintenance
- poor risk assessments
- low level of consciousness about safety
- graffiti
- security issues.

5. Notification of concerns to the Health Service Executive by the Health Information and Quality Authority

Due to serious concerns following the inspections of the Ballydowd and Solas Units in July 2010, the Chief Inspector of the Authority wrote to the HSE's National Director for Children, Families and Social Services on 9 July 2010. The letter outlined the concerns raised during the inspections and issued an interim set of actions that required immediate attention by the HSE. These primarily related to governance and the continued use of unsuitable, inadequate and unsafe settings for the provision of special care placements and also focused on the Standards for management and care planning.

The HSE National Director for Children, Families and Social Services was required to address all the actions outlined by the Authority as a matter of urgency. Subsequent correspondence was issued to the Minister for Children and Youth Affairs on 29 July 2010 regarding the concerns. Following the most recent inspections of Coovagh House and Gleann Alainn Units, correspondence was issued again to the National Director for Children, Families and Social Services in the HSE on 20 October 2010 and to the Office for the Minister for Children and Youth Affairs.

6. Actions addressed by the Health Service Executive to date

The Authority had been informed by the HSE National Lead Alternative Care Services on 29 April 2010 that the long-term plan was that:

*the provision of special care and high support services was being reorganised within a new model of provision. This change process aimed to provide individualised service responses within a continuum of services through a single point of referral for the most vulnerable children for whom the HSE has statutory responsibility.*⁸

However, the Authority found that for a variety of reasons there has been a significant delay in the implementation of these plans. In the interim, temporary, unsafe and substandard facilities were and are being used for the placement of highly vulnerable children.

As of 27 October 2010, the Authority was informed by the HSE Assistant National Director, Children, Families and Social Services that *"there have been significant and positive developments in the national special care and high support service...."* These included:

- integration and coordination of the residential centres
- standardisation of staffing, grading, policies, procedures across the centres

⁸ Correspondence received from the HSE National Lead Alternative Care Services

- implementation of a national training function
- employment of agency staff to fill vacancies created as a result of the Government decision not to fill vacant posts in the public sector and ensure full staffing complements in the Units.
- bed management
- outcomes measurement tool.⁹

The Authority is concerned that, given the relatively small population of children requiring a special care service and considering their extreme vulnerability and the severe limitations in terms of placements, there is an urgency to have in place a service that is fit for purpose. Compounding these concerns further are the national operational and management variations within the special care governance structure as a national service. Therefore, it is vitally important that all relevant agencies collectively provide a 'joined-up service' in the best interests of the children. Delays in achieving this goal are unacceptable.

The Authority is cognisant that the HSE is under considerable pressure to provide places for children who are at risk and present as extremely vulnerable. However, the care that they are offered should be safe care and of no less a quality than would be expected in any other care environment.

⁹ Correspondence received from the HSE Assistant National Director, Children, Families and Social Services

7. Recommendations

The following are recommendations for the HSE to implement in order to provide the high quality, appropriate and safe services that they should be providing for vulnerable children who require special care services. The recommendations are also intended as advice to the Minister for Children and Youth Affairs.

The recommendations should be read in conjunction with the Authority's individual inspection reports for each special care Unit (Gleann Alainn Report ID number 589, Coovagh House Report ID number 590, and Ballydowd Report ID number 591) which are available on the Authority's website, www.hiqa.ie.

1. The HSE should appoint a nominated National Director with delegated specific accountability for children's services. An experienced and suitable manager should be appointed to report to the National Director with specific responsibility and authority for special care as a matter of urgency.
2. The HSE should develop, approve and publish a national strategy for the provision of children's special care services considering short-, medium- and long-term needs. This should be accompanied by a published strategy-implementation plan, with accompanying timelines. Progress against this plan should be reported to the Board of the HSE, Minister for Children and Youth Affairs and the Authority, and published.
3. The HSE should review the national governance of special care services and implement any appropriate actions to improve the governance arrangements arising from the review.
4. The HSE should appoint one HSE monitoring officer for all special care units.
5. The HSE should implement the recommendations of the Children Acts Advisory Board report, *Tracing and Tracking of Children Subject to a Special Care Application 2010*, within reasonable timeframes.
6. The HSE should ensure that it complies with legislation, regulations and Standards relating to special care services.
7. The HSE should provide a monthly progress report to the Authority, and the Minister for Children and Youth Affairs, on the implementation of the recommendations in the current inspection reports and those of this Overview Report.

8. Conclusions

One of the Authority's functions is to undertake inspections of children's residential centres and report the findings to the Minister for Health and Children. The inspections of the special care services in Ireland have highlighted serious shortcomings in the provision of safe and adequate care for this vulnerable group of children. This report identifies key issues that impacted on the quality of service provided to children in special care units across the HSE.

While inspectors found evidence of good practices during the inspection, deficiencies in the provision of special care were also evident. These findings are available in the individual inspection reports. Particular themes were identified by the Authority.

Significant difficulties within special care included variation in effective governance and management, staffing, poor management of challenging behaviour and unsuitable premises, safety and security.

The purpose of this report is to demonstrate the findings of the HSE's performance in relation to its provision of special care services for vulnerable children and to advise the Minister for Children and Youth Affairs of the serious deficits that impact on the provision of a quality and safe service to vulnerable children, which have been identified by the Authority.

The Authority, in carrying out its statutory function of the inspection of special care units, has over a number of years highlighted in its inspection reports significant failings by the special care services in meeting these Standards. The failure by the HSE to adequately address these issues is a serious and ongoing concern.

At the time of writing this report, the HSE has provided the Authority with plans to address the governance and management issues. An interim National Manager was appointed on 3 December 2010. The handover of the national special care and high support service to the Regional Director of Operations for the HSE Dublin North East region is due to take place on 4 January 2011. The HSE has also planned to undertake a capacity review of all children's residential care centres in Ireland and this is planned for the second quarter of 2011.

The HSE has also outlined to the Authority the establishment of a project team to scope and design special care units that can be developed and utilised at different locations throughout the country. It informed the Authority that a draft schedule of accommodation had been developed by the project team that will ensure that the buildings would be designed to provide, in line with the National Standards, a homely environment and which also provides secure and safe high quality care.

While the interim measures that have been cited by the HSE are noted in this report, the impact of these is dependent on the new model of special care provision being implemented as soon as is possible, resulting in all of the component agencies involved to collectively provide a 'joined-up service' in the best interests of the

children. The Authority is concerned that the HSE has not demonstrated the capacity to devise, implement and manage a special care service in a consistent, strategic and integrated manner.

It is critically important that the HSE outlines a strategy and model for the management and resourcing of special care services so they are fully compliant with legislation, regulations and National Standards. Appropriate governance structures and policies must be put in place to enable the service to robustly address ongoing challenges posed by this vulnerable group of children.

While these specific actions are being proposed, and some actions are being taken, by the HSE to address identified shortcomings, the Authority is concerned with the capacity of the HSE to achieve a reliable and consistent level of service within the current governance and management structure. Action must be taken to implement the recommendations arising from the inspections and this Overview Report in order to consistently provide a safe and high quality standard of care to these vulnerable children.

The Authority will continue to inspect and report on compliance by the HSE with the *National Standards for Special Care Units* to the Minister for Children and Youth Affairs.

9. Next steps

The Authority has undertaken coordinated and simultaneous inspections of all three Special Care Units in Ireland which form the national special care service. In conjunction with this Overview Report, the Authority has also published the inspection reports of each Unit.

The inspection reports and the Overview Report will be issued to the Minister for Children and Youth Affairs and the Minister for Health and Children. The Authority will request an action plan on all of the recommendations contained within these reports from the HSE within 10 days of their publication.

The Authority will consider the monthly progress reports from the HSE and will again report to the Minister for Health and Children within three months of publication of these reports on the status of the implementation of the Authority's recommendations and the resulting HSE action plans.

10. References

Centre for Social and Educational Research, Dublin Institute of Technology. The impact of placement in special care unit settings on the wellbeing of young people and their families. Dublin: Centre for Social and Educational Research; 2004.

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Children Acts Advisory Board. Tracing and Tracking of Children Subject to a Special Care Application. Dublin: Children Acts Advisory Board; 2010.

Department of Health and Children. National Standards for Special Care Units. Dublin: The Stationery Office; 2001.

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 SI No. 236 of 2009. Dublin: The Stationery Office; 2009. Available online from: <http://www.irishstatutebook.ie/2009/en/si/0236.html>. Accessed on: 4 March 2010.

11. Glossary of terms

Care orders. Under the Child Care Act, 1991 there are a number of procedures, which the Health Service Executive (HSE) can use when dealing with children who are at risk or who are in need of care. The HSE may apply to the courts for a number of different orders, which give the courts a range of powers including decisions about the kind of care, and the access to the children for parents and other relatives. The HSE must apply for a care order if a child needs care and protection which he/she is unlikely to receive without an order. A care order may be made when the court is satisfied that:

- the child has been or is being assaulted, ill-treated, neglected or sexually abused or that the child's health, development or welfare has been or is likely to be impaired or neglected
- the child needs care and protection which he/she is unlikely to receive without a care order. When a care order is made the child remains in the care of the HSE for the length of time specified by the order or until the age of 18 when he/she is no longer a child. The HSE has the rights and duties of a parent during this time.

Child in legal terms is someone under the age of 18.

Child Care Act, 1991 is the legislation that sets out the responsibilities of the HSE for the care, safety, welfare and protection of children.

Health Service Executive (HSE) is responsible for providing health and personal social services to people living in the Republic of Ireland.

Local Health Office (LHO) is the administrative unit of management for the provision of primary, community and continuing care services to a designated area. There are 32 LHOs.

Managers are members of staff with line management responsibility and/or policy and practice supervisory responsibilities.

Risk assessment is a process of assessing risk. It can be a written document or a process, where risk is assessed in a situation with the information available at the time.

Special care units (SCUs) are facilities where children who are in need of special care or protection because of a real and substantial risk to their health, safety, development and welfare are detained for short-term care which will enable them to return to less secure care as soon as possible.

Appendices

Appendix 1

National Standards for Special Care Units (2001)

Standard 1. Purpose and function

The unit has a written statement of purpose and function that accurately describes what the unit sets out to do for children and the manner in which care is provided. The statement is available, accessible and understood. The unit's role in relation to the wider child care services (including regional and national) is clearly set out by the Health Service Executive.

Standard 2. Management and staffing

There is an adequate number of staff who are sufficiently experienced and qualified to enable the unit to achieve its purpose and function and meet the needs of the children. The unit is effectively managed and staff are organised and deployed so as to operate the unit effectively and efficiently to the required standard.

Standard 3. Monitoring

The Health Service Executive has adequate arrangements in place to enable an authorised person, on behalf of the Health Service Executive to monitor statutory and non-statutory children's residential centres.

Standard 4. Planning for young people

There is a written care plan to promote the welfare of each young person which is subject to regular review. This stresses and practically supports contact with families, preparation for adulthood, promotes education and health needs and addresses the emotional and psychological needs of the children.

Standard 5. Care of young people

Children are cared for by staff who can relate effectively to them. Day-to-day care is of good quality and provided in a way which takes account of their individual needs in relation to age, race, culture, religion, gender and disability. Children are cared for in a manner which safeguards and actively promotes their legal and civil rights. Children whose conduct is unacceptable are dealt with in accordance with positive disciplinary measures approved by the Health Service Executive.

Standard 6. Premises, safety and security

The premises and associated outdoor areas are designed to prevent unauthorised entry or exit. They should facilitate supervision and minimise opportunities for self-harm while providing accommodation which is, in so far as practicable, appropriate to its designation as a children's home. It must also be properly maintained and furnished.

Standard 7. Education

Education should be seen as an integral part of the care of the young person. The education of all children should be actively promoted by all involved. In so far as it is practicable, units should aim to provide for those of school age, a broad and balanced curriculum appropriate to their age, ability and level of attainment with a view to continuing in open conditions or a return to mainstream school. Where appropriate, children over the age of 16 should be offered a programme of vocational preparation, training and work experience or transition to further education.

Appendix 2

SSI inspection team members

Members of the inspection team from the Social Services Inspectorate of the Health Information and Quality Authority for the inspection of special care units in the Health Service Executive areas: Dublin Mid-Leinster, Dublin North East, West and South:

HSE Dublin Mid-Leinster and Dublin North East area:

Sharron Austin, Lead inspector

Bronagh Gibson, Inspector

HSE West:

Orla Murphy, Lead Inspector

Michael McNamara, Inspector

HSE South:

Nuala Ward, Lead Inspector

Sharron Austin, Inspector