

A close-up photograph of a group of young children, likely of African descent, wearing light blue school uniforms. They are all smiling and looking towards the camera. The image is partially overlaid by a dark blue rectangular box containing the title text.

‘Setting the Standards for Quality Care’:

An audit of children’s care home provision in the Seychelles

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Acknowledgements

This body of work was completed for the Ministry of Family Affairs by Mr. Craig Francourt (on behalf of PFT Consultancy).

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Introduction

Children's care homes perform a vital function in our society. They are supposed to provide a safe environment for children who have often been subjected to the worst kinds of abuse, neglect and rejection; often from those in a child's life who one would usually expect to love and protect children from such harrowing and painful experiences.

The role of a children's care home, however, should be more than that of just providing them with a safe place of refuge from abuse and harm. Children's care homes should be nurturing environments where care home workers strive to foster conditions that allow service users to thrive on an educational, social, emotional, personal and cultural level. Children's care homes should aim to compensate for what service users are missing from their personal lives, by replicating ideal home conditions that equip children with the skills and confidence to navigate the outside world; particularly as they continue to develop and transition into adolescence and adulthood. In keeping with the Government's vision for children that sees the next generation as our 'treasure', children's care homes in particular should provide service users with the best possible care so that children can grow up to fulfil their potential.

The past traumatic experiences of service users can often serve as a major and understandable obstacle to achieving this vision, and there are harsh individual and societal realities that service users of children's care homes often have to make sense of before they can seize the opportunity to thrive. When a child is placed in a children's care home – particularly through a Care Order – the likelihood of returning home is minimal. With only around fifteen foster parents registered with Social Services across the entire country – as well as the low number of suitable candidates looking to adopt children – the landscape suggests that, for many children in care, these options – although preferred - can sometimes appear unattainable, in spite of the best efforts of Social Workers.

Placements into children's care homes, therefore, can sometimes present themselves as the last-resort option for Social Services and for prospective service users. With no immediate or long-term plans envisaged by the Government to build more children's care homes, there has been an increased focus on ensuring that the quality of provision for children living in children's care homes is assessed – and where necessary - improved.

This body of work aims to support the Government with this objective. PFT Consultancy was commissioned by the Director of Social Services to undertake the task of setting standards for children's care homes in the Seychelles. As part of this process, PFT Consultancy has compiled a comprehensive audit of the current state of provision across all children's care homes. All findings and recommendations are presented in relation to a number of common themes that have emerged from the audit process, which have then formed the basis for a provisional set of standards towards the end of this report.

PFT Consultancy would like to thank the Director of Social Services, the Principal Secretary of the Department of Social Affairs, and all interviewees across all children's care homes, Social Services and the National Council for Children for their involvement in this process.

Methodology

PFT Consultancy states that all findings in this report have emerged from the responses of stakeholders that were interviewed. These are substantiated by audio records and transcripts that were conducted solely for the purpose of this body of work. The thoughts and opinions expressed by interviewees do not necessarily represent the views of PFT Consultancy. All recommendations stem from the information that was provided to PFT Consultancy during this process.

Themes

Reading materials that provided background and context into children's care home provision in the Seychelles formed the initial part of the author's research. These were provided by Social Services, and included reading materials such as the Children Act, Placement Guidelines for Children's Homes, Practice Protocols, the Working Together Document for Child Protection and the Media Policy document for children living in residential institutions.

A comparative analysis of international children's care home standards was also conducted, which formed the basis of the key themes that were to be explored during the interview process. Themes identified were as follows:

1. **Placement and admission of service users**
2. **Listening to and empowering service users**
3. **Provisions for service users**
4. **External professional support**
5. **Security and safety of service users**
6. **Behaviour of service users and processes**
7. **Staffing**
8. **Logging and reviewing progress of service users**
9. **Child Protection and Safeguarding**
10. **Governance and accountability of children's care homes**
11. **Leaving a children's care home**
12. **Implementation of Media Policy in children's care homes**

These themes formed the framework for the questions asked in this audit, and provided the basis from which the findings, recommendations and standards will be outlined in this report.

Context to Interviews

Visits to children's care homes took place during early November 2016 over a two-week period, and were organised on behalf of the auditing team by the Director of Social Services.

The auditing team visited four children's care homes: **Foyer de la Providence, Foyer de Nazareth, Foyer de la Solitude** and **President's Village**.

Staff interviewed across the children's care homes included Residential Care Home Managers, Acting Managers and support workers. One counsellor was also interviewed at President's Village. The auditing team also spoke to service users at some of the children's care homes to gather their views and experiences of living there.

Interviews were also conducted with Government officials, staff across Social Services and staff from the National Council for Children (NCC).

The profiles and total numbers of service users living in children's care homes were correct at the time of interviews being conducted.

About the children's care homes

The following provides an overview of the profile of service users and the composition of staff at each of the children's care homes:

Foyer de la Providence

- A children's care home based in Victoria, Mahé
- Renovation work recently undertaken earlier this year across the entire facility
- Ages of current service users range from six months to twelve years old. Younger service users have been residents in the past
- All current service users are female. Foyer de la Providence can also accommodate male babies and toddlers, until they are old enough to move to Foyer de Nazareth
- There are 11 service users currently residing at Foyer de la Providence. The children's care home has a total capacity of 29
- Service users of primary school age only are permitted to reside at Foyer de la Providence. Male service users aged four and over are moved to Foyer de Nazareth. Female service users of secondary school age are transferred to Foyer de la Solitude
- Foyer de la Providence can sometimes accommodate service users from birth
- Staff members comprise of two sisters from the Catholic Church, one chef, one cleaner and one support worker who assists in looking after service users
- One of the sisters is responsible for managing Foyer de la Providence. Both sisters reside at the children's care home with service users.

Foyer de Nazareth

- A children's care home based in Anse Etoile, Mahé
- Renovation work recently undertaken earlier this year across the entire facility
- Ages of current service users range from four years to ten years old
- All current service users are male
- There are 11 service users currently residing at Foyer de Nazareth. The children's care home has a total capacity of 25
- There are two accommodation blocks on-site. One block is designed for male service users of primary school age, and the other block is designed for male service users of secondary school

age. There are currently no service users of secondary school age residing at Foyer de Nazareth

- One block is currently used to accommodate service users' sleeping arrangements. The other block is currently used for all recreational activities and mealtimes
- None of the service users have been at Foyer de Nazareth since birth. Service users at Foyer de Nazareth who were of baby/toddler age and living in a children's care home were previously at Foyer de la Providence
- Staff members comprise of two sisters from the Catholic Church, one chef and two cleaners. The children's care home manager identified that they are currently in need of a support worker to assist with looking after service users. The previous support worker is recently retired
- The two cleaners also support service users with their homework and assist in looking after them
- One of the sisters is responsible for managing Foyer de Nazareth. Both sisters reside at the children's care home with service users.

Foyer de la Solitude

- A children's care home based in La Misère, Mahé
- Renovation work recently undertaken earlier this year across the entire facility
- Ages of current service users range from twelve years to eighteen years old¹
- All current service users are female
- There are 6 service users currently residing at Foyer de la Solitude. The children's care home has a total capacity of 10
- There are two blocks on-site. One block accommodates service users from the children's care home, and the other block accommodates two adult service users who have additional needs. This block is staffed separately to the children's care home
- Staff members comprise of two sisters from the Catholic Church and one support worker. The children's care home manager identified that one additional staff member to the sisters is not enough. A request was made for additional staffing support to the Board of the children's care home, but was not granted
- The children's care home manager spoke of the difficulties attached to working with female teenagers. She identified that, owing to the physical and emotional changes brought about by puberty and adolescence, this made working with their service users particularly challenging. However, the children's care home manager recognised that they have strong assistance in place in the way of an experienced support worker who has been assisting at the Foyer since it opened
- Foyer de la Solitude's service users mainly comprise of secondary school-age females; however, there is one service user who is currently of primary school age. The service user was initially residing at Foyer de la Providence and was transferred to Foyer de la Solitude during the building's renovation process. A decision was made to keep the service user at Foyer de la Solitude upon completion of renovation works. Staff at Foyer de la Solitude observed that the service user was happy staying there
- One of the sisters is responsible for managing Foyer de la Solitude. Both sisters reside at the children's care home with service users.

¹ Upon producing an audio transcript of this interview, we verified that the age range identified by staff at Foyer de la Solitude was 12 – 18. We have since been informed by Social Services and the residential care home manager that the eldest service user at the children's care homes is 14 years old. This amendment was noted on the 14th December 2016.

President's Village

- A children's care home based in Port Glaud, Mahé
- Renovation work recently undertaken earlier this year across parts of the facility
- Ages of current service users range from eleven months to seventeen years old
- Management staff mentioned that seventeen years old is not necessarily the maximum age, and that this can depend on circumstance
- Exact gender split of service users could not be provided at the point of interview; however, management staff identified that the gender composition of President's Village service users is predominantly male
- There are 44 service users currently residing at President's Village. Children's home has a total capacity of around 60. Management staff mentioned that some service users had very recently been placed in foster care or had re-integrated back home
- President's Village comprises of six 'houses' that can accommodate up to a certain number of service users each. There have been times where there have been up to 12 service users residing in one house. The maximum number of service users per house is currently 8
- President's Village is run by the Seychelles Children's Foundation
- There is a Management team responsible for the daily running of President's Village. This comprises of the Acting Manager, Deputy Manager, Counsellor, Programme Officer, Administrative Officer, Storekeeper and two Education Officers
- One Education Officer serves as the main primary school point of liaison, while the other Education Officer serves as the main secondary school point of liaison
- The Storekeeper also runs the in-house Toddler Programme for service users aged two to four years old
- Staff members who reside with service users in the six houses are called Child Support Officers (CSOs). CSOs work in shifts. There are usually eighteen CSOs, with three attached to each house. There are currently four CSOs attached to one house in particular that accommodates service users who are babies
- There are also three cleaners, two staff members responsible for laundry and two chefs who work at President's Village
- Management staff were asked about staffing to young person ratios in each house at President's Village. They identified that the current ratio is either 3:8 or 2:7, but that the reality is often 1:8. Management staff recognised that they would ideally like to maintain a staffing to young person ratio of either 3:8 or 2:7 at all times.

Findings

1. Placement and admission of service users

1.1 The placement process into children's care homes

- It is part of the role of Social Workers to reiterate to children that placement at a children's care home is supposed to be temporary; however, what may start out as a 6 month placement may result in a longer stay, based on a range of different circumstances (e.g. the service user's new foster home may be undertaking renovations, and are not yet ready to accommodate a child). Where this occurs, there were varying responses from children's care homes with regard to the frequency of communication and updates between Social Workers, children's care homes and service users.
- Where the process of a Family Tribunal Order is undertaken – and Social Services already have prior knowledge of the case – Social Services are usually ready to place a child in a children's care home immediately. Where a Family Tribunal Order is issued without Social Services having prior knowledge, however, it may take up to three days for Social Services to liaise with the child, their parents and the children's care home before a placement can occur.
- There have been recent and historical instances of reactive placements by the Family Tribunal that have failed to prioritise the safety and wellbeing of the child from the earliest possible stage. We learnt of an example where one parent already had all of her children in care on account of her issues with substance misuse and abuse towards her children, and had again become recently pregnant. Whereas Social Services forecasted that placing the child into care upon the point of birth was the best possible outcome for the child, the Tribunal would not issue the order. We learnt that it was only once the child had been born – and had subsequently been subject to abuse from the mother – that the case could be presented to the Tribunal. By this point, a child has potentially already been subjected to multiple forms of abuse. This *reactive* intervention procedure undertaken by the Family Tribunal fails to place the safety and wellbeing of the child at the heart of the placement process, and should be reviewed.
- This reactive approach to placement can lead to negative repercussions for the child when they are placed into a children's care home, as well as for the children's care home itself. If a child is subjected to multiple forms of abuse – particularly if there was an opportunity for Social Services and the Family Tribunal to intervene at an earlier point – staff at children's care homes then have to try to meet the needs of service users who present with complex behavioural, mental and psychological issues as a result of the abuse they have been subjected to.
- Due to the urgency of some placements – as well as the small pool of children's care homes in the country (most with their own criteria of age and gender) - service users rarely have a say as to where they are placed. However, Social Workers will explain to a child the circumstances which have led to them being placed in a children's care home. This is done in

an attempt to support the service user to better understand the reasons why a placement is in their best interest at that particular moment in time.

- What is currently lacking, however, is a set of child/young person-friendly visual materials to share with service users to help them better understand the new environment they are entering. A video, series of photos or written materials on the children's care home, its staff members, activity timetable and other relevant information for prospective service users could be a useful tool to better support them with their transition into placement.
- Service users are supposed to have a pre-placement meeting – attended by a service user, their Social Worker and senior staff from a children's care home – prior to arrival; however, this does not always happen. At President's Village, for example, due to the gravity and types of cases that are being put forward for placement, service users need to be placed immediately with little time for adaptation periods. Social Services will contact children's care homes to determine whether there is capacity to place a child; however, the immediacy of action required sometimes dictates that the familiarisation and adaptation periods attached to children's care home placements for service users are overlooked.
- In some instances, a service user would only see their new surroundings for the first time when they arrive on the day of placement. While some service users are able to adapt once they meet other service users of a similar age, many service users struggle to adapt in the first instance. Post-placement meetings are *more* likely to occur. While children's care home staff acknowledge the need for immediate placements, they commented that if any pre-placement work with a prospective service user was taking place, they were not really seeing the benefits of this.
- At President's Village, staff members will often speak to a new service user to find out what their needs are, as well as to explain internal procedures and how permitted activities on-site may differ from what they have previously been accustomed to. Staff often encourage new service users not to divulge too much personal information to their peers at school about them being placed at a children's care home, for fear of children being subjected to bullying.
- Some children's care homes commented on the lack of background information received from Social Services on a service user upon placement. This is in spite of the dissemination of a completed Admissions Form to children's care home managers by Social Workers upon placement of a new service user. Children's care home staff felt that additional background information on service users is needed in order to attain as much context as possible before getting to know a new service user better.
- It is the children's care home managers who have the final say with regard to whether a service user is placed in a children's care home. Criteria for this decision varies according to different children's care homes, but can often include 1) remaining capacity of beds, 2) composition of current service users (and whether a new service user could adapt to – or negatively alter – dynamics) and 3) whether staff can meet the behavioural, physical or psychological needs of

a prospective service user – to name a few. Social Services currently has no jurisdiction to override the decision of children’s care homes not to accommodate a child.

- Where a child is in danger and is in need of an emergency placement, Social Services has the power to remove a child for the night to house them somewhere safe. There is legislation in the Children’s Act that makes provision for this. Some of the residential care home managers acknowledged that where a child is in immediate danger, they will make provisions to accommodate that child in the short term.

Recommendations

- Review of intervention procedures undertaken by the Family Tribunal; particularly for cases where Social Services can forecast likely neglect and/or abuse against a child based on historical evidence;
- Children’s care homes to provide an induction to a children’s care home to support service users with their transition to their new environment. This could include coverage of key policies, procedures and protocols that would be in the service user’s best interests to be aware of (e.g. how to lodge a formal complaint, how children’s care homes respond to allegations against staff members, procedures on behavioural management, etc....).

1.2 The admissions policy of children’s care homes

- The placement and subsequent admission of a child into a children’s care home often comes across as a *negotiation process* between Social Services and a residential care home manager. There are different factors that come into consideration from the perspectives of children’s care homes, which often include: capacity, current staff manpower and resource, how a new service user would impact upon the composition and behaviour of current service users, age, gender and any additional needs of new service users (e.g. behavioural, emotional, psychological, etc....).
- The admissions criteria of some children’s care homes, however, appear subject to selective change. At Foyer de Nazareth, for example, there is one block that has specifically been designed for older male service users that is completely vacant. Foyer de Nazareth’s current admissions policy though is to only accommodate male service users up to the age of ten. Service users who reach the age of ten or over, however, may be permitted to continue their placement at Foyer de Nazareth (if provisions have not been made for transition back home, foster care or adoptive care), and are not necessarily transferred to President’s Village (which caters for both male and female service users from birth to eighteen years old). This inconsistency demonstrates the power and discretion that children’s care homes often hold with regard to the profile and characteristics of service users they decide to admit.
- Some children’s care homes acknowledged the impact that new admissions had on existing service users. At Foyer de Nazareth, for example, the residential care home manager will speak to existing service users about a new placement and will prepare them in advance to

allay any concerns and support in welcoming new service users to the children's care home. This recognition of the placement process as being transitional for both existing and new service users is important, and is an example of good practice that other children's care homes should aspire to replicate.

- One interviewee from Social Services described the process of admitting a child in a children's care home as almost like a "shopping process". This was particularly the case with Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude. Social Workers felt at times as if they were having to *negotiate* with children's care homes in order to persuade them to admit certain children.
- Social Workers commented that it is generally easier for President's Village to agree to admit prospective service users, particularly if there is capacity to accommodate them. However, Social Services acknowledged that not all children are capable of adapting to and residing at President's Village; particularly those who may present with social or behavioural issues. Social Services usually consider what is in the best interest of the child before placing them in a children's care home. In some instances, for example, working alongside the child's family to keep the child with their family is considered the best course of action.
- It has been known for children's care homes to reject admissions requests from Social Services on the basis that they do not have the means to cater for the needs of children. We were told that this happens frequently; particularly with regard to children who present with having complex needs and/or behavioural issues. For example, a residential care home manager commented that she would not admit a child with mental health issues if this upset the dynamics of existing service users within her children's care home. Prospective service users have been rejected from placements in spite of children's care homes being fully aware that there are no other feasible alternatives that guarantee the child's wellbeing or safety.
- There appears to be a prevailing culture in some children's care homes of only wanting to admit service users who present as being "good" and "well behaved". In some children's care homes in particular, there was a distinct lack of recognition with regard to the vulnerability of children who are put forward for placement – and the complex behaviours they may exhibit as a result. Conversely, we were also told of an example where there have been service users based in children's care homes since birth that have presented with behavioural issues and have subsequently been asked to leave – in spite of their immediate (and sometimes only) environment being the very children's care home they are being removed from. There is a clear lack of understanding (and in some cases, fear) of managing challenging and complex behaviour among staff members in children's care homes that needs to be addressed.
- Religious beliefs – particularly at Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude – do not appear to serve as a factor in their admissions policy. Where a new service user does not practice Catholicism, for example, Social Services request that staff members in children's care homes respect this. We found that this is also generally reinforced on the ground by staff within the three Foyers.

- All children’s care homes – in addition to receiving donations from private donors – are in receipt of ongoing Government funding; however, children’s care homes by equal measure appear to possess a monopoly on decision-making powers – particularly with regard to new admissions and the admissions criteria they adhere to. Given that it is largely Government funding that sustains children’s care homes, there is a pertinent question to ask about whether children’s care homes should possess as much discretion as they currently do when deciding which service users they are/are not willing to admit.
- A concern identified by some children’s care homes in admitting service users who may display social, emotional, psychological or behavioural issues is that they may lack resources, training and manpower to truly meet these service users’ needs. This concern is legitimate, and should be recognised. However, lack of resources, training and manpower should *not* be prohibiting factors to declining a prospective service user who presents with complex issues that is in need of placement.

Recommendations

- Further recognition across all children’s care homes that placement is a transitional process for both existing and new service users, and is therefore important. Preparations for a new service user should extend to existing service users too, and not just new placements;
- Challenging the attitude that it is fine to reject the admission request of a child - particularly when they have already been subjected to multiple levels of rejection in the family. This seems counterintuitive and detrimental to the life chances of that young person;
- A coordinated response is required between children’s care homes, Social Services, the Government and other relevant agencies to ensure that any obstacles around lack of resources, training and manpower are addressed in order to best meet the needs of *all* prospective and current service users – irrespective of the complexity of their needs - in children’s care homes.

1.3 Pairing siblings in children’s care homes

- There are two children’s care homes where there are sets of siblings. At President’s Village in particular, there are some service users who have up to five siblings placed in the same children’s care home. Where possible, Social Services always attempts to group siblings together upon placement to a children’s care home.
- In some instances, siblings may get separated. This may happen when one younger sibling has been placed for adoption, for example.
- Social Services will try to provide a time and space for siblings to meet if they have been placed in different children’s care homes. The exception to this, however, would be with adoption cases.

2. Listening to and empowering service users

2.1 Service user complaints procedure in children's care homes

- Across all children's care homes we visited, if service users wanted to lodge a complaint, there were informal channels through which they could do this. This often centred on speaking directly to staff members. However, we noticed that none of the children's care homes had formal complaints procedures in place for service users.
- We were told across all children's care homes that service users feel comfortable and confident enough to express their dissatisfaction or lodge a complaint, if needed. However, it was unclear as to whether service users knew exactly what the correct channels were if they wanted to lodge a complaint.
- At Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude in particular – where there are less staff members in place for service users to approach – it is unclear as to whether service users would feel comfortable lodging complaints in all circumstances (e.g. service users may wish to lodge a complaint against a staff member, but might not feel comfortable to, if this meant having to approach the same staff member).

Recommendation

- Further work needed on devising clear complaints procedures for service users across all children's care homes. Complaints procedures should be accessible, transparent and fair. Service users should clearly be made aware of *how* to lodge a complaint, *what* the procedure is, *who* will consider the complaint (e.g. an arbitrary panel comprising of children's care homes board members, Social Workers, a mixture of both, etc....), the *timeframe* for action from the point of a lodged complaint, the *reasons* for outcome given by the arbitrary panel and the *expected method of communication* by which the service user will learn the outcome of his/her complaint.

2.2 Listening to the views of the child

- Before a child is placed in a children's care home, we were informed that Social Workers provide the child with the opportunity to express their point of view. Social Workers will often bring the child to their office to explain the reasons *why* they are being placed in a children's care home. Although the child may not agree with – or be upset about - their situation, Social Workers say that they are at least given the opportunity to voice their views.
- Staff across all children's care homes feel as if service users are able to express themselves freely. At Foyer de Nazareth, the residential care home manager felt as if service users were comfortable confiding in staff members. At Foyer de la Solitude, the residential care home manager commented that, although service users might not initially disclose thoughts, feelings or emotions to staff, they will eventually become more open after time and prayer. She also mentioned that service users are free and confident enough to express preferences on areas such as choice of food options and choice of television programmes to view.

- Members of staff – particularly across each of the three Foyers, where sisters play a dominant and ‘mother-like’ role – should be especially mindful of ensuring that the child’s voice is heard. Service users there, for example, may be less likely to speak openly and freely if the same staff members are around all the time. Sisters at children’s care homes perform a caring, yet omnipresent role, which may be comforting for some service users, but stifling for others. This staff presence – unintentional or otherwise – can have a detrimental effect on what a service user may or may not decide to share.
- When a Social Worker visits a service user in a children’s care home, there is usually a private space where the Social Worker and the child can speak freely. At President’s Village, for example, there is a small and quiet room permitted for this purpose.
- Although service users can generally speak freely and openly, we interviewed staff in Social Services who felt that service users are not quite at the stage where they can truly speak freely about any topic they wish. It was suggested that more work could be done within children’s care homes for service users to develop the confidence to speak freely – particularly on more difficult personal subjects. This is a recommendation that this report supports.
- At President’s Village, the ability of service users to openly and confidently express their views varies depending on the child, their age and their individual circumstances. For example, some service users have very basic needs – such as food and drink – and are happy. Others, however, would prefer not to be in a children’s care home, and be returned to their family instead. Staff interviewed at President’s Village felt that, although service users are generally able to express their level of satisfaction on certain issues within a children’s care home, service users often lack the confidence and ability to open up about the experiences they have encountered in their lives. Service users are encouraged by staff to attempt to open up, but often respond with answers that they feel will appease staff members. Staff at President’s Village also reflected that service users often suffer from low self-esteem, and often misinterpret simple requests or commands with defensive responses.

Recommendations

- Given the traumatic experiences and feelings of powerlessness that service users are likely to have encountered, it is critical that children’s care homes foster a culture where the *voice* of the child is valued. Service users should feel confident in the knowledge that they can freely and openly express their views without fear of reprisals, and that their views will be listened to. In light of a service user’s right to privacy, service users should be afforded the individual time and space to express their views where required.
- Although well-intentioned, we would raise concerns about sensitive conversations – particularly with regard to a service user’s past - being broached by untrained staff members in children’s care homes. We would encourage the intervention of professionals within various therapeutic services to undertake these conversations within the structure of an intervention strategy instead. We understand, however, that these conversations led by staff

members are borne out of a lack of much-needed therapeutic interventions that service users – particularly at President’s Village – are not currently receiving. This urgently needs to be addressed, and will be explored in further detail in Section 4 of this report.

2.3 Introducing a service user to their identity

- We were told that service users who have been living in children’s care homes since they were babies are made aware of their family background as they grow up. Service users are generally told which district they are originally from, who their parents are and are given further information about their families.
- We received mixed responses when asked if these particular service users’ parents or families visited. Some parents of service users who have been in children’s care homes since birth still maintain some level of contact, while others do not. We were told that Social Services do what they can to encourage parents to visit, where Family Tribunal Orders allow.
- There are some service users who have lost one parent, but we were made aware of only one service user across all of the children’s care homes who was an orphan. One worker at President’s Village described their service users, however, as “social orphans”; service users’ parents or families may still be alive, but in many instances, they do not visit children’s care homes.

2.4 Self-esteem of service users

- Little was identified across all children’s care homes with regard to supporting service users with particularly low levels of self-esteem. There seemed to be some efforts from staff – particularly at President’s Village – by way of regularly providing compliments to service users; however, no specific programmes designed to boost self-esteem were in place. This is of particular concern, given that self-esteem is a well-known issue for service users living in care homes.
- At President’s Village, there is an in-house counsellor who delivers group sessions and one-to-one support for more pertinent cases. The counsellor’s caseload, however, is often consumed by service users presenting with behavioural difficulties. This often means that more quiet service users with evidently low levels of self-esteem do not necessarily gain as much support as their more boisterous peers.

2.5 Supporting timid service users

- We asked children’s care homes about the different ways in which particularly timid service users were supported during their placement. No formal interventions were identified; however, staff members across all children’s care homes spoke of taking a more individual approach with timid service users and giving them the space and time to articulate their feelings when needed.
- One of the children’s care homes mentioned that the evaluation process is vital when identifying timid service users. This process provides staff with an opportunity to understand the needs of service users better. However, we noted that there was not necessarily an

extensive list of strategies or interventions in place to support particularly timid service users with either their transition to placement or their personal development.

- At President's Village, we were told that service users are often placed with siblings. If one service user is particularly timid, then they at least have other siblings that can support their transition, if needed. President's Village tries where possible not to separate siblings too much. Although house residents are generally categorised by gender and proximity of age - where there are considerable age differences between siblings - management staff say that the children's care home try to ensure that siblings are afforded the space and time to see and spend time with each other.

Recommendation

- Ensure that there is adequate provision that places necessary levels of support for timid service users suffering from low self-esteem issues, and that quieter service users are not disproportionately 'losing out' on support at the expense of louder service users.

2.6 Developing the independent living skills of service users

- At Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude, service users are encouraged to practise age-appropriate independent living skills on a regular basis. These include learning skills such as cooking (or preparing ingredients for younger service users), household chores and washing clothes.
- At Foyer de Nazareth and Foyer de la Providence in particular, staff members identified that they do what they can to foster a sense of independence among service users, so that they are equipped with the skills to stand on their own two feet. One residential care home manager spoke about giving service users the possibility of making their own choices (e.g. choice of clothing), which fosters independence, confidence and responsibility.
- At Foyer de la Providence, the residential care home manager prepares female service users approaching puberty with a small talk about the menstruation process and expected changes to the female body during adolescence. This example of good practice should be replicated across all children's care homes. We would recommend that these difficult conversations are approached by experienced professionals who would be able to explain the physiological, psychological and emotional nuances of puberty in an accurate, appropriate and sensitive way to service users.
- Across the three Foyers, the only independent living skills identified seemed to cover household chores. There was no mention of teaching soft independent living skills (e.g. budgeting, compiling shopping lists, prioritisation techniques, study skills, time management skills, etc....).
- President's Village run a weekly Life Skills programme for service users, which covers skills including table manners, washing clothes, ironing and budgeting, among others. This runs in parallel to programmes delivered by CSOs in service users' homes, which focus more on topics such as study skills, sports and art. We were told that service users are given the opportunity

to regularly apply some of these skills to their everyday lives. Service users prepare their own breakfasts in their houses (with appropriate levels of supervision) and older service users are tasked with cleaning their own school uniforms and rooms. These activities are designed to equip service users with the basic skills required for when they eventually live independently.

- One children's care home spoke about recently submitting a request to Social Services to keep two service users beyond their eighteenth birthday, for fear that they were not quite ready to live independently. While it is fair to acknowledge that there will be circumstances where it would be appropriate to keep service users beyond their eighteenth birthday, we feel that this should be the exception to the rule.

Recommendations

- Conversations regarding puberty should be led by experienced professionals who would be able to explain the physiological, psychological and emotional nuances of adolescence in an accurate, appropriate and sensitive way to service users. This process can be supported by children's care home workers.
- Examples such as the Life Skills programme are vital for the personal and emotional development of service users, and parts of this should be replicated across all children's care homes. We would recommend that the programme is refined and evaluated in more detail to better understand how it could meet the needs of service users. While not possible for the purpose of this audit, it would be good to engage with stakeholders (including service users) to assess the outputs and outcomes of this programme in order to determine its quality, impact and overall success.
- Children's care homes should be doing everything within their capabilities to empower service users with the knowledge, skills and confidence to live independently and to be thriving members of society. Although budgets can be restrictive, we feel that children's care homes should be making the case to allocate the time, resources and funds to make this happen.

3. Physical provisions for service users

3.1 Sleeping arrangements of service users

- At Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude, recent renovations to each facility have led to sleeping provisions for service users that are of a very high standard.
- At Foyer de Nazareth and Foyer de la Providence, service users share one room between three. Each service user has their own single bed, bedside table and access to their own cupboard.
- At Foyer de la Solitude, service users have their own space. They have their own single bed, dressing table area and access to their own shelves. In spite of two service users having to share the same entrance to access their rooms (two bedrooms are adjacent to one another, with a partition in between), we still feel there is sufficient privacy for service users. The design

is sufficient to meet the needs of older service users. One block at Foyer de Nazareth also matches this design; however, this block is currently vacant.

- At President's Village, the recent renovation of one house has equally led to sleeping provisions for some service users that are of a very high standard. However, the houses that have not been renovated do not match these standards. Conditions in the older houses seem unfit for purpose, and do not provide all service users with a consistent and quality experience of living in a children's care home.
- Service users across all of the children's care homes we visited either share a bedroom with other service users, or have their own space (depending on age). Adult members of staff have their own bedrooms and do not share sleeping spaces with service users. They are within accessible and audible distance of service users.
- Recent renovations at Foyer de la Providence, Foyer de Nazareth, Foyer de la Solitude and parts of President's Village have included ready access to modern toilet and shower facilities on the same floor as bedrooms. Comparatively, toilet and shower facilities in the older houses at President's Village do not match the standards of the other facilities where recent renovations have taken place.

Recommendation

- Renovations across the whole President's Village site are required to ensure that all service users across all children's care homes are receiving an experience that is consistent and of high quality.

3.2 Transportation

- President's Village have multiple modes of transportation that allow them to meet their needs of transporting service users. Foyer de Nazareth also identified that they had access to their own mode of transportation.
- Foyer de la Providence and Foyer de la Solitude both lack modes of transportation to transport service users, and often have to rely on either taxi services or in-kind support. Both residential care home managers identified a desire and need for a vehicle to support them in transporting service users as and when needed.
- Some children's care homes are within walking distance of educational institutions. Where this is applicable – and service users are responsible and mature enough – service users are permitted to make their own way to and from school. Service users of secondary school age in particular are permitted to take the school bus to and from school, where walking is not feasible.
- Social Services have put provisions in place for some service users to be accompanied to and from school by Social Workers.
- At Foyer de la Providence (where service users are typically younger), service users are expected to remain in one group when travelling to and from school. They are instructed to wait at a designated meeting point, where they are met by a staff member. All service users attend the same school. Service users who attend crèche are accompanied by a staff member

in the morning, and are picked up by bus in the afternoon. Under no circumstances are service users at Foyer de la Providence permitted to travel to or from school by themselves.

Recommendation

- Review the request for transportation made by Foyer de la Solitude and Foyer de la Providence.

3.3 Food provision in children's care homes

- All children's care homes prepare menus in advance that outline meal options for service users.
- Children's care home managers commented that meals are varied and balanced in terms of nutritional content. This sometimes depends, however, on what ingredients are in short/plentiful supply in the country.
- Children's care home managers commented that kitchen staff are flexible in terms of adapting the menu. They can accommodate for different dietary or medical requirements and can also tailor menus to include service users' favourite meals one day in the week, where possible.

3.4 Personal provisions for service users

- Efforts are made by children's care homes to cater for personal provisions that service users may need (e.g. toiletries, clothes, footwear, etc....).
- At Foyer de la Providence, service users have some autonomy to choose replacement items if personal provisions are no longer fit for purpose (e.g. broken sandals). The residential care home manager commented that service users may also be given a small allocation of funds to purchase their own replacements (under supervision).
- At President's Village, older service users have the autonomy to buy their own clothes within an allocated budget. Older service users can gain access to cosmetic services too, such as trips to the hairdresser.

3.5 Recreational provisions for service users

- The provision of recreational activities is usually put in place by children's care homes. We were told that children's care homes generally keep Social Workers aware of any extra-curricular activities that service users are participating in. This supports Social Workers to better understand the interests and motivations of their service users.
- At President's Village, we were told that there is a range of in-house recreational activities on offer for service users. These include sessions on life skills, arts and crafts, cooking, different sports and talks on topics such as values and manners. A mixture of activities is offered to ensure that service users are receiving equal access to opportunities that peers outside of children's care homes would also have access to. It was felt by staff interviewed that – owing to the circumstances of service users – they in fact gain access to *more* opportunities by way of donations and excursions.

- Service users across all children’s care homes also have access to external recreational activities. At Foyer de Nazareth, for example, service users access a range of activities that include different sports (usually through school), swimming classes, dancing classes and classes with organisations such as l’Alliance Française. Across all three Foyers, there are also teachers who visit on a regular and voluntary basis to offer service users additional support with their studies.
- The level of supervision attached by children’s care homes to service users accessing external recreational activities tends to vary. At Foyer de la Providence, younger service users are always accompanied by a member of staff; however, there was one example provided of one older service user who is permitted to travel to and from extra-curricular activities by public transport alone. For older service users – particularly at Foyer de Nazareth and President’s Village – children’s care homes are more relaxed about allowing them to travel to and from extra-curricular activities autonomously. This was seen as a way of promoting independence and responsibility for older service users.
- For extra-curricular day-trips (e.g. to the beach), children’s care homes generally provide staff supervision. There was no evidence provided, however, of set ratios of staff to service users.
- Children’s care homes try to communicate with service users where they can to negotiate times that service users are expected to return from external extra-curricular activities. One example was provided by one of the children’s care homes where a service user is provided with a mobile phone to communicate with the residential care home manager if they are running late for any reason.
- At Foyer de la Providence, the residential care home manager provides written permission to the school if there is a school trip or excursion that the service user wishes to attend. Although children’s care homes acknowledged that they must notify Social Services if service users wish to attend trips, we were provided with anecdotal evidence during interviews that this does not always happen. Given that service users are *statutorily under the care of Social Services*, this is a failing that all children’s care homes must ensure that they are addressing.
- At Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude, service users access local churches on a regular basis. We were told that the religious beliefs of service users – particularly at the Catholic Church-run Foyers – are respected, and that provisions have been made in the past for non-Catholic service users to practise their religion freely.

Recommendations

- Children’s care homes should have clearer guidance in place with regard to staff member to service user ratios for excursions and trips;
- Review current practices with regard to notifying Social Services of all excursions and trips *prior* to these taking place.

3.6 Personal allowance for service users

- At Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude, there appears to be some reluctance to provide service users with a personal allowance. At Foyer de Nazareth, each service user has a small box where they keep any money received from donations made. Service users can access funds as and when they need it. At Foyer de la Solitude and Foyer de la Providence, previous negative experiences have led to the decision not to issue personal allowances to service users. The residential care home manager at Foyer de la Solitude commented that she would prefer to spend funds on service users' day-to-day items (e.g. hair creams, cosmetic items, etc....) than provide them directly with pocket money.
- Exceptions to this are made when service users attend special events. Residential care home managers will issue service users with a small personal allowance to cover subsistence costs for such events.
- At President's Village, service users of secondary school age receive ten rupees daily to travel to and from school. Service users of primary school age receive ten rupees a week as a small treat. Issuing any more than this usually depends on either the need of the service user or the provisions in the children's care home's budget. Management staff at President's Village mentioned that where their budget allows, service users will receive up to two hundred rupees to purchase personal treats. It was also mentioned that service users will always receive some additional pocket money around the time of Christmas.

Recommendation

- Some children's care homes should revisit their procedures on personal allowances for service users. Personal allowances can be managed in a way that promotes prudent and safe spending by service users. These are vital life skills that some service users are currently being deprived of, which could support the development of a service user's independence and ability to manage a budget.

3.7 Internet, telephone and television access in children's care homes

- All service users within children's care homes have access to Internet provision. Service users can access the Internet whilst under the supervision of staff members. At Foyer de la Providence, issues with Internet installation were reported by the residential care home manager. Service users can access the Internet through a laptop belonging to the children's care home in the interim (with staff supervision).
- Not all computers across children's care homes were in a functioning state. At President's Village, for example, there are four computers; of which only one is currently operational (computers were in the process of being repaired at the time of compiling this audit). Access to computers and Internet provision for service users therefore is not as readily accessible as it could be.
- There was little evidence to suggest that service users are actively encouraged to integrate school work with use of the Internet to undertake research tasks across children's care homes.

- Service users in children’s care homes have access to television. All children’s care homes have access to cable television; however, at President’s Village, it is only service users in the new accommodation blocks that benefit from this.
- The policies of children’s care homes with regard to mobile phone access for younger and older service users are inconsistent. Some children’s care homes provide service users with mobile phone access when they are travelling alone to participate in extra-curricular activities, while others do not.

Recommendations

- With children and young people in this modern age becoming more tech-savvy than before, children’s care homes should ensure that service users are not placed at a disadvantage to their peers with regard to Internet access. Service users should be actively encouraged to integrate studies with Internet access and technology. Where residential care home managers have concerns about the age-appropriateness of content accessed, web filters can be applied to block inappropriate and unsuitable content.
- The current inconsistency of only some service users at President’s Village having access to cable television should be addressed, so as to ensure that *all* service users have equal access and the same quality of provision.
- Children’s care homes should liaise more closely with Social Services in order to deem what is considered safe and appropriate access to mobile phones for service users.

3.8 Educational resources for service users

- Service users across all children’s care homes have good access to educational resources, such as educational toys and books. At President’s Village, there is a well-equipped library. At Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude, service users also have regular access to tablets. In some cases, there are almost enough tablets for one service user each.
- President’s Village, however, does not have as plentiful a supply of tablets as Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude. President’s Village have received some tablets, but they do not possess enough for all service users. They are currently storing all tablets until they have enough.

Recommendation

- At President’s Village, a rota system could be introduced to make full use of the availability of tablets. It seems wasteful that there are new tablets in circulation at the children’s care home that are currently not being effectively utilised at all.

3.9 Supporting service users with their studies

- Provision is usually put in place by children’s care homes to support service users with their studies. At Foyer de la Providence, there is a teacher who visits the children’s care home regularly to support service users with their work. Group work is sometimes undertaken after

school and during the holidays to support service users with their confidence, too. At Foyer de Nazareth, one staff member is responsible for supporting small groups of three to four service users to support them with their studies. We were told that this support is particularly important for service users there, given that most of them are below their expected reading and writing ages.

- At President's Village, there is an educational programme called *Extra Points* for service users. We were informed that this programme runs three to four times per week, and is aimed to support service users with their homework, literacy and numeracy skills.

4. External professional support

4.1 Provisions for service users living with physical and/or mental health issues

- According to staff interviewed across all children's care homes, there are currently no service users who identify as living with mental health issues. When asked how service users with mental health issues would be identified, we were told by Social Services that they can conduct their own assessments. If children's care homes decide to conduct assessments, they must consult Social Services in the first instance. This coordinated approach would then strengthen the case for further therapeutic support, if needed.
- There are currently no service users across all children's care homes who identify as having a physical disability. We noticed, however, that there is a lack of understanding and much apprehension with regard to meeting the needs of a service user living with a disability, were this to happen. One residential care home manager even mentioned that she would be uncomfortable accepting a placement for a service user with a disability, for fear that they may 'feel different' to other service users.
- President's Village staff noted that they had some younger service users in their care who encountered a delay in certain developmental stages, such as walking. They attributed this to the effects of substance misuse by their parents, and the subsequent impact this has had on their children at the point of birth.
- We observed that there is a worrying lack of awareness with regard to understanding issues around negative mental health and supporting service users with disabilities. Were a service user's mental health to deteriorate whilst in a children's care home, we were unconvinced that children's care home staff would be well-equipped to respond in an efficient, sensitive and empathic way that would place the needs of the service user first.
- We noticed that the language used to describe service users living with mental health issues and disabilities is still politically incorrect and archaic, with terms such as "retarded" and "handicapped" still commonly used by some staff members we interviewed.

Recommendations

- Further training is required on understanding the needs of service users living with disabilities. This should be accompanied by practical strategies that staff members could use whilst supporting service users living with disabilities;
- Further training is required to highlight the derogatory and harmful connotations of politically incorrect labels used to describe people living with mental health issues and/or disabilities, and the long-term impact that these labels can have on those affected;
- There appears to be a prevailing culture of a reluctance to admit service users based on a pre-existing mental health condition or disability. This directly contravenes any concept of *equal access* for *all* service users, and *must* be challenged. We recommend that there is compulsory training for all staff members in children's care homes on Equality and Diversity and Inclusion. This could also include further practical training on common mental health issues and the physiological and psychological development of children. Training should place the rights and needs of the child at its heart, and place emphasis on children's care homes to ensure that they have the skills, knowledge and confidence to better support their service users living with negative mental health issues and/or disabilities.

4.2 Access to healthcare

- If service users require medical care, they are generally accompanied by a member of staff from the children's care home to the local clinic. This can become problematic, however, when manpower is already an issue for children's care homes. At Foyer de Nazareth and Foyer de la Providence, for example, we were told by residential care home managers that they can sometimes spend up to one whole day waiting with a service user to see a doctor. This seems to be an unnecessary length of time for 1) a service user to have to wait to access basic healthcare, and 2) a staff member to be away from the premises – particularly when there is already a shortage of workers supporting in children's care homes.
- One residential care home manager reflected on her experience of working in a children's care home abroad, where children's care home prescriptions and/or appointments were prioritised so that waiting times for service users and staff members were cut. Another residential care home manager suggested that weekly outreach visits by local healthcare professionals to children's care homes might also help to alleviate the issue of lengthy waiting times when accessing healthcare.
- If service users require medical assistance during the evening, some children's care homes commented that they would contact the ambulance in the first instance. One residential care home mentioned that they would then notify Social Services of this the following morning.

Recommendation

- Explore the feasibility of setting up a formal agreement with healthcare professionals that better facilitates the lives of service users and staff members at children's care homes (e.g.

regular outreach, prescription delivery service, fast-track service arrangements for service users accessing clinics, etc....).

4.3 Therapeutic support for service users in children's care homes

- The National Council for Children (NCC) used to play a more prominent role in offering a range of therapeutic interventions to service users across all children's care homes in the country. We learnt during interviews that there used to be a formal agreement in place to make the NCC the primary therapeutic centre for service users in children's care homes. With the introduction of the Seychelles Children's Foundation (SCF), however, this changed.
- At its peak, the NCC had at least one Assistant Psychologist attached to each of the children's care homes, as well as three Assistant Psychologists based in-house. To support the organisation's role in achieving this, Social Services allocated Assistant Psychologists to the NCC to support its outreach work in children's care homes. Assistant Psychologists visited children's care homes up to twice a week to offer therapy to its service users.
- When the SCF was given a more prominent role in running President's Village, this also included them assuming more responsibility as the primary provider of therapeutic services for children's care homes. Whether unintentional or otherwise, this reduced the role of the NCC in children's care homes. Three Assistant Psychologists left the NCC after this change, which inevitably would have impacted on the quality, frequency and scope of the outreach work previously undertaken. There is currently no formal agreement in place between the NCC and any of the children's care homes with regard to the intake of service users to access therapeutic services.
- In light of the changes outlined above, there were still some service users at Foyer de la Providence in particular who continued to access the services of the NCC. There was an arrangement in place between the NCC and Foyer de la Providence to transport service users to and from the NCC to access therapy sessions. This was due to there being no private space for therapy sessions to take place at Foyer de la Providence.
- At Foyer de Nazareth, the residential care home manager commented that it is not easy to secure a referral for service users to access therapeutic interventions. She mentioned that there are current service users who have been awaiting referrals for one year. She commented that referrals used to be made through the NCC, but that this has not happened in a while. At Foyer de la Solitude, the residential care home manager commented that service users who require therapy are able to access it. We were told that this is usually arranged by Social Services, who make contact with the relevant therapeutic professionals and arrange transportation for service users, where needed. There are obvious inconsistencies, therefore, between which children's care homes *are* able to access therapeutic support for their service users, and which ones *are not* able to.
- It appears that service users at President's Village in particular have suffered from a lack of a formal agreement in place between the children's care home and the NCC with regard to

providing therapeutic services. Staff at President's Village were the most vocal about their service users really needing therapeutic support, yet not receiving it. There is a feeling among President's Village staff that they are 'losing' their service users. There are service users who access behaviour intervention programmes through the Ministry of Education, for example, but then return to the same environment where learning is not reinforced and where service users have not really addressed the root psychological causes of their behaviour. Staff feel as if their service users are caught in a 'vicious cycle' within the system. Although they may appear fine on the surface, there are underlying emotional scars that service users are living with that only therapeutic intervention programmes can truly address.

- According to President's Village staff, there is currently no Psychologist who sees their service users. Staff at President's Village commented that they have approached Social Services about the need for their service users to access psychological support in particular, but are often told in response that service users are on a waiting list, and that demand is high. President's Village staff feel that their approaches to the NCC for therapeutic support for their service users are often rebuffed; however, the lack of a formal agreement between the NCC and President's Village makes it difficult for the NCC to commit the manpower and resources required to effectively support service users there.
- In the absence of formal therapeutic intervention for service users at President's Village, staff are attempting to support their service users in the best way that they feel they can. There is an in-house counsellor based at President's Village who manages counselling requests from service users as and when she receives them. She acknowledged, however, that not all service users at President's Village require counselling. It was mentioned that many of the CSOs are mothers, and draw upon their maternal skills to guide and console service users living in their 'homes', where necessary. Other staff members – including members of the management team – also support where they can.

4.4 Referral process and intervention for service users in children's care homes

- There are inconsistencies with regard to *how* service users are referred to therapeutic services across all children's care homes. At least two residential care home managers commented that they lead on contacting therapeutic services and placing referrals for their service users. There was one instance, for example, where one residential care home manager instructed staff to bring a service user directly to the NCC. In contrast, other children's care homes rely on Social Workers to lead on making these referrals. This was confirmed when we interviewed a staff member from the NCC.
- There is written guidance from Social Services that clearly states that as caseworkers of the child, Social Workers are *best placed* to lead on the referral process, and *not* children's care home staff. The NCC is also aware of this, and have emphasised to children's care homes in the past that referrals *must* go through Social Services in the first instance. The fact that this is happening suggests that *either* 1) Social Services are unaware that referrals are being made directly by children's care homes, 2) that children's care homes are unaware of what correct

protocol is, or that 3) children's care homes feel that they are having to undertake tasks that Social Workers are not currently performing.

- The NCC has its own set of clear and robust procedures for handling referrals and deciding on its intake. Social Services have sight of the NCC's referral process, too. NCC referral paperwork seeks to acquire as much background information on a prospective case as possible, including: whether there is a custody battle within the Tribunal, whether a medical examination for abuse has taken place, police involvement, whether there is an ongoing court case and how a child is coping in a children's care home. Responses to these are considered at their internal intake meeting, before a decision is made on whether a referral is to be placed on their waiting list or seen immediately.
- We were told that - once children's care homes were directing referrals through Social Services - they were generally compliant of the NCC's referral process. At times, however, insufficient levels of detail are provided on referral forms; particularly by Social Workers. This has sometimes prompted the NCC to request additional evidence in order to gather all the information required to decide on whether they will take up a referral (e.g. requests for medical examination records). In addition, where a service user has previously accessed some level of therapeutic intervention, therapists require *exact details* as to what intervention *specifically* was undertaken, *what was addressed* and whether it had any *impact*. The level of detail required on referral forms for therapeutic services needs to be accurate and detailed enough to allow therapists to effectively undertake their role in best supporting the needs of service users.
- Duration of intervention varies depending on the service user and their needs. Once the NCC has undertaken intervention with a service user – particularly with children who have been victims of abuse – the therapy professional compiles a report and sends it to the Social Worker of the child. This report would typically include background information, a description of the intervention undertaken, a treatment plan, outcomes, and recommendations for the Social Worker to consider and/or pursue. Only Social Workers have visibility of this report; it is ultimately their choice as to whether they share this with children's care home staff or act on the recommendations made.
- Interviews with staff from Social Services taught us that if the presenting symptoms of service users are clear enough to warrant an urgent appointment, then this – coupled with the fact that a service user is involved with Social Services – is usually enough for a service user to access the appropriate level of support sooner rather than later. We were told that Social Services would generally ensure that they continued to pursue any referrals that had not been followed up to ensure that service users receive the support they needed. There was also a feeling from within Social Services that service users are seen within good time by therapists and healthcare professionals. The perspective outlined here contrasts to the perspective outlined by some of the children's care homes, who feel that their service users often struggle to access therapeutic support in a timely manner – if at all.

4.5 Resource and manpower of therapeutic services

- Although it might be premature to assume that *all* service users require therapeutic support, the reality is that service users who end up living in a children's care home have encountered some level of negative experience in their lives – many of which may centre on some form of abuse and/or neglect. This experience is then compounded by being placed in a children's care home, where it is potentially very easy for emotional and psychological baggage to accumulate further. When interviewing staff at the NCC, it was for these reasons that they thought that many service users from within children's care homes would probably benefit from accessing their services.
- The current level of manpower and resource within the NCC, however, would not be enough to meet this need. At present, the NCC has a team of two counsellors and two psychologists to meet the already-existing numbers of referrals that come through Social Services, the Early Intervention Centre, other agencies and the public. This – in addition to potentially taking on more service users from within children's care homes – is not feasible, given current capacity.

Recommendation

- The current provision for access to therapeutic support for service users in children's care homes is not working, and requires review. Based on our findings from speaking to different stakeholders, there is recognition on all sides that the NCC has a vital role to play in solving this. It therefore makes logical sense to revert to the previous system where the NCC was seen as the primary therapeutic centre for service users of children's care homes. However, this can only come into play if senior stakeholders from President's Village, Social Services, SCF, the Government and the NCC work in partnership together to discuss how this would work, and what this would look like in practice. Were this to happen, there would inevitably need to be a formal agreement in place which ensures that the NCC would have the resources and manpower to perform this role effectively, to best meet the needs of children's care home service users.

4.6 Liaising with external agencies

- A senior member of Social Services told us that external agencies supporting service users in children's care homes included education institutions, healthcare professionals (e.g. psychologists and medical professionals), the police, the NCC and professionals in Care. The Seychelles National Youth Council was also identified as an external partner; however, we were told that they were not currently as involved and pro-active as they could be.
- In addition to the above external agencies, one children's care home also identified a couple who visit to talk to female service users about sex education. We were told that this is arranged by the Catholic Church.
- The NCC also liaise closely with other services in order to best meet the needs of their service users. These services include Speech Pathologists, Educational Psychologists, the Early Childhood Team, School Counsellors and the Student Welfare Unit.

5. Security and safety of service users

5.1 Additional supervision of service users in children's care homes

- The level of additional supervision of service users across children's care homes varies depending on the site. At Foyer de la Solitude, there is a staff member who supports the sisters and provides supervision when sisters are away for any reason. At Foyer de Nazareth, however, there is currently no additional staff member who supports in minding service users. The residential care home manager identified this as an issue that they need support with – particularly when sisters are required to pray.
- At President's Village, in addition to CSOs based in homes with service users, a member of the Management team is always on call (on-site during the day, and remotely out-of-hours). Within the CSO structure, there are also Senior CSOs who have decision-making powers in the absence of a member of the Management team. One Senior CSO is always on-site. We were told that the Management team are always contactable, and will travel to the children's care home, if needed.

Recommendations

- A review of existing manpower within some children's care homes to objectively determine whether resources are sufficient to meet the needs of service users and maintain staff wellbeing.
- We would recommend that children's care homes operate stricter staffing to service user ratios of supervision – particularly for younger children. The practice of sometimes leaving only one staff member to supervise a group of service users seems insufficient and potentially reckless. It also increases the prospect of negligence and liability of fault, were a significant or drastic event likely to happen (e.g. injury, near miss, health and safety breach, allegations of service user or staff misconduct, etc....). A minimum level of supervision should always be in place to ensure that there are enough staff members to deal with any given incident, whilst also ensuring that service users are safe.

5.2 Family access and visitations

- Family Tribunal Orders sometimes stipulate whether supervised or unsupervised access to family members for service users is permitted. Where Family Tribunal Orders do not stipulate this, Social Services have their own set of procedures in place to ensure that all visitation access *must* go through them. Parents/visitors are provided with a paper slip from Social Services, which they are required to present to children's care homes upon arrival. On the Admissions Forms of service users, Social Workers clearly note *who exactly has been permitted access* to the service user, and *who has not*. This process can be undertaken without the presence or intervention of Social Services. In any case, however, visitors of service users must ensure that Social Services are notified in the first instance. This information – alongside all other information that residential care home managers supposedly should need – is shared with children's care homes.

- For a service user who is returning home, Social Workers try to notify children’s care homes with as much notice as possible that the process is underway. Access visits are organised at weekends or during the holidays for service users to support them with their transition to return home. Service users are either supervised or unsupervised by Social Workers, depending on individual circumstances. Social Workers are responsible for ensuring that the conditions that service users are returning to are suitable to fully meet the needs of the child.
- All children’s care homes recognised that access and visitations must go through Social Services. We were told at Foyer de Nazareth that if mediation is needed between family members and service users, children’s care homes usually facilitate this, and not Social Services. In light of what we learnt from interviews with Social Workers, however, the level of mediation depends on what is or is not stipulated in a Family Tribunal Order.
- Across all children’s care homes, the number of parents who actually visit their children is remarkably low. At Foyer de la Providence, we were told that some parents still maintain contact with their children. Bi-weekly visitations are organised by Social Services, with visits by other stakeholders needing to be authorised by the residential care home manager (e.g. donors, teachers who support service users voluntarily, etc....).
- We were told that there have been some instances where parents turn up at children’s care homes and attempt to forcibly enter the premises to see their children. One example of this was where we were told that one parent was visibly angry and upset at not being able to visit their child at one specific children’s care home. They were encouraged by staff to calm down at the gate, and were eventually let in to see their child – without any prior permission from Social Services. The police and Social Services were eventually notified; however, parent access had already been granted by the children’s care home.
- Some parents are granted telephone access to their children. At President’s Village, phone calls between service users and parents can take place, which are supervised by staff at the children’s care home. We were told of one example, however, where one staff member described calling a parent directly and telling that parent that their child wished to see them. We do not believe that staff members should be taking it upon themselves to initiate such conversations without the intervention of a Social Worker in the first instance. While the practice of supervised telephone access for service users seems to function well for the most part, we suspect that there is a greater role for Social Workers to play in ensuring that this is properly mediated and is being carried out in line with stipulations outlined in Family Tribunal Orders.

Recommendations

- Given the clarity of visitation and access procedures provided by Social Services, this should *not* be happening. There may be some orders, for example, that stipulate that visits should be supervised *for now*, or that visits are not permitted *for now*. These nuances to access and visitation are critical, and are often stipulated to protect the safety and wellbeing of service

users. These should not be negligibly undermined by children's care homes. This is a grave area of concern that needs to be addressed immediately.

- A review of mediation practices in children's care homes – particularly in relation to supervised phone calls – should take place to determine whether practices are effective and appropriate.

5.3 Non-family access to children's care homes

- We were informed that all non-family visits to children's care homes should be treated in the same manner as normal visitation requests, and should be requested through Social Services. We found at one children's care home that a birthday party was held for a service user where some school friends were invited. It was unclear as to whether friends were invited with or without the knowledge and permission of Social Services.
- We found that friends of service users across all children's care homes are not permitted to stay over under any circumstances in any of the children's care homes. All children's care homes were consistent in telling us this.

Recommendation

- Visitation procedures are still not being consistently followed by all children's care homes, and should be subject to further emphasis and review.

5.4 Security and surveillance at children's care homes

- Foyer de la Providence is the only children's care home that has CCTV surveillance. One children's care home went so far as to suggest that CCTV surveillance was not even required. Both Foyer de la Providence and President's Village also have some level of security. Foyer de la Providence have a security guard who works night shifts, while President's Village have a security guard who is supposed to be on patrol twenty-four hours a day, seven days a week.
- At Foyer de la Providence and Foyer de Nazareth, residential care home managers feel as if their service users are secure. Strangers from outside the children's care homes have never tried to enter into either of the premises, and if this were to happen, both children's care homes can call upon local police services if needed. At Foyer de Nazareth in particular, the residential care home manager commented that local police are within close proximity of the children's care home, and are very responsive. She also mentioned that she felt that no security guard was needed on-site, in spite of the children's care home being offered security in the past. She cited that so long as staff members are able to build trust with service users, service users will not abuse this.
- We were told that all children's care home buildings are locked at night, and that corridors are regularly monitored by staff while service users are sleeping. The rooms of service users are not locked. During the day, however, buildings are not necessarily kept locked. This may be appropriate at children's care homes with older service users, but at children's care homes

with younger service users, this could pose a risk. We were conducting an interview with one residential care home manager at a site with younger service users, for example, and were told that both entrances to the building were locked at all times. At a later point, however, we learnt that there was only one staff member supervising eleven young service users while we were interviewing the residential care home manager, and that both doors were in fact unlocked.

- At Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude, the main gates granting access to all sites are closed in the evening. At Foyer de la Solitude in particular, however, the residential care home manager told us of an ongoing issue with one local neighbour who has in the past attempted to access the premises. In spite of the building being locked at night, the residential care home manager specifically mentioned not feeling secure, and cited the need for security at night at the children's care home. We were told that a request was submitted to Social Services for security at Foyer de la Solitude; however, lack of funds was cited as an obstacle. It was unclear as to whether the children's care home approached their board first, before directing this request at Social Services.
- None of the children's care homes mentioned possessing burglar alarms.

Recommendation

- *All* children's care homes should invest in a minimum level of security and surveillance to ensure the safety of its service users and staff members. Although it was heartening to listen to some residential care home managers commenting that they did not feel that security was needed, we feel that in this modern age, this is an unnecessary risk that potentially endangers service users and staff that is *not* worth taking. Children's care homes should *always* err on the side of caution, so as to ensure that service users remain safe from harm. We also struggled to understand how one children's care home refused the offer of security when it was offered to them, and another is struggling to access security when there is a clear need. Children's care homes, Social Services and the Government all have vested interests in ensuring that service users and staff are kept safe. Where funding for security and surveillance is an issue, agencies could perhaps explore the prospect of match-funding to provide these services.

5.5 Routine searches at children's care homes

- Routine searches are conducted by all children's care homes on service users. These include random searches on service users' school bags and bedrooms.
- The frequency of searches varies across all children's care homes. Where capacity allows at Foyer de la Providence, for example, searches are conducted either daily or once every two to three days. At President's Village, searches are conducted daily at the entrance of the children's care home by the security guard.

- At children’s care homes that accommodate older service users in particular, random searches are rarely popular. At Foyer de la Solitude, random searches are conducted in front of service users. At President’s Village, service users have found ways of concealing hidden contraband, which have sometimes included concealing objects off-site before they are subject to searches upon entry to the premises. Intercepted contraband that were mentioned in interviews have included mobile phones, tablets, USB drives, creams, perfumes and shoes. Additional searching measures have been undertaken by staff at President’s Village, such as conducting searches in ‘houses’ by CSOs. We were told that Management staff have also been known to support with searches in the past.

5.6 Emergency provisions and evacuation procedures

- It was unclear as to whether service users across all children’s care homes were aware of emergency evacuation procedures and assembly points on-site. At Foyer de la Providence, the residential care home manager was in the process of contacting the Fire Service to lead on demonstrating emergency drills to service users. At President’s Village, we were told that service users were aware of assembly points in case of an emergency.
- All children’s care homes have fire alarms and fire extinguishers.

Recommendation

- Emergency evacuation drills should take place more regularly. These should also be included as part of an induction process for both new staff members and new service users, with refresher drills happening at regular intervals for existing service users.

5.7 Out-of-hours emergency support

- Children’s care homes have access to an out-of-hours emergency helpline which is managed by an on-call Social Worker. This helpline is in operation until 11pm. After 11pm, if emergency support is required, the police can be contacted by children’s care homes. One residential care home manager commented that she has contacted the out-of-hours helpline before, and found this useful.
- Residential care home managers also have the contact numbers of Social Workers, Principal Social Workers and the Director of Social Services, if needed. Although it was not entirely clear as to whether there are clear protocols in place as to who should be contacted first (and how soon), residential care home managers seem to find a way of contacting the right person in case of an emergency.

Recommendations

- There is a clear understanding among all children’s care homes that it is their duty to contact Social Services in case of an emergency regarding their service users. It would perhaps be efficient and transparent, however, were there protocols in place that made Social Services’ out-of-hours procedures completely clear to all children’s care homes. For example, it was unclear as to whether all children’s care homes had the contact details of senior staff within Social Services. There is also no guarantee that all senior staff within Social Services are on call at all times.

- For the sake of clarity and efficacy – particularly in an emergency situation – the implementation of an on-call rota for senior members of Social Services (as well as an obligation for children’s care homes to call either the out-of-hours helpline or the police) may support in making the out-of-hours process more robust and efficient.

5.8 Individual risk assessments for service users

- Internationally, there is a legal requirement for any institution or organisation working with groups of people to produce comprehensive risk assessments that are appropriate to the activities taking place and the stakeholders involved. Demonstration of a risk assessment for any activity is considered as standard good practice. It is particularly vital with activities pertaining to children and young people. It identifies specific risks, attaches an owner to risks and provides stakeholders with a blueprint of actions taken to mitigate any given situation. Individual risk assessments are also conducted on particularly vulnerable service users as a process to identify and mitigate risk, as well as outline strategies to reasonably control the chance of a risk occurring. Individual risk assessments – when conducted correctly – should also provide staff members with a clear understanding of the risks attached to a young person (e.g. flight risk, prone to self-harm/suicide, etc.), as well as a set of strategies to equip staff with the confidence to deal with any risk identified.
- No evidence was provided of individual risk assessments being conducted by either Social Workers or children’s care homes on particularly vulnerable service users who pose specific risks either to themselves or to others. Instead, one residential care home manager mentioned that children’s care homes will often observe how a service user settles in, monitor their progress and arrange visits with a service user’s Social Worker, if needed. This practice should be taking place *alongside* a risk assessment being undertaken (upon the point of placement, if necessary), and not seen as an *alternative* to risk assessments.

Recommendations

- Greater emphasis should be placed on the importance of producing accurate and detailed risk assessments in a children’s care home setting. These should include general risk assessments for different activities and possible scenarios, as well as individual risk assessments for particularly vulnerable or at-risk service users. Greater emphasis on producing risk assessments should be supported by regulation, if necessary.
- Training for all staff across children’s care homes may be required that outlines how to produce quality and comprehensive risk assessments, as well as the importance and relevance of producing these to protect service users, children’s care homes and staff members.

5.9 Missing service users

- At Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude, there have never been any service users who have been missing or have attempted to escape from their respective children’s care home. Were a situation to arise where a service user is missing, all three

residential care home managers said that they would contact the police immediately. Only the residential care home manager at Foyer de la Solitude mentioned that she would notify Social Services in addition to the police by a certain time. One of the residential care home managers did mention, however, that the police are only able to consider someone 'missing' if they had not been located after 24 hours. In the case of service users from children's care homes, however – who are widely recognised as vulnerable members of society - it would be useful to clarify the accuracy and appropriateness of this with the police.

- At President's Village, there have been instances where service users have escaped in the past, or not spent the night at the children's care home. Usually, staff contact either the police or the Child Protection team directly. It sometimes emerges that a service user may have spent the night in custody. In these instances, service users are often returned to President's Village. We were told that all staff at President's Village know the procedure for reporting missing children. There is also an on-call rota for the management team, which is disseminated across the staffing team. The person on call is regularly notified of developments.
- Curfew times across children's care homes vary. At Foyer de la Providence, for example, service users are expected to be back at the children's care home by 3.15pm, whereas at President's Village, curfew is set at 5pm. At the three Foyers, the premises can be entered through a set of gates. Gates usually have a set closing time. Curfew times can be adjusted and agreed upon if it is known that a service user has an extra-curricular activity after school.
- Staff across Foyer de Nazareth, Foyer de la Providence and Foyer de la Solitude say that there is no need to keep registers, as the number of service users at each children's care home is small, and staff members are familiar with who should and should not be present at any given time. At President's Village, CSOs are responsible for knowing the identity and numbers of service users staying in their 'houses'. CSOs are supposed to conduct a review each morning verifying this.

Recommendation

- As good practice, we would recommend that daily registers are taken and maintained to create a paper trail of who *is* and *is not* present in a children's care home on any given day and at any given time. This would also ensure that there is continuity if a staff member were absent or were to leave at any given point.

6. Behaviour of service users and processes

6.1 Behavioural strategies for service users

- At Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude, there appear to be basic behavioural tariffs in place for service users. At Foyer de la Providence, for example, service users receive treats if they behave particularly well, and have privileges removed if they are caught misbehaving. Similar policies are adopted at Foyer de Nazareth and Foyer de la Solitude. The residential care home manager at Foyer de Nazareth spoke of undertaking group discussions when sanctioning service users, while the residential care home managers

of Foyer de la Providence and Foyer de la Solitude also spoke of notifying Social Workers and devising a joint and coordinated response to behavioural issues - alongside the support of Social Services – where necessary.

- While there are no specific behavioural logs in place for staff members to record any behavioural incidents, all residential care home managers across the three Foyers maintain daily journals where they log any particularly noteworthy incidents.
- At President's Village, we were told that service users are clear about the causes and consequences of specific behaviours, and that there are clear tariffs in place for this. One of the staff members interviewed mentioned that there is currently no space to assign to implement a 'time out' strategy if service users persistently misbehave; however, we wondered whether a room was specifically needed for this, or whether staff members could creatively utilise the space at their disposal for this purpose, instead. Additional chores are issued as a form of punishment, too.
- We were told that there were warning systems in place for escalating levels of misbehaviour, but did not see any evidence of these across any of the children's care homes. One issue identified by Social Services staff interviewed was that, when service users are persistently misbehaving within children's care homes, they are not informed of developments by residential care home managers in a timely-enough manner. Social Services staff feel as if they are notified late in the process by children's care homes of a service user's misbehaviour, often to the point where it is too late for intervention, and the children's care home are insisting that a service user is removed. Were Social Services notified earlier of the signs of escalating levels of misbehaviour in a service user, Social Workers would perhaps have more time to work collaboratively with staff at children's care homes – and schools, where appropriate – to put appropriate intervention strategies in place.
- At President's Village, removing a service user for misbehaviour is considered a last-resort response; however, this recently occurred when a male service user was asked to leave after having exchanged words with the Director of the children's care home. We were told that the service user had no respect for either staff members or his peers, and was therefore asked to leave. Social Services had no other option but to return the young person to his family home, which was by no means an ideal outcome. It was unclear as to whether Social Services were aware of this particular case at an early stage, what the intervention strategies were and whether there was any collaboration between agencies before the service user's level of misbehaviour had escalated. We were informed that service users at President's Village in particular could be especially challenging, and often play off each other's challenging behaviours to create further difficulty for staff. We were told that it was the Director of President's Village who made the final call as to whether Social Services would be required to remove a service user from the premises.

Recommendations

- It is completely conceivable for a service user's behaviour to escalate whilst in a children's care home. We also accept that children's care homes would be within their rights to express whether or not they felt they could no longer meet the needs of a service user. However, we remained unconvinced that behavioural tariffs and warning systems are as clear as they could be within children's care homes, in order for service users to fully understand opportunities for rewards and understand boundaries for sanctions. Further training in behavioural

management strategies across *all* children's care homes would be a worthwhile and empowering investment for staff on all levels. Furthermore, having a clear and visible tariff system provides service users (and staff) with a set of *rules* that are transparent, accessible for all to understand and – when applied correctly – fair. This sense of fairness is particularly important for vulnerable service users who already feel unfairly treated by the traumatic and painful life circumstances that have brought them to children's care homes in the first place.

- For a service user who is told to leave a children's care home as a result of misbehaviour, the impact on their emotional and psychological state is profound. It is already very likely that the emotional and psychological state of a child living in a children's care home is more unstable than peers who continue to live with family. For some service users, after already having been rejected by their family in the first place, experiencing forced removal from a children's care home may compound a feeling of a sense of 'double rejection'. This may make an already-at-risk service user even more vulnerable. It is critical, therefore, that any decision to remove a service user from a children's care home for escalating behavioural issues is only taken as an *absolute last resort*. This should only ever happen after regular and definitive consultation with Social Services, and once all possible options and interventions have been considered and attempted; both within a children's care home, and with the support of relevant external agencies.
- We are concerned by the apparent monopoly of power yielded by children's care homes in relation to the topic of rejecting (or in some cases, removing) service users who they feel they can no longer provide for. We have heard stories of such practices taking place with little notice, with a lack of evidence documenting escalating levels of behaviour and with no real commitment to work alongside external agencies, to exhaust all possible options of support and intervention. Some degree of checks and balances *between relevant agencies* – and not just children's care homes alone - is needed in order to ensure that such impactful decisions are carried out in a collaborative, measured, considered and fair way. We recommend that this is supported with regulation, if necessary.

6.2 Behavioural issues of service users in children's care homes

- At Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude, residential care home managers reported little in the way of behavioural issues among their service users. One service user from Foyer de Nazareth had recently been suspended; however, staff felt that the service user's behaviour was manageable. At Foyer de la Solitude, the residential care home manager commented that there are times when service users fall out with one another. When this happens, staff often adopt a mediatory role to bring service users together to provide them with the opportunity to talk, listen to each other's grievances and reconcile.
- There is widespread recognition that staff at President's Village often have to confront service users whose behaviour is the most challenging across all of the children's care homes. There is a disciplinary committee in place that meets with service users who persistently cause disruption with their behaviour. During the meeting, the disciplinary committee will agree to enforce certain sanctions for the service user, if needed. In the past, the disciplinary committee has dealt with a range of service users exhibiting different behavioural issues, including disruptiveness, persistent misbehaviour, verbal abuse to other service users and anger management, among others. Additional support and/or sanctions are put in place,

depending on the service user and gravity of the case. We were told that service users from President's Village rarely engage in physical altercations with one another, and that - if anything - their sense of loyalty towards one another prompts them to protect each other instead.

6.3 Bullying in children's care homes

- We were told by all residential care home managers that bullying does not take place at any of the children's care homes.
- Service users, however – particularly at Foyer de la Solitude and President's Village – are sometimes stigmatized at school by their peers for living in a children's care home. There is often a label attached to service users from President's Village in particular. We heard instances of this being reinforced by both peers and teachers, which often has a negative impact on a service user's mental health and behaviour.
- We were also told that teachers in schools in particular sometimes allow these labels to cloud their judgement with regard to how they treat service users from President's Village in particular. Service users from President's Village, for example, are often very quick to be suspended by schools.

Recommendation

- Whether unintentional or otherwise, this practice is unprofessional, damaging and discriminatory. Further training is needed with teachers within the education sector to equip them with the skills, knowledge and confidence to better understand and support the needs of service users from children's care homes.

6.4 Provisions for service users suspended from school

- We were told that schools generally contact children's care homes with regard to the progress of service users in the first instance. Some schools inform Social Workers, too; particularly if a service user's level of misbehaviour is escalating. Where Social Workers are notified – and a meeting is deemed necessary – Social Workers will go into schools to discuss what additional support can be offered in order to assist in improving the behaviour of a service user. When this does happen, this takes place in conjunction with the school and the children's care home.
- However, there is currently no formal programme – or clear set of procedures - in place for service users in children's care homes who are suspended from school. Current responses from children's care homes range from talking to service users to setting them additional chores throughout the duration of their suspension period. In one instance, we learnt of one young service user who has been suspended on multiple occasions. Most recently, the young service user was *moved up to two classes* above his age group, and was instructed to stay with this class throughout the duration of his suspension. We consistently came across examples across *some* children's care homes and schools of '*filling the time*' of suspended service users with chores and tasks. There appears to be little to no emphasis on restorative intervention with service users to address the causes and consequences of specific negative behaviours.

- The lack of formal provision for service users who are suspended poses problems at President's Village in particular. We were told that many of their service users are receiving suspensions from school. There is currently no provision from schools or the Ministry of Education for suspended pupils, which then places unfair emphasis on children's care homes to put some level of provision in place for its service users. At President's Village, for example, we were told that the Director of the children's care home correctly insists that service users should not merely be loitering around whilst suspended. The children's care home used to be able to contact local partners who could pre-occupy suspended service users with practical and intensive manual work (e.g. the Army, local farms, residential homes for elderly service users, etc....). However, suspended service users have either misbehaved or abused the hospitality of local partners, and are now no longer welcome to return. This then leaves staff at President's Village in the precarious position of having to put some level of internal provision in place, with little to no support from external partners or agencies.
- In the absence of formal provision by schools for suspended children, President's Village staff are pro-active in at least attempting to put some level of provision in place for their suspended service users. Some suspended service users, for example, are sent to various locations in the village of Port Glaud with their school books and resources, where they are required to undertake their studies. Some service users have tutoring sessions during the day, while the in-house counsellor also runs sessions with service users to talk to them about the causes and consequences of the specific behaviour(s) that resulted in them getting suspended in the first place. If a service user is suspended for a health-related issue (e.g. alcohol consumption, substance misuse, etc...), the Acting Manager – who has a background in nursing – will intervene. We were also told that the disciplinary committee based at President's Village intervenes when a service user was suspended from school; however, it was unclear as to what this intervention looked like, and what it involved. Suspended service users at President's Village are also required to complete additional household chores.
- President's Village staff feel as if they are not currently receiving the support that they need from local schools to put provisions in place for suspended service users. We were told that at Anse Boileau School, for example, many of their suspensions are often service users from President's Village. There is supposed to be some level of alternative education provision put in place by the Ministry of Education and schools for children who have low attendance or have ongoing disciplinary issues; however, staff at President's Village commented that they were not seeing the outcomes of this. They also felt that this was not really happening to the level and frequency required to meet the growing numbers of suspensions of service users from that particular school.
- We learnt of one practice adopted by some schools where suspended pupils are sent to President's Village to undertake community work. One recent instance involved pupils who had recently been suspended from a secondary school. We were told that the pupils were instructed by the school to turn up at President's Village, without staff from the children's care home having been notified in the first place. The authors of this report fail to recognise the necessity or appropriateness of sending suspended pupils to a children's care home to

undertake community work. A children's care home should be a private place of sanctuary for vulnerable and at-risk service users to live as *regular* and *normal* a life as possible; *not* a place where suspended pupils are sent to undertake community service.

- The authors of this report did not conduct interviews with staff from within schools or the Ministry of Education; however, from interviewing Social Workers and staff from across all children's care homes, it appears that there are unprofessional practices within some schools that are taking place against service users from children's care homes that are not currently being addressed.
- We were told that there appears to be little recognition – formal or otherwise – of the concept of a 'vulnerable' or 'at-risk' child. Given the likely experiences and backgrounds of service users from children's care homes in particular, they are likely to indisputably fall under this category. As such, teaching and learning, pastoral support and behavioural management strategies would often need to be altered for 'vulnerable' or 'at-risk' pupils, to best facilitate their educational, psychological, behavioural, social and personal development. We heard evidence to suggest that this is often not the case. We were also told that the language used (and attitudes held) towards service users from children's care homes - by some teachers in particular - amounted to derogatory and discriminatory forms of abuse. Some staff members felt that the behaviour of service users from children's care homes was often indiscriminately targeted, and that this could perhaps be a reason as to why the number of service users from children's care homes who are suspended from schools appears to be disproportionately high.

Recommendations

- It is clear from the findings of interviews conducted that there is a wider role to be played by schools and the Ministry of Education with regard to putting sufficient provision in place for *all* suspended children, and not just necessarily service users in children's care homes. There is currently a sense from stakeholders in children's care homes and Social Services that schools are not taking their obligations seriously enough, and are failing to implement any provisions for suspended children. For children's care home service users in particular, schools should be leading in *guiding* children's care homes in the design of *what* provision for suspended service users should look like. Provision for suspended service users within children's care homes should *complement* the provisions put in place for suspended children in schools by the Ministry of Education. Currently, the former is serving as a substitution for the latter.
- There are examples from across of the world of the emphasis placed on vulnerable and at-risk service users in various settings, such as educational institutions, intervention programmes, extra-curricular programmes and residential care homes. In the UK, for example, educational institutions and residential care homes have a legal obligation to demonstrate how they are meeting the needs of particularly vulnerable and at-risk service users, such as children who reside in children's care homes. This is usually evidenced as part of a rigorous inspection process from an independent regulatory body that assesses institutions for standards and quality of provision. If they are not seen to be meeting the needs of vulnerable and at-risk

service users, institutions can be in breach of the law, and may risk temporary or permanent closure until immediate improvements are made. We recommend that – as part of any future inspection framework that may be introduced – children’s care homes and schools are required to clearly evidence *what exactly they are doing, the quality of provision and the impact of provision* to fully meet the specific needs of vulnerable and at-risk service users.

7. Staffing

7.1 Staff recruitment

- The Church Board is responsible for the recruitment of all staff who work across the Foyers.
- It was unclear as to what criteria is used by the Church Board when recruiting staff to work in their children’s care homes. Through interviewing staff at each of the Foyers, it was acknowledged that some of the staff members recruited do not necessarily have the skills, experience or training required to effectively support the needs of service users. Other professionals interviewed felt that there are some staff members in children’s care homes who do not currently possess the basic skills required to work with children and young people at all.
- At President’s Village, we were informed that the Director of the Seychelles Children’s Foundation oversees staff recruitment. Job descriptions are in place for each role, and new post holders are required to serve a probationary period before being fully confirmed in-post. All staff members are employed directly by the Seychelles Children’s Foundation, with no agency staff currently working at President’s Village.
- We were told that Government pays the salaries of all staff members working across all children’s care homes. It was unclear as to whether this was through the funds paid to children’s care homes in the form of Government grants, or through a different process.
- There is uncertainty from within Social Services as to what the exact recruitment criteria is that is used by children’s care homes for its staff. Social Services has no input into the recruitment processes of staff members within children’s care homes.
- Staff interviewed at President’s Village told us that their employees receive a number of incentives for their work at the children’s care home. These include holiday entitlement, staff cover, staff allowance, mileage and the opportunity to attend the same events that service users get to attend through the goodwill of donors and benefactors. However, staff at President’s Village recognised that they faced a number of challenges with regard to recruiting ideal candidates to work at the children’s care home. The nature of shift work often serves as a deterrent for prospective employees, who would prefer more conventional working days and hours. In addition, staff interviewed felt that – to prospective employees – there is no perceived value to working somewhere like President’s Village, and that – owing to its reputation - it is not necessarily the most enticing place to work. We were told that staff

retention at President's Village is poor, with there being a constant and particularly high turnover of staff.

- President's Village management mentioned that they would like to attract more professionals to work at the children's care home, but that the factors mentioned above often deter them from wanting to work there in the first place. Professionals with desired qualifications and backgrounds often opt to work elsewhere.
- Staff interviewed from Social Services and President's Village were in agreement that the children's care home often struggles to recruit candidates with the necessary qualities, competencies and experience to work effectively to understand and meet the needs of its service users. The issue that President's Village appears to face is that there is a shortage of appropriate prospective workers applying for posts. This then forces the children's care home to employ whoever applies for their roles. We were told that prospective and current CSOs often see the role as a 'temporary fit', while they are openly awaiting other offers of employment. Candidates employed as CSOs do not necessarily have any relevant qualifications, but fit the criteria of having worked with – and enjoyed working with – children. We were informed that – to monitor the progress and ongoing suitability of new post holders - management staff at President's Village conduct their own ongoing assessments. These include assessing areas such as the rapport between CSOs and service users, and the state and repair of cleanliness of homes.
- Staff interviewed at President's Village felt that further resource and investment was perhaps needed in marketing the benefits and rewards of working there.
- We were informed that some students undertake placements in children's care homes - particularly at President's Village – but that advertising for these roles is poor.

Recommendations

- While there certainly are challenges to working with service users in residential settings, the authors of this report recognise that there are obvious personal and professional merits, too – if marketed to prospective employees correctly. The opportunity to work directly with vulnerable and at-risk children and young people, for example, brings with it the rewarding prospect of fundamentally transforming their lives for the better. With the support of Social Services and the Government, more work could be undertaken in polytechnics, for example, to promote and advertise the large variety of roles within social care; and the value attached to working in the field.
- Placements could also be packaged in a manner that outlines the personal and professional challenges and rewards associated with working in children's care homes, whilst also conveying to prospective placement employees the professional and personal benefits of acquiring unique work experience valued by future employers. Placements, however, are learning curves for students, and require children's care homes to be patient and tolerant with

those who are placed working there. Appropriate levels of supervision and a structured learning programme form the basis of a quality placement; otherwise, placements will remain an undesirable prospect for students. Placements should *not* be seen as an alternative to hiring appropriately qualified, competent and experienced staff members.

7.2 Staff vetting

- When asked about vetting procedures for staff, we received a mixed set of responses from Social Workers and children's care homes with regard to how these were conducted, and who was responsible for conducting them. Some residential care home managers identified that security checks were undertaken on their staff; however, one residential care home manager was uncertain as to whether any vetting procedures were undertaken at all, citing that she was unsure as to whether the Church Board led on this process or not.
- With regard to vetting procedures at President's Village, one senior Social Worker told us that, although children's care homes were responsible for undertaking checks on their staff, she was uncertain as to whether these checks were carried out to the highest possible degree. President's Village staff told us, however, that the Seychelles Children's Foundation takes the lead on undertaking checks on staff, but that the Director of the Foundation came to an agreement with Social Services that all staff appointments at President's Village should be referred to Social Services for further vetting.
- The Government official we interviewed recognised the need for a clear vetting process; particularly for roles where work is undertaken with children, young people and vulnerable adults. We were told that the Government would be looking to introduce this on a national level, and that any vetting process would need to be supported by regulation that makes the need for employers to carry out vetting procedures legally binding.

Recommendations

- A clear precedent has already been set on introducing vetting procedures. Children Suitability Checks have been introduced for childminders, for example. This vetting procedure involves obtaining police records and subjecting prospective childminders to a rigorous interview process to gauge their eligibility to work with children and young people. One Social Worker told us that the learnings from this process with childminders have been fascinating. In some instances, although police records have returned clean, the interview process has exposed certain prospective candidates as unsuitable childminders. The groundwork for a universal vetting procedure is already in place, and should be a priority for the Government to replicate across all sectors where work with children, young people and vulnerable adults is undertaken.
- In addition to this, a manual has also been produced that clearly outlines expectations of childminders before working with children or young people. Social Services use a similar vetting process with their own employees, adding to the above a request for professional references from previous employers. A mixture of obtaining police records, staff interviews and prior professional references would therefore serve as a robust model for a centralised vetting procedure; however, these processes may need to be streamlined in order to make the scalability of vetting staff across the entire country more feasible. Were this recommendation to be implemented, extensive guidance and training would also need to be disseminated to employers and employees to better understand the academic and legal

arguments around why vetting regulations have been introduced, and what vetting procedures would look like.

7.3 Staff training

- In the United Kingdom, residential care home managers must possess a specific qualification to run a children's care home, as well as be individually registered with the inspectorate responsible for assessing and monitoring standards and quality of provision in residential care settings. In the Seychelles, there is currently no formal training qualification in place for residential care home managers. In the absence of an inspectorate for children's care homes, residential care home managers are not registered to any one regulatory body, either.
- Residential care home managers – particular across the three Foyers – do not necessarily possess the necessary qualifications; however, we were told that they bring the experience, love and patience required to nurture their service users. It appears that sisters tend to possess the most experience of working with service users in their respective children's care homes, with supporting staff members possessing more experience than others.
- Training for staff working in children's care homes has been offered in the past by Social Services, external consultants and organisations such as the NCC. Some of this training was directed at children's care homes at the insistence of the Department of Social Affairs. The NCC, for example, has previously delivered training on topics such as keeping safe standards for children's care homes, child protection issues and creating safe environments for service users. We were also told that when Social Services or the Department of Social Affairs have run workshops that are of relevance to children's care home workers, some staff members were also invited to attend in the past. However, we were told by Government officials, staff from within Social Services and staff from children's care homes that this does not happen regularly, and has failed to take place in a while.
- Staff across all children's care homes readily acknowledge that additional and regular external training is needed, and that they have not received this for a long period of time. Some children's care homes have delivered in-house training; however, there appear to be no formal professional development training programmes in place. In-house training opportunities are also irregular. Staff across children's care homes recognised that training provides staff with a range of experience with the opportunity to come together, learn from one another and share best practice. This was particularly important for more experienced staff members, who felt particularly under-pressure with having to constantly compensate for the knowledge and skills lacked by less experienced staff members.
- Communication between children's care homes and Social Services in particular was cited as an area by one residential care home manager that required improvement. We were told that Social Services-led training has been delivered in the past that would also have been of benefit to children's care home workers; however, uncertainty and miscommunication around the target audience then means that workers who *would have* benefited from training do not attend.

- Specific training needs identified by staff members in children’s care homes included supporting service users with additional needs, dealing with difficult behaviour and good practice youth work.
- At President’s Village, in-house training opportunities have in the past included training on topics such as health and hygiene, report-writing, teambuilding, communication and child protection. However, staff there have identified a need for further accredited or certified training; particularly on topics such as behaviour management of service users. Although some in-house training has materialised after assessing the needs of staff, it was unclear as to whether a full training needs analysis has ever been undertaken to determine the shortage of skills of staff members – particularly CSOs – at President’s Village. Another issue identified by staff interviewed was that quality training opportunities were often beyond the reach of their budget, and that in order to access these, the children’s care home would often have to rely on donations to cover costs.
- President’s Village also identified the high turnover of staff as a major issue in understanding the skills shortages of some workers at the children’s care home. We were told that there is a vicious cycle of CSOs in particular receiving core training, and leaving their posts soon after. High turnover of staff means that the same training needs consistently need to be met, which can serve as a drain on time, resource and budget. This concern was supported by the NCC, who have delivered training in the past to CSOs, have subsequently seen them leave their posts and have not been brought back in to deliver the same training to a new set of recruits.

Recommendations

- Although the authors of this report understand the logistical and budgetary challenges attached to regularly training existing and new staff members – particularly when staff turnover is high – this cannot serve as an excuse to justify a situation where there are new staff members in place who lack the core training required to effectively undertake their roles. A children’s care home – with the support of external agencies where appropriate – should have an obligation to equip its staff with the knowledge and skills to confidently perform their duties. Similarly, service users should feel safe in the knowledge that staff members are skilled professionals who have the necessary training and credentials to support in meeting their needs.
- There are different staffing models that could be explored to address the current issue of providing regular and sustainable in-house training opportunities for staff. It may be more cost-efficient longer term, for example, for a children’s care home to employ one training coordinator who is solely responsible for devising and delivering in-house training programmes to meet the needs of workers; particularly at President’s Village. Although we recognise that this postholder may not be best positioned to cover all training topics, there may be core in-house training modules (such as organisational inductions, child protection

and safeguarding, best practice youth work and maintaining safe standards for service users) that can be regularly disseminated as and when needed for new staff members.

- The authors of this report recognise that – particularly in relation to children’s care homes – having a knowledgeable and skilled workforce is *critical* to guarantee that the life chances and outcomes of a service user are maximised and valued. We learnt that there is currently a prevalent culture whereby some children’s care homes cite their ‘inability to cope’ with a service user as a way of either not admitting them or removing them from their care. This is not acceptable; particularly when there could be training in place for staff members that would potentially equip them with the knowledge and skills to effectively meet the needs of a service user. All professionals working around a child – from Social Services to staff within children’s care homes – should receive the investment in time and training required to allow them to share a common knowledge, language and way of working that promotes professionalism, effective partnership working and that best supports a service user’s need.
- The authors of this report recommend that – in the same way that Social Workers gain access to regular and ongoing training – children’s care home workers should also have access to regular professional development opportunities.

7.4 Shift rotas for staff

- At Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude, there are not enough staff members in place to operate a shift rota. Staff members are therefore having to continuously work across all hours. Although this fosters a sense of continuity for service users, the demand on staff – who become understandably tired – is huge.
- At President’s Village, across the six houses where service users reside, each house tends to have at least three CSOs attached to it. The concept of shift work was introduced to President’s Village around ten years ago, to add a sense of professionalism to the post of CSO and to combat the ‘mother’ culture that saw the same staff members living with the same service users at all times. In addition, one Social Worker told us that under the old staffing model, some staff used to display preferential treatment towards some service users over others. This was obvious for service users to pick up on, and may have had a detrimental effect on the emotional and psychological state of ‘less favoured’ service users. The introduction of shift work was also aimed to reduce the likelihood of this happening by taking away the presence of one staff member living with the same set of service users at all times. We see this as a positive development that places the needs of service users first.
- CSOs work in shifts, with at least one CSO working per shift per house. One house in particular – which comprises mainly of babies and toddlers – sometimes accommodates up to two CSOs working per shift. During the weekday, shifts vary from 8am – 3pm to 3pm – 9am. At the weekends, this differs. CSOs live in houses with service users. When asked, President’s Village staff felt as if they had enough workers in place to function effectively and meet the needs of service users.

7.5 Staff wellbeing

- In order to maintain the wellbeing and safety of service users in children’s care homes, those who run these institutions must ensure that staff wellbeing is valued, and regular respite is

offered. At present – particularly across Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude – the authors of this report feel that this is not currently happening to the level that is required. We were told that sisters only receive a small handful of days off in the year, with one residential care home manager citing that she receives eight days off a *year*, and another citing that she receives time off for a holiday *once every four years*. Although sisters receive some respite during the school day while service users are at school, this only amounts to up to eight hours a day of respite, and up to sixteen hours a day where they are required to support service users.

- One residential care home manager felt that her being at the children’s care home at all times provided some sense of consistency for service users, and that service users “would not like her”, were another staff member to cover in her place. Another residential care home manager, however, recognised that some “professional distance” from service users was required in order to monitor the progress and development of service users more objectively.
- We asked residential care home managers about staff supervision and support. We were told that there are no formal supervision procedures in place; however, staff within children’s care homes tended to serve as an informal network that offered advice, respite and opportunities to debrief, where needed. One residential care home manager commented that service users sometimes look after sisters, while another residential care home manager felt there was sufficient support from Social Services and the police, when needed. At President’s Village, there is no formal supervision system of caseload management for CSOs, but there appears to be a culture of informal daily debriefs, instead. What we liked, however, was that each member of the management team at President’s Village is attached to one of the houses. This system – assuming that communication channels are utilised effectively - provides CSOs with the opportunity to feedback directly to management, whilst also giving management the opportunity to directly identify and address any on-the-ground issues.

Recommendations

- Sisters themselves were keen not to express their wellbeing or fatigue as an issue; however, we feel that children’s care home staff – in Foyers in particular – run the risk of ‘burnout’ if these inadequate working conditions are not addressed. Furthermore, there is an underlying concern as to whether children’s care homes can build the resilience and independence of service users, if they continue to foster an environment where service users feel solely dependent on certain staff members all the time. Children’s care homes should be doing everything they can to empower its service users to function independently, and this particular practice contradicts this. One short-term resolution to this (where capacity allows) could be for Social Services staff to support and provide cover for Foyers on a shift basis, so as to provide staff members there with some respite.
- We would also recommend that staff members are afforded the space and time to have formal supervision meetings with their Line Manager, and that where applicable, heavy

caseloads are discussed and managed accordingly. This is standard good practice that promotes and values the wellbeing of staff.

7.6 Staff resource and manpower

- At Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude, the sisters who work at each of the Foyers are from Madagascar, and not from the Seychelles. We were told that there is a shortage of local sisters in the Seychelles. At Foyer de la Solitude and Foyer de Nazareth, we were told that more staff would need to be recruited if more service users were to be placed there. With current levels of manpower, they would struggle to sufficiently cover staffing to service user ratios, if full. However, no exact staffing to service user ratio was identified.
- One suggestion that was made by a staff member from Social Services was that – in order to bring about more professionalism to children’s care homes and address the problem of having service users who are overly-reliant on some staff members – part-time working could be introduced as a concept. Existing staff within children’s care homes could still be permitted to undertake their allotted hours, but in addition to this, other capable professionals (such as Social Workers) could be brought in after hours. This would alleviate current staffing constraints on children’s care homes, but would also serve to introduce elements of good working practice, too. We were told that this was proposed and trialled at President’s Village, but that it was then unclear as to whether this trial was successful and whether this was sustained.

Recommendations

- The authors of this report think that there are multiple merits to re-exploring this proposal. If carried out properly, children’s care homes would have additional staffing in place, existing staff members would have more opportunities for respite and there would be a culture of sharing best practice that both staff members and service users would stand to benefit from.
- We appreciate, however, that the above proposal would rely heavily on capacity from within Social Services in order to work. We were told by Social Services staff that the volume of a Social Worker’s caseload usually depends on the section they are attached to. In the Communities section, for example, we were told that although there is a large caseload for Social Workers, it is not as high as it used to be, and that in fact, a Social Worker’s capacity often depends on their ability to effectively manage their time.
- Children’s care homes generally appreciate that Social Workers are busy, but we sensed from interviews that there is a general feeling that Social Workers could be doing more to actively visit, monitor and support their service users. There is general acknowledgement – particularly from some staff at President’s Village – that Social Workers cannot just be contacted and expected to turn up to children’s care homes immediately. However, this in itself is not an excuse. Some children’s care homes understandably expect more regular support for their service users from Social Services, such as more frequent visits and greater levels of

communication. Given the evidence we acquired from interviews with both children's care home staff and Social Services, we would support the argument that the current general level of support of service users in children's care homes from Social Workers requires review.

7.7 Staff disciplinary procedures

- It was unclear as to whether there were robust procedures in place across the three Foyers with regard to implementing disciplinary procedures for staff. However, we were provided with one example from one of the Foyers where a male gardener was dismissed for inappropriate conduct. We were told that this decision was made by the Church Board.
- At President's Village, however, we were told that there are strong disciplinary procedures in place against staff members who are accused of misconduct. Investigations are undertaken into all allegations made against staff members. President's Village staff that were interviewed acknowledged that there had been instances in the past where staff members had been involved in different incidents. We were given clear examples of staff disciplinary procedures in relation to different forms of abuse. Staff members who are alleged to have made sexual advances on service users, for example, are suspended immediately and subjected to pending investigations within the children's care home, by the police and Social Services.
- We were told by President's Village staff that one common allegation made by service users – whether genuinely or maliciously – is against staff members who have either physically or verbally abused a service user. Where an allegation is made, a formal investigation takes place. Service users and the alleged staff member provide statements, and where appropriate, disciplinary action is undertaken. These can include cautions, formal warnings or suspensions. We were told that children's care home staff are made aware of this procedure before they even commence their posts at President's Village. In light of previous events at President's Village involving different forms of abuse by staff against service users, we were assured by staff interviewed that the children's care home adopts a 'zero tolerance' approach with regard to physically abusing its service users. It was unclear as to whether or not there was a written policy in place to support this.

Recommendations

- Written policies and procedures should be implemented by all children's care homes to ensure that commitments and responses to staff disciplinary issues are transparent, clear, firm and fair.
- We were encouraged to learn that steps have been taken to address the issue of physical abuse of service users by staff members in children's care homes; particularly at President's Village. Disciplinary procedures against guilty staff members should be robust and clear in order to protect service users. Children's care homes are often last refuges of hope and normality for service users, with 'extra-mile' efforts needing to be undertaken by staff to ensure that service users are physically, emotionally and psychologically safe. This report recommends, however, that all forms of abuse are treated in the same manner. Verbal and

emotional abuse by staff members, for example, can be equally as damaging as physical abuse, and should be dealt with by children's care homes in a manner commensurate to other forms of abuse.

- While children's care homes should have policies and procedures in place that treat *all* allegations from service users seriously, children's care homes should also recognise that they have an obligation to protect and safeguard their employees. There are unfortunate instances where some service users may decide to maliciously report fake allegations of abuse. Investigations should initially assume that all allegations are truthful; however, they should also be thorough, objective, evidence-based and fair. There are practical measures, however, that children's care homes can introduce to better protect their staff members. Separate sleeping areas for staff members and service users, maintaining minimum standards of staffing-to-service user ratios, fostering a culture where staff members speak to service users professionally and appropriately, and promoting minimal physical contact between staff members and service users – for instance – are some examples of these.

8. Logging and reviewing progress of service users

8.1 Keeping Social Services updated on the progress of service users

- Senior staff from within Social Services told us that the frequency of visits by a Social Worker to a service user should vary based on the needs of the child. In some instances where a service user is particularly anxious, for example, weekly visits to children's care homes would be appropriate, and in other instances where a service user is more settled, fortnightly visits would suffice. We were told that Social Workers should be visiting their service users in children's care homes *at least* once a month, and that any less frequent than this was not acceptable.
- We were informed that it is the responsibility of a Social Worker's supervisor to ensure that these visits are happening. Social Workers are required to complete a monthly log that documents *when* they have seen their service user, *where* they last saw them and whether there is a *reintegration process* taking place for a service user to leave a children's care home. We were told that visits to service users are not just limited to children's care homes, but could also take place at a service user's school or at the offices of Social Services.
- At some of the children's care homes, we were informed by residential care home managers that Social Workers were generally supportive and responsive to the needs of their service users. One residential care home manager commented that she used Social Worker visits as an opportunity to feedback on any issues that she was encountering at the children's care home, which may subsequently have some level of impact on their service users. She mentioned that Social Services generally tried to support where they could with such issues.
- Residential care home managers across some of the Foyers also use Social Worker visits as an opportunity to update them on the progress of a service user. Although there appears to be no shared paperwork between children's care homes and Social Workers that regularly monitors the progress of service users (beyond Admission Forms), residential care home managers maintain records of incidents and significant events in journals, and say that they share visibility of notes with Social Workers, where requested. When asked as to whether

reviews were regularly conducted on service users in children's care homes by Social Workers, however, we did not gather any evidence to suggest that these were regularly taking place.

- Through interviewing staff at President's Village and from within Social Services, it became evident that there are significant communication issues between both parties that require addressing. President's Village staff feel as if they are not seeing enough of the support that Social Workers are supposed to be putting in place for their service users. They acknowledge that Social Workers might often be very busy liaising with a service user's family to put in place a reintegration strategy, for example, but cite that there is then little communication with the children's care home by way of updates. President's Village staff also feel that Social Workers could play a more prominent role in the adaptation process and ongoing support of a service user when placed in a children's care home. Currently, they feel that much of this falls on President's Village staff. There is also a sense that – although service users' basic needs are being met – their therapeutic needs are not being met at all, and that Social Workers could be doing more to facilitate therapeutic interventions for service users, where needed.
- Social Workers commented that there can be communication issues within the staffing team at President's Village itself, which subsequently has an impact on the work they are trying to undertake on behalf of a service user. For example, we were told that Social Workers might spend weeks liaising with a staff member at President's Village with regard to an intervention strategy for a service user. Another incident might then happen involving their service user and another more senior President's Village staff member, and that senior staff member may then take an executive decision to say that the same service user is to be removed from President's Village. We were told that - not only are such decisions made without prior consultation with the Social Worker – but that this also serves to undermine all the work that Social Workers were undertaking with the original point of liaison at President's Village in the first place.

8.2 Monitoring and reviewing the progress of service users

- When a Social Worker is assigned to work with a child, Social Workers are supposed to put a care plan in place for the child. This process is supposed to include the child's views, too. All of the child's needs are outlined in the care plan, including: whether or not the child requires placement, timescales for when Social Services expect to be able to remove the child, and areas for continuity, among others (e.g. visiting a relative on a set day during the week, accessing pre-existing therapeutic support, etc....). Care plans serve as a plan for both the child and their family, with both sets of needs outlined. The objective of care plans is to outline timescales and a clear plan of action that attempts to return a child to their family. We were told that Social Workers, their supervisors and their clients usually have visibility of care plans, and that these are kept on file.
- We were informed by Social Services staff that residential care home managers are not usually given visibility of care plans, but are instead provided with essential information from a service user's plan that relates specifically to their needs. There was a feeling from within Social Services that we have not reached a point in the Seychelles yet where we can readily provide complete sensitive information to all professionals working with service users. We were told that prior experiences have demonstrated that some professionals do not properly use the

information provided on service users, and that there is a lack of confidentiality. This can be particularly harmful to service users, who may be involuntarily reminded of the circumstances that led to their placement by something that a staff member in a children's care home may knowingly or unknowingly disclose.

- Social Services staff informed us that care plans should be reviewed every 3 months; however, they told us that this is not currently happening. We were told that Social Workers are not consistently reviewing care plans with service users, and that they are instead reverting to original care plans. We were told that – although discussions are taking place informally – progress is not being monitored in the way of formal and written review. Some Social Workers based in some sections have particularly intensive caseloads, and we were told that a lack of manpower and resources is often a reason as to why reviews do not occur as regularly as they should. However, Social Services staff interviewed did recognise that complacency among some Social Workers was also sometimes an issue.
- Each service user in a children's care home is assigned a Social Worker. We were told by senior staff members from within Social Services that, once a child has been placed in a children's care home, a Social Worker *must* visit the service user in their new home within an allotted timeframe. Thereafter, Social Workers are supposed to visit service users on a monthly basis. Upon placement, Social Workers complete an Admission Form, which is shared with children's care homes. Residential care home managers are also notified of who the designated case worker is for the service user.
- We were informed that Social Workers sometimes visit service users outside of institutions to check on their welfare. In some instances, for example, service users might feel uncomfortable expressing their true feelings in front of children's care home staff.
- Staff members from within Social Services commented that Social Workers are supposed to pursue any reports that suggest that a service user's safety or wellbeing in a children's care home is being compromised. If a Social Worker feels that follow-up action is needed, then they will confer among themselves and act accordingly in the best interests of the service user. The problem that Social Workers often face is that they are not based in children's care homes. They therefore depend on workers based in children's care homes to provide relevant, regular and timely information, before an incident has the opportunity to escalate.
- We were informed by staff from within Social Services that review meetings are supposed to take place monthly alongside staff from children's care homes. These review meetings are supposed to provide the service user with the opportunity to express how they are feeling, and provide a space where the service user, Social Worker and residential care home manager can discuss the child's progress, areas where additional support are needed and, where appropriate, strategies to better support a service user. Visits are also supposed to provide Social Workers with the opportunity to speak to children's care home staff (e.g. CSOs) who are supporting service users daily. We were told that Social Workers are supposed to produce

paperwork that evidences that a visit has taken place, the content discussed and the date of the visit.

- Other than one children's care home that told us that Social Workers visit monthly to review the progress of their service users, the general consensus across other care homes is that regular reviews of service users are not happening frequently enough. One residential care home manager commented that one Social Worker in particular visits monthly to visit their service user, but that otherwise, Social Workers only visit the children's care home to gather the necessary information they require to complete paperwork. Another residential care home manager told us that she sometimes sees Social Workers visiting the children's care home *once every three to four months*. We were told by some residential care home managers that this has been reported to Social Services and that they are aware of the issue.
- At President's Village, the in-house counsellor – who also has a background in Social Work – was employed specifically to assist in bridging the gap between Social Services and the children's care home. The in-house counsellor liaises with Social Workers when they are on-site at President's Village.
- We were also told by staff at President's Village that management staff there regularly attempted to hold Social Services to account with regard to conducting regular reviews with their service users. This was particularly the case where timeframes for placement had passed, and nothing had been heard from Social Services. Staff felt that there was no consistency with regard to reviewing the timeframes for reintegration of service users, and that updates were not taking place as regularly as they should be. There was a sense that the review process was not currently functioning in the way that it should, and that there were obvious communication barriers between Social Services and President's Village that needed addressing.
- Some children's care homes felt that there was a lack of regular, genuine and meaningful interaction between residential care home managers and Social Workers. This often leads to Social Workers picking up on issues with service users too late, and not at the point where intervention at an earlier stage may have assisted in addressing the issue. One residential care home manager told us, for example, that when she receives a call from a school with regard to a service user's behaviour, she will often attend the meeting without the presence and knowledge of a Social Worker.
- The above example may highlight a Social Worker's lack of involvement in the daily lives of their service users; however, there is also a legitimate concern from Social Workers as to what some children's care homes decide to tell them about their service users, and what they do not. We were told by staff within Social Services, for example, that Social Workers would visit a children's care home and be told that there are no issues with their service user. They would then hear nothing from children's care homes about their service user until a situation escalates and the residential care home manager is then requesting that a service user is removed.

- The authors of this report were somewhat confused by what paperwork is supposed to be completed by children’s care homes and Social Services in relation to conducting regular reviews that monitor the progress of service users. We were advised by Social Services staff members that care plans in the Seychelles did not operate in the same way as they do in the United Kingdom, where there is one care plan produced per service user that is shared across all relevant agencies and key workers. We were clear that Social Services produced their own care plans, but were then told by Social Services staff that children’s care homes also produce their own ‘care plans’ for service users. We were informed that President’s Village have recently introduced their own versions of care plans; however, it was unclear as to whether all of the Foyers produced their own versions of ‘care plans’, too. Only one Foyer described a process which sounded like a care plan, explaining that bi-monthly reports were produced, designed to monitor the progress of service users in areas such as behaviour, language and communication. This report is only visible to the residential care home manager, and is discussed with Social Workers when they come to visit the children’s care home. Other than this specific example, we did not learn of any evidence to suggest that other children’s care homes were producing and regularly updating care plans with their service users.

Recommendations

- We learnt that there is a committee in place that senior members of Social Services sit on alongside staff members from the Seychelles Children’s Foundation. We were told that staff from the Seychelles Children’s Foundation have the opportunity to put forward concerns with regard to whether Social Workers are giving service users enough attention. This forum, if given the chance, could serve as a mechanism through which current communication blockages between Social Services and President’s Village could be rectified.
- The current process of conducting formal reviews is confusing, uncoordinated, infrequent and insufficient in capturing the necessary information. With regard to maintaining regular formal paperwork, Social Services and children’s care homes appear to be working in complete silo, and there is no real evidence of co-ordinated working. Although we were told that children’s care homes should also be producing their own care plans, we remain unconvinced that this responsibility should be sitting solely with children’s care homes alone. There is a lack of clarity and accountability as to who should be leading on conducting regular reviews, which key workers should be involved in the process, what information should be captured and how often these meetings should be taking place. So as to place the service user and their needs first, this process needs to be clarified and streamlined as a matter of priority.

8.3 Daily logs of incidents and significant events

- Residential care home managers at Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude each keep handwritten journals of day-to-day and significant events. We were told that journals are maintained and added to on a daily basis. No one else has visibility of journals other than the sisters based at the respective children’s care homes.
- At President’s Village, staff members have different forms in place to log different events. All forms are submitted to management and kept on file. These included behaviour logs, daily

record books, incident forms and forms to capture statements from service users or staff members. Daily record books stay in each house for shift workers to refer to and make notes in. The in-house counsellor also has her own set of paperwork to keep records of sessions.

- With regard to significant events (e.g. fights) – other than at President’s Village – none of the three Foyers had clear procedures in place as to how to record and report these. One residential care home manager told us that – although there was no written procedure in place – she had a particularly strong relationship with the police, and could call upon them when needed. Another residential care home manager told us that – were a fight to break out at the children’s care home – she would put herself in the middle of service users and restrain them until they had calmed down. She would then gather all service users involved, interview them individually, speak to them as one group and work to resolve the issue. The residential care home manager acknowledged that her experience would permit her to respond in this manner, and that each staff member would respond to a similar situation in their own unique way.
- We learnt from Social Workers of instances where staff in children’s care homes do not always report incidents or significant events to Social Services in an accurate or timely manner. We were told that this often happens because some staff members in children’s care homes do not necessarily consider the significance or worth in reporting an incident.

Recommendations

- Clear procedures need to be implemented for the logging of daily incidents and significant events. We would also recommend that all children’s care homes devise a restraints policy that clearly defines when restraint is necessary, what constitutes appropriate levels of restraint and reporting procedures to be followed once a staff member has used restraint against a service user.
- The purpose of procedure is to provide all staff members with a clear set of instructions as to how to respond to any given situation in a clear and definitive manner. Allowing total scope for staff members to respond to events in any given way provides cause for concern. We also noted across all children’s care homes that there was no mention of a restraints policy for staff members. When staff members intervene in physical altercations between service users, they are exposing *themselves* to harm and could also be subject to allegations from service users from use of excessive force. Restraints policies are designed to provide staff members with a clear set of instructions as to how to restrain service users effectively and safely, whilst also providing staff members with the opportunity to document actions taken, and reasons why. This is good practice that promotes evidencing action and safeguards employees from threats of accusations from service users.
- Failure to report an incident or significant event is an example of negligible practice; particularly if a situation with a service user were to escalate, and there were prior signs in the form of an incident or event that was not reported in an accurate or timely manner. Further training is required for children’s care home staff in order for them to fully understand the relevance and importance of recording and reporting incidents and significant events. Training should also emphasise the importance of maintaining accurate and detailed paper trails at the time of an incident occurring.

8.4 Maintaining accurate and confidential records

- We were told across all children's care homes that all records kept on service users are confidential, and that visibility of these are restricted to a small number of staff members within children's care homes (usually residential care home managers). One residential care home manager told us that information is shared with her workers on a need-to-know basis. Another residential care home manager told us that – in addition to the daily journal that she keeps – service users are asked to write a statement if they are involved in an incident. These are also locked away in the residential care home manager's office, which can only be accessed by the sisters who work at the children's care home.
- We were also informed by residential care home managers that medical records were kept on file and were only shared on a need-to-know basis with staff. We were told that medical records were also locked away in residential care home managers' offices. One residential care home manager confirmed that medical notes were kept in a journal and not computerised. It was unclear as to whether other children's care homes kept handwritten or computerised medical records of service users. The in-house counsellor at President's Village confirmed that her notes from counselling sessions are stored securely and separately in a lockable filing cabinet.
- We received mixed information from children's care homes with regard to other records they are provided with by Social Services that they keep on the files of service users. One children's care home told us that they have copies of admissions forms, Family Tribunal Orders, vaccination forms, reports, and incident forms on record, for example, while another children's care home mentioned that they receive no formal paperwork upon the placement of a service user. At the very least, we are aware that, upon placement, all children's care homes should be provided with a copy of an admissions form – and where appropriate – a Family Tribunal Order, in addition to either a pre or post-placement meeting.
- Senior staff from within Social Services told us that they would expect children's care homes to keep and maintain the following paperwork: daily record sheets outlining events and incidents relating to service users (particularly at President's Village, where shift work often requires this), medical log books outlining any medication needed and the staff member responsible for administering it, behavioural log sheets and Health and Safety logs (e.g. temperature of refrigerator taken intermittently, medicine expiration dates, etc....). They also feel that any paperwork relating to academic or behavioural progress in schools should be kept, outlining the nature of conversations held between children's care home staff and teachers, and any subsequent agreed actions. Senior staff members within Social Services feel that staff within children's care homes should have the capacity to complete this paperwork, and that perhaps further training is required with staff to outline the importance of this and the requirement for information to be logged accurately and shared responsibly.

Recommendation

- Social Services and children's care homes should have a shared understanding of the breadth and depth of information that should be kept, stored and shared by children's care homes –

so as to ensure that all professionals are working towards the same set of standards and expectations. This should be supported by further training for children's care home workers, where necessary.

9. Child Protection and Safeguarding

9.1 Suicide and self-harm policies

- We were told by most children's care homes that they had not encountered any cases of self-harm, suicidal thoughts or attempted suicide among their service users. At one children's care home, however, we were told of one instance of attempted suicide. We were informed by staff there that, although staff are not trained in detecting signs of suicide and self-harm, they are close enough to service users to detect changes in their behaviour.
- All children's care homes, however, did not have policies and procedures in place for attempted suicide and self-harm, were this to happen. One residential care home manager said that she would refer service users to a psychologist; however, there was no mention of seeking medical attention for the service user or contacting Social Services at the earliest available opportunity. Another residential care home manager mentioned that she would call Social Services, but again, there was no mention of seeking medical attention for the service user.
- It became evident that there was a lack of understanding of the signs and symptoms of self-harm and suicidal thoughts among staff members. One residential care home manager described the display of such behaviours as "attention seeking", and told us that, were a service user to display such signs during the admissions process, the children's care home would probably attempt to turn away that individual for fear of them posing a threat to themselves or to others.

Recommendations

- Clear response procedures are needed in order for staff and service users to feel confident that swift and necessary action would be taken for such an eventuality. Were a significant event of this nature to occur – and it became apparent that a children's care home had no procedure in place whatsoever – staff from the children's care home could be exposing themselves to cases of liability and negligence.
- Further training on identifying and understanding the causes and symptoms of self-harm and suicidal thoughts – as well as strategies to support service users experiencing these – is much needed.

9.2 Responding to allegations against staff and other service users

- Across the three Foyers, we did not discover any evidence to suggest that there were clear procedures in place in relation to responding to allegations made against staff or other service users. One children's care home mentioned that an allegation against a staff member was made in the past, and that Social Services were notified in this particular instance. Another residential care home manager mentioned that she clearly outlined expectations of staff members before they started their posts. One residential care home manager, however, mentioned that were a service user to make an allegation against a staff member, she would bring the two involved parties together, address the service user and tell the service user to

“treat [the staff member] like a parent and listen to them.” We found the one-sided nature of this approach very concerning.

- One Social Worker interviewed told us about one particular instance at a children’s care home where she witnessed first-hand a staff member who was beating a service user. This service user was involved in a physical altercation with another service user over a toy. The Social Worker challenged this, commenting that were a parent of a service user to see this level of behaviour from a staff member, it would have been terrible. She mentioned that service users are often placed in children’s care homes because they are the victims of abuse. Therefore, to have a situation where a service user is being abused in a children’s care home is reprehensible. The Social Worker wondered where the staff member was in the first place to prevent the two service users from fighting, and was uncertain as to whether disciplinary procedures were lodged against that particular staff member. The Social Worker interviewed expressed her concern at the perceived lack of disciplinary procedures in place across all children’s care homes, and also expressed dismay at the way in which some workers at children’s care homes speak to service users. This is something that the authors of this report witnessed for themselves whilst visiting one particular children’s care home.
- Section 7.7 of this report covers in sufficient detail the procedures of President’s Village with regard to responding to allegations made by service users against staff members. The procedures outlined in Section 6.2 of this report also outline the response of President’s Village staff in relation to allegations made by service users against other service users.

Recommendations

- The authors of this report recommend that children’s care homes put procedures in place that clearly outline the steps they would take when dealing with allegations made against staff members or other service users. This procedure should be transparent, widely accessible to staff members and service users and explained in detail to staff members and service users upon their induction to a children’s care home.

9.3 Child Protection and Safeguarding policies and procedures

- Child protection and safeguarding relate to protecting service users from harm and various forms of abuse. A strong child protection and safeguarding policy should outline an organisation’s commitment to protecting children and young people, make reference to internal procedures on how an institution or organisation plans on safeguarding a child and outline any commitments with regard to providing training for its staff on the topic. Strong safeguarding procedures should provide a step-by-step process for staff members as to how to deal with a safeguarding disclosure. All organisations, groups or institutions that work with children, young people or vulnerable adults should have clear safeguarding policies and procedures in place that protect its service users.
- We noted that across all children’s care homes, there are currently no policies or procedures in place with regard to child protection and safeguarding its service users. We received varying levels of responses as to how a children’s care home would react, were a safeguarding disclosure to be made by a service user. Two residential care home managers mentioned that that they would contact Social Services, while another residential care home manager failed to identify at all what the children’s care home’s response would be. Only one children’s care home identified that a service user may require emergency or medical attention, for example.

- At President’s Village, we were told that CSOs are instructed to report anything that happens to a service user to more senior members of staff, and that this is something that CSOs do particularly well. We found from what we were told, however, that there is a culture of reporting *everything*.

Recommendations

- While reporting incidents demonstrates good practice – and should continue to be encouraged – staff members need to be trained specifically in the knowledge and skills relating to safeguarding and child protection that allows them to better understand what *is* and what *is not* a child protection issue. At present, there are staff members in post who have received no training whatsoever in child protection and safeguarding. We recommend that this is built into induction training programmes for all staff before they even begin working directly with service users.
- There is currently a lack of knowledge and understanding around the topic of child protection and safeguarding across all of the children’s care homes. The concept of institutions (such as schools and residential care homes) having a *duty of care* towards its service users still appears to be in its infancy in the Seychelles. It is currently unclear as to whether failure to comply with safeguarding and child protection regulation brings with it any punitive measures that can be taken against an institution, group, individual or organisation *in loco parentis*. This can only be addressed with further training for all staff members working in children’s care homes that supports workers to better identify signs of abuse, the importance of safeguarding children and young people and appropriate response strategies.
- We learnt from interviews that there is still a prevailing societal culture that beating children is seen as acceptable. While this issue may take longer for the Seychelles to address as a whole – given the experience and background of service users in children’s care homes in particular – we recommend that there should continue to be ‘zero tolerance’ policy with regard to tolerating or performing any form of abuse against service users living in children’s care homes. Where this does take place within children’s care homes, children’s care homes should react swiftly, decisively and in a way that values the wellbeing and protection of victims.

10. Governance and accountability of children’s care homes

10.1 Budgets for children’s care homes

- All children’s care homes receive funding in the form of Government grants. The Board that governs Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude receives funds from Government, which are then allocated to each of the three children’s care homes. Each of the three Foyers has its own budget, which residential care home managers are responsible for managing. The Seychelles Children’s Foundation also receive grants from Government, which are then allocated to President’s Village to support the children’s care home in the running and maintenance of its operations. The Seychelles Children’s Foundation is responsible for managing the budget of President’s Village.
- In addition, all children’s care homes receive donations from other benefactors. Seychelles Trading Company (STC) also provides children’s care homes with basic rations for service users.

- Budget holders at Foyer de la Providence, Foyer de Nazareth and Foyer de la Solitude each retain receipts of expenditure for financial auditing purposes. We were unable to speak to the budget holder at President's Village to verify whether this happens there also.

10.2 Statements of purpose, mission statements and children's guides

- It is good practice internationally for children's care homes to possess a *statement of purpose*. This is a document that is supposed to be produced by children's care homes for stakeholders with detailed information and insight into life at the children's care home. It is often shared with prospective and current service users, parents, Social Workers, local district administrations and other stakeholders who have an interest in the running of children's care homes.
- Statements of purpose are wide-ranging in content, and can often include: a children's care home's mission, vision and values, the rights of service users, admissions criteria, a children's care home's approach to care and its upbringing of service users, information about the home, an overview of cultural, recreational and sporting activities, information about the staffing team, information about key workers and support, an overview of family/non-family contact and visitation policies, provisions for healthcare, provisions for educational support and independent living/employability skills, an overview of policies for supporting service users with Special Educational Needs (SEN), guidance on how service users can fully participate in life at a children's care home, cultural/linguistic/religious needs, safeguarding policies and procedures, bullying policies and procedures, behavioural policies and procedures (e.g. rewards and sanctions), policies and procedures on missing service users, policies on equality of opportunity and anti-discriminatory practice, information on surveillance and security and information on complaints and feedback procedures.
- Statements of purpose are easily accessible documents that are designed to provide accurate and relevant information, promote openness and transparency, provide clear accountability and outline clearly the expectations of both children's care homes and service users. None of the children's care homes in the Seychelles currently possess a statement of purpose.
- It is also good practice internationally for much of the information in a statement of purpose to be captured in a child-friendly format in the form of a *children's guide* for prospective and current service users. This is designed to provide information to service users that is accessible, and is aimed to support them with their transition into placement. None of the children's care homes in the Seychelles currently possess a children's guide.
- A *mission statement* is a succinct summary of what an organisation aims to achieve through their work. We were told that the Seychelles Children's Foundation – who is responsible for running President's Village – has a mission statement. It was unclear as to whether the same mission statement was also used for President's Village. One of the Foyers mentioned that a mission statement was currently in the process of being produced by the Catholic Church. It was unclear as to whether this same mission statement would be applicable across all three Foyers.

Recommendation

- Social Services and children's care homes should explore the feasibility of producing statements of purpose and children's guides to share with stakeholders who have an interest in children's care homes. Most importantly, this should serve as a key point of information for service users and their families, and should aim to support service users during the transitional process of being placed in a children's care home.

10.3 Inspections & accountability

- All children's care homes are subject to informal visits from benefactors, Social Workers and Board members to monitor the progress of service users and the state of children's care homes. Staff at President's Village commented that they are sometimes subjected to visits from Health, Fire Safety and Sanitation and Environment professionals, too. However, there is currently no regulation in place that provides for a formal inspection framework to monitor the standards of children's care homes and quality of provision for its service users.
- Children's care homes currently do not have any legal responsibility to adhere to guidelines or standards set by Social Services or the Government. Without any regulations present, this creates an 'accountability void' where children's care homes can seemingly act in any manner, without fear of reprisals. For example, service users have in the past appeared in the written press whilst out on trips with children's care homes, without Social Services having been notified that they were attending a trip in the first place. Given that it is Social Services who possess legal custody of service users – and are therefore responsible for the safety and wellbeing of service users in the eyes of the law – the notion that children's care homes can act in such a manner without any sense of accountability to Social Services whatsoever is alarming. We learnt that there is also resistance to ask Social Services for permission to undertake activities with service users, particularly among some children's care homes over others.
- This lack of accountability is also demonstrated in a children's care home's decision to remove a service user from its premises. Ordinarily, Social Services are best-placed to determine whether the timing is right for a service user to move on from a children's care home; however, when a children's care home insists that they can no longer meet the needs of a service user – or no longer want them on the premises – there is little that Social Services can do to reverse this.

Recommendations

- Children's care homes should of course reserve the right to express whether they can no longer meet the needs of a service user; however, the final decision should be made in partnership with Social Services, after producing the necessary evidence to demonstrate that there is no other alternative than the removal of a service user (e.g. paperwork demonstrating escalated levels of incidents, intervention plans, reports, strategies, outcomes, etc....). Under the current model, Social Services are left to 'pick up the pieces' by having to find alternative provision for a child in order to ensure their safety and wellbeing. In most instances, however, achieving this – particularly if a child is likely to have to return to an abusive environment - is far more complex than it may seem, and places the child at further risk.

- This report recommends that regulation is implemented as a priority that legislates for *greater accountability* of children’s care homes. We also strongly recommend that children’s care homes are subjected to *regular* and *independent* inspections that monitor and assess the standards of children’s care homes and quality of provision for its service users. Inspections across a range of services should not be seen as a way of discriminating against or targeting those that are subject to inspection; in fact, this way of thinking and culture should actively be challenged. Inspections play an integral role in setting standards, recognising good practice, identifying areas for improvement, receiving constructive feedback and setting tangible targets to drive forward improvement in quality of provision and care for service users. One interviewee commented, for example, that other services – such as the tourism industry – are subject to regular and scrupulous inspections that are supported by regulation. This report sees no discernible reason as to why services within Education or Social Affairs, for example, should not be subject to similar robust and independent inspection processes.
- Were this recommendation to be adopted, there would be a wider discussion to be had with regard to the creation and composition of an inspectorate team to undertake this piece of work. In the UK, for example, children’s care homes are routinely inspected by the Office for Standards in Education, Children’s Services and Skills (OFSTED). This is the same inspectorate team that is responsible for monitoring and assessing standards in schools, and is independent of any Government Department or Ministry. Inspections are undertaken by qualified and experienced professionals who have worked in relevant settings and have a clear understanding of exceptional standards in their respective areas of expertise. An inspectorate team of children’s care homes, for example, could comprise of current or former residential care home managers, childcare professionals, social workers, teachers, therapists and healthcare professionals, who would all have a considerable number of years’ worth of experience within their areas of expertise.

11. Leaving a children’s care home

- Social Services staff commented that they usually have some idea as to how long a service user will be in a children’s care home for, and that timeframes for removal are often included in a service user’s care plan. There are some instances, however, where new homes may turn around and say they are unable to take the child. This could be through change of personal circumstances, ongoing and incomplete renovations to a house, or a change to financial circumstances, for example.
- We were told that – under normal circumstances – service users who are leaving a children’s care home are not returning to their family home. If a service user has been placed in a children’s care home temporarily, then the likelihood is that they are returning to their family; however, where a Family Tribunal Order has been issued, returning home is unlikely. We were told that unless extended family members come forward, adoption or foster care – particularly for younger service users – are the more likely destinations. In any case, access arrangements are put in place for service users leaving a children’s care home; however, there is still a minimum amount of time required in order for this process to be undertaken. Access is a transitional process in itself which can sometimes take six months, with the move out of

the children's care home taking two months in itself. This gives children's care homes ample time to prepare a service user for leaving.

- Children's care homes adopt different approaches in relation to preparing a service user to leave. We were told that, for some service users, leaving a children's care home can be particularly difficult; particularly for those that have resided there from an early age. Some residential care home managers provide encouragement to service users, while others rely more on the Social Services-led process of access to prepare service users with their transition to leave a children's care home.
- For service users based at Foyer de la Providence and Foyer de Nazareth in particular, we asked residential care home managers how they prepared their older service users for the transition of moving to different children's care homes. We assumed that – given that both Foyers operate a strict admissions policy based on age and gender – this would also apply to older service users who were reaching the upper age limit of staying at these respective children's care homes. We learnt that in both instances, it is not necessarily the case that older service users are moved to a different children's care home. This often depends on the individual circumstances of a service user, such as whether they are ready to leave, and their level of maturity. One residential care home manager mentioned to us that Social Services sometimes think that sisters in particular grow too attached to service users and are reluctant to see them leave; however, we were told that this is not the case, and that decisions are made based on the readiness of a service user to move on. It is fair to consider, however, whether some children's care homes are currently doing enough to prepare service users with the prospect that they may be required to move elsewhere.
- We were told by some children's care homes that not all service users adapt to leaving a children's care home well. In some instances, we were told of service users who have returned home and are still subjected to abuse and neglect from family members. Where this happens, former service users sometimes call their old children's care home or their Social Worker to request that they are returned back. One children's care home mentioned that they sometimes put hamper packs together for former service users, or invited them along to trips (after liaising with Social Services) to maintain some level of familiarity and contact with their old life. We were told that it is normal for some former service users to have a stronger relationship with their Social Worker, and for others to have a stronger relationship with staff from the children's care homes. We were provided with the impression that Social Services are generally kept updated if a service user makes contact with their old children's care home to report experiences of abuse or neglect. There have been some instances where children's care homes have had to contact Social Services after having received a call from a former service user and advise Social Workers to look into the welfare of their client.

Recommendation

- There are currently no programmes in place to support service users with their transition to leave a children's care home. It could be that some sort of transitional programme – with

some elements of it designed by children’s care homes and other elements designed by Social Services – could be implemented to better support children’s care homes in equipping service users with the tools to make sense of this transition, and thrive in their new environment.

12. Implementation of Media Policy in children’s care homes

- Senior staff members from within Social Services – as well as the Government official we interviewed – expressed grave concern with the current application of Social Services’ media policy prohibiting the display of any recognisable physical features of service users in children’s care homes in the media. One staff member interviewed described this as a “crisis”. We were told that – with the Seychelles being a particularly small and insular country – members of the public are likely to recognise a service user, and will then associate them with the fact that they have been placed in care. There is a likelihood that members of the public will also probably know the family of the service user, too.
- We were informed that Social Services have verbally spoken to children’s care homes about the topic of allowing service users to be photographed and/or filmed on multiple occasions. Some children’s care homes cite that they have tried speaking to media outlets, but that they still refuse to adhere to the media policy. We were informed that the media policy was devised and disseminated across media houses across the country. Social Services have also delivered a workshop to media outlets where it was agreed that the faces of service users should not be televised. Seychelles Broadcasting Corporation (SBC) – considered by some that we interviewed as one of the main culprits in ignoring this policy – were not in attendance. We were told that there was also an article published in one of the national print publications on the topic, too.
- Senior members of staff from within Social Services feel that that there is a lack of consistency from children’s care homes in the application of this policy. Some staff members interviewed felt that children’s care home workers were not always assertive enough in saying “no” to media outlets filming their service users, while others felt that children’s care homes also receive undue pressure from donors and sponsors to include service users in their promotional material – particularly during the Christmas holidays. We learnt of one instance where two sets of service users from two children’s care homes were at an event where SBC was filming. While one residential care home manager was insistent that service users were not filmed, it later transpired that SBC had filmed the other set of service users within the children’s care home itself.
- Although there is a media policy in place, this is not currently supported with regulation that either holds perpetrators to account or penalises them for failure to comply. We were told by one senior person we interviewed that there is a genuine lack of understanding around exposure of service users in children’s care homes in the media - *even* from residential care home managers. The point was made that there is a current failure in recognising that this a Child Protection issue.

- Senior staff members from within Social Services told us that there is still a societal stigma attached to being a service user in a children's care home, and that not all service users necessarily welcomed that label. We were told that unethical and non-consensual media coverage does not assist with this. We were also told that there are implications for a service user's family, too, who may not necessarily be pleased to see their child paraded in the media. One service user in a children's care home told us that she did not like it when she was being filmed, and that on one occasion in particular, her parents were furious that this had happened.
- All children's care homes we interviewed acknowledged the presence of a media policy, and recognise that there is an expectation for them to comply with this. One children's care home explained to us that the faces of service users were not permitted to be photographed or filmed, but that photographs or filming showing the backs of service users was fine. Some Social Workers were concerned that – although children's care home workers often paid lip service to the policy – service users' faces were still regularly being displayed in the media under the knowledge and presence of some children's care home staff members.

Recommendation

- The authors of this report recommend that regulation is brought in to place to add accountability and the threat of punitive action to those who regularly fail to comply with Social Services' media policy. We also recommend that there is further time and investment in raising awareness on the issue among the wider public; particularly among media outlets, non-governmental organisations, charities, donors and benefactors of children's care homes. The use of social media in particular to raise awareness on the topic allows for the prospect of a campaign that is engaging, wide-reaching, low in cost and impactful.

13. Standards

Based on the findings outlined, the authors of this report have devised the following set of minimum provisional standards for children's care homes:

Standard 1: the child's wishes and feelings

Standard 2: promoting a positive identity and potential through individualised care

Standard 3: promoting positive behaviour and relationships

Standard 4: promoting good health and wellbeing

Standard 5: children missing from care

Standard 6: safeguarding children

Standard 7: promoting educational achievement and leisure activities

Standard 8: promoting and supporting contact

Standard 9: providing a suitable physical environment for the child

Standard 10: preparation for a placement

Standard 11: promoting independence and moves to adulthood and leaving care

Standard 12: statement of purpose and children's guide

Standard 13: suitability to work with children

Standard 14: the child's right to privacy

Standard 15: sufficient staffing of the home

Standard 16: training, development and qualification of staff

Standard 17: staff support and supervision

Standard 18: handling allegations and suspicions of harm

Standard 19: managing effectively and efficiently and monitoring the home

Standard 20: maintaining records

Standard 21: notification of significant events

Standard 22: care plan and review

Standard 1: the child's wishes and feelings

- Children's views, wishes and feelings are acted upon in the day to day running of the home and important decisions or changes in the child's life, unless this is contrary to their interests.
- Children understand how their views have been taken into account, and where significant wishes or concerns are not acted upon, they are helped to understand why.
- All children communicate their views on all aspects of their care and support.
- Children have access to independent advice and support from adults who they can contact directly and in private about problems or concerns, which is appropriate to their age and understanding.
- Children can take up issues in the most appropriate way with support and without fear that this will result in any adverse consequences.
- Children receive prompt feedback on any concerns or complaints raised and are kept informed of progress.
- The views, wishes and feelings of children and those significant to them are taken into account in monitoring staff and in developing the home.

Standard 2: promoting a positive identity and potential through individualised care

- Children receive personalised care that promotes all aspects of their individual identity and are each treated as an individual rather than as a member of a group.
- Staff support children's social and emotional development and enable children to develop emotional resilience and self-esteem.
- Staff meet children's individual needs as set out in the child's care plan, taking into account where appropriate their relationship with the wider group of children.
- Children exercise choice in the food that they eat and are able to prepare their own meals and snacks, within the limits that a reasonable parent would set.
- Children exercise choice and independence in the clothes and personal belongings that they buy and have these needs met, within the limits that a reasonable parent would set.
- Children develop skills and emotional resilience that will prepare them for independent living.
- Children receive a personal allowance appropriate to their age and understanding that is consistent with their care plan.

Standard 3: promoting positive behaviour and relationships

- The home has high expectations of all children and staff.
- There is an environment and culture to promote models and support positive behaviour that all staff understand and implement.
- The home has a clear written policy on managing behaviour, which includes supporting positive behaviour, de-escalation of conflicts, discipline, control and restraint, that all staff understand and apply at all times.
- All staff understand, share and implement the home's ethos, philosophy and approach to caring for children.
- Children develop and practice skills to build and maintain positive relationships, be assertive and resolve conflicts positively.

- Children are encouraged to take responsibility for their behaviour, in a way that is appropriate to their age and abilities.
- Each home meets children's emotional and behavioural needs.
- Sanctions and rewards for behaviour are clear, reasonable and fair and are understood by all staff and children.
- Staff understand and manage their own feelings and responses to the emotions and behaviours presented by children, and understand how past experiences and present emotions are communicated through behaviour.
- Staff are supported to manage their responses and feelings arising from working with children, particularly where children display challenging behaviour or have difficult emotional issues. Staff are supported to understand how children's previous experiences can manifest in challenging behaviour.
- Children do not identify bullying as a problem at the home. Staff and children understand bullying is unacceptable. Staff working in the home understand their role in helping to prevent and counter bullying by any adult or child living or working in the home.
- Staff in the home are trained to recognise and deal with any indications or incidents of bullying, to act proactively and intervene positively, engaging with those who bully as well as those who are bullied.
- Physical restraint is only used in exceptional circumstances, to prevent injury to any person (including the child who is being restrained) or to prevent serious damage to the property of any person (including the child who is being restrained).
- Restraint is not used as a punishment, nor to force compliance with instructions where significant harm or serious damage to property are not otherwise likely. Use of restraint is set out in the home's behaviour management policy.
- Where children's homes use restraint, staff are trained in the use of physical restraint techniques that are appropriate and not excessive, and only use the home's agreed techniques. Training is regularly refreshed. All children and staff are given an opportunity to discuss incidents of restraint they have been involved in, witnessed or been affected by, with a relevant adult.
- Where any sanctions, disciplinary measures or restraint are used, children are encouraged to have their views recorded in the records kept by the home.
- Each home only carries out searches of a child, their room or their possessions in accordance with the home's guidance.
- Each home regularly reviews incidents of challenging behaviour, and examines trends or issues emerging from this, to enable staff to reflect and learn to inform future practice.
- The home's approach to care minimises the need for police involvement to deal with challenging behaviour and avoids criminalising children unnecessarily.

Standard 4: promoting good health and wellbeing

- Children's physical, emotional and social development needs are promoted.
- Children understand their health needs, how to maintain a healthy lifestyle and to make informed decisions about their own health.
- Children are encouraged to participate in a range of positive activities that contribute to their physical and emotional health.
- Children have prompt access to doctors and other health professionals, including specialist services, when they need these services.
- Children's health is promoted in accordance with their care plan and staff are clear about what responsibilities and decisions are delegated to them, and where consent for medical treatment needs to be obtained.

- Children’s wishes and feelings are sought and taken into account in their health care, according to their understanding, and staff advocate on behalf of children.
- Staff have received sufficient training on health and hygiene issues and First Aid, with particular emphasis on health promotion.
- Staff receive guidance and training to provide appropriate care if looking after children with complex health needs.
- The home has good links with health agencies, including specialist services where appropriate, such as mental health services and reproductive health services.
- Staff involved in delivering therapeutic interventions have appropriate training and expertise and access to regular supervision.
- Specific therapies are used only a) where there is a clear and widely accepted theoretical or evidence base underpinning its effectiveness, and b) with the continuing agreement of the child’s responsible authority (e.g. Social Services) or a person with parental responsibility, *and* of the child concerned where the child is of sufficient understanding.
- Each child’s wishes and feelings are sought and taken into account in their health care, according to their understanding.
- Medicines which are kept in the home are stored safely and are accessible only by those for whom they are intended.
- Prescribed medication is only given to the child for whom it was prescribed, and in accordance with the prescription. Children who are able and wish to keep and take their own medication, can do so safely.
- There is a written record of all medication, treatment and First Aid given to children during their placement.
- The home has any physical adaptations or equipment needed to provide appropriate care for children.

Standard 5: children missing from care

- The care and support provided to children minimises the risk that they will go missing and reduces the risk of harm, should the child go missing.
- Staff working within the home know and implement the home’s policy in relation to children going missing and their role in implementing that policy.
- Staff are aware of current legislation and government guidance on the measures they can take to prevent a child leaving without permission, and do not exceed these.
- Staff actively search for children who are missing, including working with police where appropriate.
- If a child is absent from the home and their whereabouts is not known (i.e. the child is missing), the home’s procedures are compatible with protocols and procedures maintained and managed by the police for the area where the home is located.
- Children are helped to understand the dangers and risks of leaving the home without permission and are made aware of where they can access help if they consider running away.

Standard 6: safeguarding children

- Children’s safety and welfare is promoted in the home. Children are protected from abuse and other forms of significant harm.
- Staff actively promote the welfare of children living in the home.

- Staff make positive relationships with children in the home, generate a culture of openness and trust and are aware of - and alert to - any signs or symptoms that might indicate that a child is at risk of harm.
- Staff encourage children to take appropriate risks as a normal part of growing up. Children are helped to understand how to keep themselves safe, including outside the home and when using the Internet or social media.
- The home implements a proportionate approach to any risk assessment.
- Staff are trained in appropriate safe-care practice, including skills to care for children who have been abused. For providers who offer placements to disabled children, this includes training specifically on issues affecting disabled children.
- The residential care home manager and staff work effectively in partnership with other agencies concerned with child protection (e.g. Social Services, schools, hospitals, the police, etc.).
- Unchecked visitors are adequately 'chaperoned' when on the home's premises.
- Visitation procedures of children's care homes (as mandated by Social Services) are strictly adhered to.
- Staff take all reasonable steps to ensure that children are not treated as a 'commodity' in the vetting and matching process for adoption, and that all adoption policies and procedures set by Social Services are strictly adhered to.

Standard 7: promoting educational achievement and leisure activities

- Children, including pre-school and older children, have a home which promotes a learning environment and supports their development.
- Children have access to a range of educational resources to support their learning, and have opportunities beyond the school day to engage in activities which promote learning.
- Children are supported to attend school, college or alternative provision regularly.
- Children are helped by staff to achieve their educational or training goals. This includes providing support, facilities and opportunities as needed. Staff work with a child's education provider to maximise each child's achievement and to minimise any underachievement.
- Each home is working in a way to fully promote and value children's education.
- The home maintains regular contact with each child's school, college, and other education settings, with staff attending all parents' meetings as appropriate in line with the care plan. Staff advocate for the child where appropriate.
- Staff engage and work with schools, colleges, other organisations, and Social Services to support children's education, including advocating to help overcome any problems the child may be experiencing in their educational setting. Staff have up-to-date information about each child's educational progress and school attendance record.
- Children who have been suspended or excluded from school have access to appropriate education and training, so that they are supported and enabled to resume full-time education.
- Children develop their emotional, intellectual, social, creative and physical skills through the accessible and stimulating environment created by the home. Children are supported to take part in school-based and out-of-school activities.
- Children pursue individual interests and hobbies. This includes taking part in a range of activities, including leisure activities and trips.
- Staff understand what is in the child's care plan and have clarity about decisions they can make about the day-to-day arrangements for the child, including such matters as education, leisure activities, overnight stays, holidays, and personal issues such as haircuts.
- Staff are supported to make reasonable and appropriate decisions within the authority delegated to them, without having to seek consent unnecessarily.

- Children take part in age-appropriate peer activities as agreed by the home's staff in a way similar to how a reasonable parent might reach agreement with their children, taking into account the framework of the care plan, decision-making and any assessment of risk to the child.
- Children are encouraged and enabled to make and sustain friendships with children outside the home, which may involve friends visiting the home.

Standard 8: promoting and supporting contact

- Children are supported and encouraged to maintain and develop family contacts and friendships, subject to any limitations or provisions set out in their care plan and any court order. Appropriate forms of contact are promoted and facilitated for each child, including where appropriate: visits to the child in the home, visits by the child to relatives or friends, meetings with relatives or friends, letters, exchange of photographs and electronic forms of contact.
- Staff have appropriate training, supervision and support if they are required to supervise and facilitate contact.
- Emergency restrictions on contact are only made to protect the child from significant risk to their safety or welfare.
- Ongoing restriction on communication by the child is agreed by the child's Social Worker, and takes the child's wishes and feelings into account.
- The home feeds back to Social Services any significant reactions a child has to contact arrangements or visits with any person.
- Staff understand what decisions about contact are delegated to them, in line with the child's care plan, and to make those decisions in the child's best interests.

Standard 9: providing a suitable physical environment for the child

- Each home is situated in a location that supports its aims and objectives and proposed models of care for children and young people. This includes children being able to access external services, recreational activities and to maintain and develop relationships with family and friends.
- The home's location and design promote children's health, safety and wellbeing, and avoids factors such as excessive isolation and areas that present significant risks to children.
- The home provides a comfortable and homely environment and is well maintained and decorated.
- Physical restrictions on normal movement within or from the home are not used unless this is necessary to safeguard children and promote their welfare and development.
- Staff preparation and training cover health and safety issues. Staff are provided with written guidelines on their health and safety responsibilities. Where homes offer placements for disabled children, the accommodation provided must be suitable to the particular needs of the disabled children living in the home, which may include suitable aids, adaptations and other suitable equipment.
- Risk assessments of the whole children's home environment are carried out, to identify any potential sources of harm to the children. These are recorded in writing and regularly reviewed.
- There are clear emergency evacuation procedures that all staff and children are familiar with and have practiced so they know what to do in an emergency.
- Bedrooms are not shared unless each child freely agrees to the arrangement, and are not shared by children of different genders, or children of significantly different ages (other than

siblings where this is appropriate). The choice of whether a child has a separate room (or shares) is made only after careful consideration of all available facts, including the risk of bullying or abuse.

- A request by a child to change bedrooms is given urgent consideration and agreed, if feasible.
- Bedrooms are not shared between children and staff or adult visitors.

Standard 10: preparation for a placement

- Each home has (and implements) clear procedures for introducing children to the home, the staff and the other children living there, which also covers emergency and immediate placements. They help children understand what to expect from living in the home.
- The children's home only provides admission to children whose assessed needs they can reasonably expect to meet.
- Unless an emergency placement makes it impossible, children are given information before arrival about the home and any other information they need or reasonably request about the placement, in a format appropriate to their age and understanding. This should include photographs, where appropriate. Wherever possible, children are able to visit the home prior to a placement decision being made. Children can bring their favourite possessions into the home.
- The home does not operate in a way which increases the risk of separation of siblings.
- Each child can remain in the home until moving on is in their best interests (taking their wishes and feelings into account), unless this is impracticable or is against the welfare of others.
- A review must take place before a child is moved to another placement, except in an emergency (where Social Services would be informed and involved).
- Where children are leaving the home, they are helped to understand the reasons why they are leaving. Children are supported during the transition to their new placement, to independent living or to their parental home.
- Where a child moves to another placement, it is evidenced that this has been authorised by Social Services.

Standard 11: promoting independence and moves to adulthood and leaving care

- Children are supported to a) establish positive and appropriate social relationships; b) develop positive self-esteem; c) prepare for the world of work and/or further or higher education; d) prepare for moving into their own accommodation; e) develop practical skills, including shopping, buying, cooking and keeping food, washing clothes, personal self-care, and understanding and taking responsibility for personal healthcare; f) develop financial capability, knowledge and skills, and g) know about entitlements to financial and other support after leaving care, including benefits and support from social care services.
- The home contributes to a regular process of review and works collaboratively with the young person's Social Worker in implementing the plan.
- Social Services and the home jointly discuss the progress of the child's readiness to move to any future accommodation where they would expect to take on greater responsibility and personal independence.

Standard 12: statement of purpose and children's guide

- The children's home has a clear Statement of Purpose which is available to and understood by staff and children and reflected in any policies, procedures and guidance. It is available to Social Services and any parent or person with parental responsibility.
- The aims and objectives of the Statement of Purpose are child-focused and show how the service will meet outcomes for children.
- Subject to the child's age and understanding, the children's home ensures the child receives the children's guide at the point of placement and that the contents of the children's guide is explained to the child in a way that is accessible.
- The guide includes a summary of what the home sets out to do for children, and how they can find out their rights.
- Where a child requires it, the guide is available when appropriate through suitable alternative methods of communication (e.g. sign language, pictures, tape recording, translation into another language, etc....).

Standard 13: suitability to work with children

- All people working in - or for - the children's home are interviewed as part of the selection process and have references checked to assess suitability before taking on responsibilities.
- The residential care home manager can demonstrate, including from written and electronic records, that it consistently follows good recruitment practice, and all applicable current statutory requirements and guidance, in staff recruitment. This includes any police checks undertaken on prospective staff members. All personnel responsible for recruitment and selection of staff are trained in, understand and operate these good practices.
- The children's home has a record of the recruitment and vetting checks which have been carried out on those working (including as volunteers) for the children's home which includes: a) identity checks; b) police checks; c) checks to confirm qualifications which are a requirement and those that are considered by the children's home to be relevant, and d) at least two references, preferably one from a current employer and, where possible, a statement from each referee as to their opinion of the person's suitability to work with children.
- The record must show the date on which each check was completed and who carried out the check. Police check information must be kept in secure conditions and be destroyed by secure means as soon as it is no longer needed.
- The residential care home manager's system for recruiting staff and others includes an effective system for reaching decisions as to who is to be appointed, as well as the circumstances in which an application should be refused in light of any criminal convictions or other concerns about suitability that are declared or discovered through the recruitment process.
- Staff members and others subject to the above checks do not normally start work at the home until all the checks required are completed.
- Where practicable, children are involved in the recruitment of staff in the home.
- Where a person is suspected to be a threat to the wellbeing of children by a children's care home or by Social Services, they will not be considered suitable to work there. Children's care homes must keep and demonstrate evidence of such cases, and notify Social Services when relevant.

Standard 14: the child's right to privacy

- Children's privacy and confidentiality are appropriately protected.
- Children's homes recognise and respect a child's privacy, and foster an environment where children have the space and time to 'think', 'feel', 'act' and 'do' in a manner that is private and meaningful to them, where appropriate.
- Children's homes and Social Services offer staff training that explores a child's right to privacy, and fosters working environments where children are encouraged to have appropriate and private moments where they do not feel as if their space is being invaded.
- Children's homes ensure that all staff members and service users comply with media policies regarding the display of children's faces on television, social media, news publications and other media outlets, and that regulation is followed where applicable.

Standard 15: sufficient staffing of the home

- The overall number, competence and deployment of staff, both as a staff group and on individual shifts, can meet the individual needs of all children residing in the home.
- Adequate staffing ratios of one staff member to three children are maintained for children aged 0 – 12 years.
- Adequate staffing ratios of one staff member to five children are maintained for children and young people aged 12 – 17 years.
- Where a child presents complex additional needs, a staffing ratio of one staff member to that one specific child shall be maintained. This shall be supported by a detailed individual risk assessment for the child.
- Records of staff working in the home demonstrate the staffing level.
- Contingency plans are in place in the event of a shortfall in staffing levels.
- There are clear arrangements for staff to deputise in the absence of the residential care home manager's absence. The deputy of a residential care home manager has a sufficient level of relevant supervisory experience.
- Staff members who are placed in charge of the home and other staff at particular times (e.g. as leaders of staff shifts) have substantial relevant experience of working in the home and have successfully completed their induction and probationary periods.
- Staff rotas have time scheduled to ensure handovers are held and that they include the planning of spending time with individual children.
- The residential care home manager has in place a staff disciplinary procedure which is clear. The procedure clearly separates staff disciplinary processes from child protection enquiries and criminal proceedings, and is known by staff.
- The residential care home manager makes every effort to achieve continuity of staffing so that children's attachments are not overly disrupted.
- Where only one member of staff is on duty at any time, a risk assessment has been carried out and recorded in writing, identifying any likely risks to children, staff and members of the public.
- The staff group who are in day-to-day contact with children includes staff of both genders whenever possible. Staffing arrangements also take into consideration children's ethnic and cultural backgrounds and any disabilities they may have.
- The home puts sufficient provision in place to ensure that night time supervision of rooms, communal areas and the site is undertaken, where necessary.
- All care staff are at least 18 years old, and staff who are given sole responsibility for children or a management role are at least 21 years old. Within this requirement, no person works in

a children's home unless they are at least four years older than the oldest child accommodated.

- Staff and residents know who is sleeping in the home each night.

Standard 16: training, development and qualification of staff

- There is a good quality learning and development programme which staff and volunteers are supported to undertake. It includes induction and in-service training to enhance individual skills and to keep staff up-to-date with professional and legal developments. Staff are equipped with the skills required to meet the needs of the children and purpose of the setting, and training keeps them up-to-date with professional, legal and practice developments, as well as reflecting the policies and legal obligations of the home.
- The learning and development programme is evaluated for effectiveness at least annually and - if necessary - is updated.
- New staff undertake an organisational induction covering core areas of training required to work with service users within 7 working days of starting their employment.
- All Social Workers and other specialist professionals (e.g. medical, educationalists, psychologists, therapists, etc....) are professionally qualified and, where applicable, registered by the appropriate professional body. They are appropriately trained to work with children and their families, and have a good understanding of residential child care and the policies and purpose of the home.

Standard 17: staff support and supervision

- The employer is fair and competent, and operates sound employment practices and good support for its staff and volunteers.
- All staff, volunteers and the residential care home manager are properly managed, supported and understand to whom they are accountable.
- Staff have access to support and advice, and are provided with regular supervision by appropriately qualified and experienced staff.
- A written or electronic record is kept by the home detailing the time, date and length of each supervision held for each member of staff. The record is signed by the supervisor and the member of staff at the end of the supervision.
- All staff have their performance individually and formally appraised at least annually, and this appraisal takes into account any views of children the service is providing for.
- Staff and volunteers are easily able to access the advice needed to provide a comprehensive service for children and young people.

Standard 18: handling allegations and suspicions of harm

- All staff and volunteers understand what they must do if they receive an allegation, or have suspicions that a person may have: a) behaved in a way that has, or may have, harmed a child; b) possibly committed a criminal offence against or related to a child, or c) behaved towards a child in a way that indicates he or she is unsuitable to work with children.
- The children's home ensures that the required actions are taken, or have been taken, in any relevant situation of which it is aware.
- The children's home procedure is in line with Government guidance and requirements, including the duty to refer information to statutory bodies. It is known to staff, volunteers and children.

- The home's protection procedures - and how staff will be supported should there be an allegation - are made available to staff and volunteers. The provider takes any comments on these procedures into account.
- The provider's child protection procedures are submitted for consideration and commented to Social Services (or other senior officers responsible for child protection matters in that department). Any conflicts between locally agreed procedures and those of other responsible authorities are discussed and resolved as far as possible.
- The children's home has a designated person, who is a senior manager, responsible for managing allegations. This designated person has responsibility for liaising with Social Services and for keeping the subject of the allegation informed of progress during and after the investigation.
- Allegations against people that work with children are reported by the designated person to Social Services. This includes allegations that - on the face of it - may appear relatively insignificant.
- A clear and comprehensive summary of any allegations made against a particular member of staff, including details of how the allegation was followed up and resolved, a record of any action taken and the decisions reached, is kept on the person's confidential file and a copy is provided to the person as soon as the investigation is concluded. The information is retained on the confidential file, even after someone leaves the organisation.
- Investigations into allegations or suspicions of harm are handled fairly, quickly, and consistently in a way that provides effective protection for the child, and at the same time supports the person who is the subject of the allegation.

Standard 19: managing effectively and efficiently and monitoring the home

- There are clear and effective procedures for monitoring and controlling the activities of the home. This includes any serious incidents, allegations, complaints about the provision, and the quality of the provision. Children in the home are regularly involved in contributing to monitoring the operation of the home, and their views and any concerns are seriously taken into account.
- The manager regularly monitors, in line with regulations, all records kept by the home to ensure compliance with the home's policies, to identify any concerns about specific incidents and to identify patterns and trends. Immediate action is taken to address any issues raised by this monitoring.
- Management of the home ensures all staff's work is consistent with these regulations, the home's policies and procedures.
- Where the home encounters any management personnel changes – either on any given day, temporarily or permanently – these are communicated in writing to Social Services in an efficient and timely manner.
- Where the home's designated lead point of contact with Social Services is not at work for any reason, procedures are in place to notify Social Services of whom the relevant designated member of staff to contact in their absence would be.
- Managers and staff are clear about their roles and responsibilities. The level of delegation and responsibility of the manager and staff, and the lines of accountability, are clearly defined.
- Clear arrangements are in place to ensure appropriate management of the home when the residential care home manager is absent.

Standard 20: maintaining records

- The home has - and implements - a written policy that clarifies the purpose, format and content of information to be kept on the registered person's files and information to be kept on the child's files. Staff understand the nature of records maintained and follow the home's policy for the keeping and retention of files, managing confidential information, and access to files (including files removed from the premises). There is a system in place to monitor the quality and adequacy of record keeping and take action when needed.
- Children and their parents understand the nature of records maintained and how to access them.
- Information about individual children is kept confidential and only shared with those who have a legitimate need to know the information. This must be approved by Social Services in the first instance.
- Information about other children involved in an event is kept confidential. This confidentiality must be reflected in all record-keeping and note-taking of events.
- Entries in records are legible, clearly expressed, non-stigmatising and distinguish as far as possible between fact, opinion and third-party information.
- Information about the child is recorded clearly and in a way which will be helpful to the child when they access their files now or in the future. Children are actively encouraged to read their files, other than confidential or third-party information and to correct errors and add personal statements.
- Staff support and encourage the child to reflect on and understand their history, according to their age and understanding, and to keep appropriate memorabilia of their time in the placement. Staff record and help children make a record of (subject to age and understanding) significant life events.
- The residential care home manager works with Social Services to ensure effective sharing of information held in the home's records about the child. The residential care home manager provides copies of the records and documents in relation to children placed by Social Services immediately, on receipt of a written or electronic request from Social Services.

Standard 21: notification of significant events

- The residential care home manager has a system in place to notify within a set period of time Social Services staff of the occurrence of significant events. The system includes what to do, where a notifiable event arises at weekends.
- A written record is kept which includes details of the action taken, and the outcome of any action or investigation, following a notifiable event.
- The residential care home manager has a system for notification to responsible authorities of any serious concerns about the emotional or mental health of a child.
- Following such an incident, the home contacts Social Services to discuss any further action that may need to be taken.

Standard 22: care plan and review

- Children understand, within their level of understanding, the purpose and content of their plan and the reasoning behind any decisions about their care.
- Each child's care plan is monitored by a key worker within the home who ensures that the requirements of the plan are implemented in the day-to-day care of that child.
- The home contributes effectively to each child's care plan review.

- The home assists the child to put forward their views, wishes and feelings in each review process, and helps to ensure that these are fully taken into account.
- The home ensures that if a child is not visited by their Social Worker at the frequency expected, or within a reasonable time following a request for a visit originated by the child, this is raised at the child's next review. The home must have procedures in place to communicate this to Social Services in a timely manner.
- The result of all statutory reviews is recorded on the child's file, and individuals responsible for pursuing actions at the home arising from reviews are clearly identified.



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