



An Bord Comhairleach um Achtanna na Leanaí  
Children Acts Advisory Board



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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**CRITERIA FOR**  
**APPROPRIATE USE OF SPECIAL CARE UNITS**

**Dated: 15<sup>th</sup> September 2008**

## **Criteria for Special Care Units**

This is an **AGREEMENT** between the Children Acts Advisory Board and the Health Service Executive on Criteria for Appropriate Use of Special Care Units, covering the areas of :-

- Guiding Principles
- Purpose of Facilities and Objectives
- Criteria for Placement
- Duration of Placement and Review Periods
- Where Placement is Not Appropriate.
- Principles of Care and Programme Content

.227 (1) (c) Children Act 2001 (as inserted by s. 20 Child Care (Amendment) Act 2007 applies

## **Appropriate Use: Special Care Units**

### **A. GUIDING PRINCIPLES**

*The Welfare of the Child is the First and Paramount Consideration*

*Restricting a Child's Liberty in Any Circumstances Must Be an Action of Last Resort and Limited to the Shortest Possible Time.*

*Principle of Normalisation: having effective alternative and positive intervention strategies*

Based on

- UN Conventions on the Rights of the Child, and on Human Rights;
- Child Care Act 1991
- Children Act 2001
- Irish Constitution
- National Children's Strategy
- Child Care (Special Care) Regulations 2004
- S.S. Judgment (2005 No. 90M) 15/06/07 Mr. Justice J. MacMenamin
- W.R. Judgment (2005 No. 484SP) 18/07/07 Mr. Justice J. MacMenamin
- D.K. Judgment (2006 No. 1974P) 18/07/07 Mr. Justice J. MacMenamin
- D.T. Judgment (2007 No. 1639JR) 17/01/08 Mr. Justice G. Sheehan.

### **B. PURPOSE OF FACILITIES AND OBJECTIVES**

Special Care Units are facilities where young people who are in need of special care or protection are placed with the explicit objective of providing a stabilising period of short term care which will enable a young person to return to less secure care as soon as possible.

Given the exceptional nature of this intervention the number of such units and places should be strictly limited. The supply of beds and their use will be closely monitored by the relevant stakeholders, i.e. the Health Service Executive/Children Acts Advisory Board.

Objectives:

1. Provide a short- term period of safe and secure care in an environment for young persons whose emotional and behavioural needs can only be met at this time in a special care setting.
2. Stabilise an ‘extreme’ situation which has been persistent and severe, following on a risk assessment ;
3. Provide a controlled and safe environment in which care and appropriate intervention with young people who satisfy the admission criteria is undertaken.
4. Improve the welfare and development of young people in a model of care based on relationships, containment and positive reinforcement;
5. Provide a model of care which promotes consistency, predictability, dignity, meaningful controls and external structure which will assist young people in developing internal controls of behaviour, self-esteem, personal abilities and strengths, and capacity for constructive choice and responsibility.

**C. CRITERIA FOR PLACEMENT**

1. The young person is 11 – 17 at admission<sup>1</sup>.
2. The behaviour of the young person is such that it poses a real and substantial risk to his/her health, safety, development or welfare unless placed in a Special Care Unit, and/or on “an objective basis” is likely to endanger the safety of others.
3. The young person will present with a history of impaired socialization and impaired impulse control, and may also have an established history of absconding which places them at serious risk
4. If placed in any other form of care, the young person is likely to cause self injury or injury to other persons.
5. Consideration has been given to placement history and the elimination of ***all other*** non-special care options, ***based on the child’s needs***.

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<sup>1</sup> It is the view of the Health Service Executive and the Children Acts Advisory Board that given the intense nature of special care placement, it is generally preferred that the lower age limit be 12 years of age, but there may be exceptional circumstances where a younger child might be considered for a Special Care intervention.

6. It is clear that a less secure structured environment would not meet the young person's needs at this particular time.
  - a) As a general rule, the criteria must be met in determining the appropriateness of placement in a Special Care Unit.
  - b) Any exceptions must meet the overriding majority of criteria.
  - c) All applications will be reviewed by an Admissions and Discharge Committee of the Health Service Executive.
  
7. Applications for placement in Special Care Units should be based on a comprehensive needs assessment including the following:
  - a) A comprehensive and up to date social history.
  - b) A detailed care placement history outlining all social services and other interventions.
  - c) A Care Plan that supports the aims and objectives of this placement based on the identified ongoing needs of the young person.
  - d) A discharge plan, identifying the subsequent less secure placement or alternative, and identifying agency personnel with responsibility for actioning the plan.
  - e) Up-to-date psychological and educational reports which comment upon the grounds for seeking admission to a Special Care Unit.
  - f) Where there are concerns regarding a young person's mental health, a psychiatric report may be appropriate. Should a young person decline to participate in such a referral, the psychiatrist may report, having reviewed the young person's file.
  
8. The Health Service Executive should coordinate the sharing of these intensive facilities within and across regional areas. While it is preferable that the young person resides in a specific regional area to facilitate family and community contact and reintegration, given the secure nature of these units and the care obligation, the number of units should be strictly limited.

Where it is not possible to place a young person in a regional area more local to the family, the Care Plan must specify arrangements for family and community contact and integration.

**D. DURATION OF PLACEMENT AND REVIEW PERIODS:**

1. S 23B (4) (a) states that "... a special care order shall remain in force for a period to be specified in the order, being a period which is not less than 3 months or more than 6 months".
2. The placement should be for as short a term as possible, based on the young person's needs. Any extension to the initial 3 month period should be reviewed monthly by the case management team.
3. All placements must be reviewed monthly or as often as is necessary (Child Care (Special Care) Regulations 2004).
4. A discharge plan must be under consideration for the child prior to admission, and tracked monthly, by statutory special care review.

**E. WHERE PLACEMENT IS NOT APPROPRIATE**

**Where the primary reason for seeking placement is that:**

1. The young person has a moderate<sup>2</sup>, severe or profound general learning disability.
2. The young person requires medically supervised detoxification for drug misuse.
3. The young person has an acute psychiatric or medical illness requiring intensive medical intervention.
4. (a) A previous criminal conviction does not of itself preclude an application for special care;  
(b) A special care order cannot be made in situations where the child/young person is subject to criminal charges (and is before the courts), and where these charges have not been dealt with or decided by the courts.

**F. PRINCIPLES OF CARE AND PROGRAMME CONTENT**

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<sup>2</sup> according to the W.H.O. classification, young people with this disability would typically have an IQ less than 50

1. The programme of care in a Special Care Unit is not intended as punitive, but a means to provide an environment with quality care and appropriate intervention for each individual young person's welfare.
2. The programme of care should be based on a model of care and intervention consistent with the highest standards of child care practice.
3. While security is important, it does not override the ethos and requirements of good child care practice.
4. Security measures and methods used will respect the personal dignity and physical integrity of the young person.
5. There is a high tolerance of challenging behaviour in a context of working with young people for re-learning and patterning of behaviour and relationships.
6. The Units will operate to a high and rigorous standard of professionalism with multi-disciplinary continuous case planning and review. Planning and implementation of appropriate discharge arrangements and preparation for each child/young person is a major emphasis from the point of admission.
7. Communications and contact with the young person's family, significant others and community will be maintained as an essential element of the programme of care and to promote re-integration.
8. Staff are expected to be positive role models and to be highly engaged and interactive with the young people.
9. Programme content should include:
  - Key worker relationship model in a multi-disciplinary setting
  - A defined model of care consistent with best child care practice.
  - Full educational provision
  - Speech and language therapy
  - Accessible psychological and psychiatric services
  - Designated GP/medical service
  - Allocated social worker with frequent contact for each young person placed.
  - Support for social and family reintegration programme as per Care Plan.

10. Where a child meets the criteria for placement in a special care unit, the Health Service Executive will consider the population mix, care plans and overall dynamics, in determining the appropriate special care unit for the child to be placed.