



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte



# National Standards for Special Care Units

**November 2014**

*Safer Better Care*



# About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive high quality and safe care for people using our health and social care services. HIQA's role is to promote sustainable improvements, safeguard people using health and social care services, support informed decisions on how services are delivered and promote person-centred care for the benefit of the public.

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

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.
- **Supporting Improvement** – Supporting health and social care services to implement standards by providing education in quality improvement tools and methodologies.
- **Social Services Inspectorate** – Registering and inspecting residential centres for dependent people and inspecting children detention schools, foster care services and child protection services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health and personal social care services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Ensuring the best outcome for people who use our health services and best use of resources by evaluating the clinical and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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## 1. Introduction

The Health Information and Quality Authority (the Authority) recognises the importance of increasing the quality and safety of care for all children, especially children who are particularly vulnerable and are living away from their families. These *National Standards for Special Care Units* have been developed to ensure that children living away from home are provided with safe, high quality services.

Special care units are secure, residential facilities for children in care aged between 11 and 17 years. They are detained under a High Court care order for a short-term period of stabilisation when their behaviour poses a real and substantial risk of harm to their life, health, safety, development or welfare. Children reside in a special care unit where placement in such a unit is considered necessary for their care and welfare.

The Child Care (Amendment) Act 2011 establishes special care on a statutory basis and defines special care as the provision of care to a child which addresses:

- his or her behaviour and the risk of harm it poses to his or her life, health, safety, development or welfare
- his or her care requirements and includes medical and psychiatric assessment, examination and treatment and educational supervision.

Special care is part of a continuum of State care available to children in Ireland. It provides for a short-term, stabilising intervention that prioritises safe care in a secure, therapeutic environment. It aims to enable the child to return to a less secure placement as soon as possible, based on the needs of that child. Given the restriction on the child's liberty, receipt of an intervention in a special care unit can only be made in accordance with an Order of the High Court under provisions made in the Child Care (Amendment) Act 2011.

Children in special care units are not there because they have committed a criminal offence. The special care unit detains children for their own care and welfare through the provision of a controlled and safe environment. Emphasis is placed on detention in terms of safety and supervision and the provision of focused care and interventions. This is to stabilise their behaviour and enable them to return to less secure care or return to the community within a short period of time. Detention in special care is a measure of last resort and evidence must demonstrate that the special care intervention will provide therapeutic value to the child.

Referrals for special care are made by the Child and Family Agency (Tusla) using approved procedures, which include social work referral to the Special Care Referral Committee. Following approval for placement in special care, an application is made to the High Court for a special care order or an interim special care order. Where a child in special care is already subject to a care order, the provision of special care takes precedence for the duration of the special care order. An application is made for an extension to the special care order when:

- a special care order is due to expire and where it is considered that a child is benefiting from special care intervention
- or where assessments identify a continued risk of harm due to behaviour and there is a clear therapeutic rationale for the ongoing detention of the child in special care.

It is essential that the Child and Family Agency works with staff in the special care unit and the child's social worker to plan and assure continuity of care during all stages of the transfer, release and discharge processes so that there is a seamless delivery of care and support to the child.

The Child and Family Agency may provide and maintain special care units or make arrangements with commissioned bodies to provide and operate them. Children in special care units have the right to be safe, to receive child-centred, high quality care and support and to have access to the services they need in order to maximise their safety, wellbeing and development. Special care units are aware of the unique social and developmental needs of children, and their different requirements as they grow, develop and mature.

Children in special care have the right to privacy, dignity, respect, and to have their civil and legal rights promoted and safeguarded. Special care units have a key role in promoting and safeguarding the rights of children in their care. Depriving children of their liberty is considered to be an extreme measure of last resort. For children in special care units, their liberty is revoked by a court of law for the purpose of providing care and welfare. However, it is only their liberty that is curtailed through placement in special care and there is no further infringement on children's civil and legal rights.

The Authority aims to promote progressive improvements in quality and safety of care provided to children in special care units. The Authority is the statutory body established under the Health Act 2007 (as amended) with responsibility for setting standards for health and social care services, and ensuring that the standards are being met. The Authority is responsible for the registration and inspection of 'designated centres' for children, older people and people with disabilities, as defined in the Health Act 2007.

These outcome-based Standards provide a framework for providers for the ongoing development of child-centred residential services for children. The Standards also provide children and their families and or representatives with a guide as to what they can expect from special care units.

These Standards will provide the framework for the Authority to assess whether special care units are providing high quality, safe and effective services and supports to children, in line with the requirements of the Health Act 2007. These outcome-based Standards represent a review of the unpublished *Draft National Quality Standards for Residential and Foster Care Services for Children and Young People*.<sup>1</sup>

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<sup>1</sup> The *Draft National Quality Standards for Residential and Foster Care Services for Children and Young People* were sent to the Minister for Health for approval in 2011. In July 2011 a Government decision was taken to prioritise the inspection of child protection and welfare services and approval of these standards was subsequently put on hold.

## **2. Scope of the *National Standards for Special Care Units***

These *National Standards for Special Care Units* apply to special care provided to children under the Health Act 2007 and the Child Care (Amendment) Act 2011. These Standards will supersede the *National Standards for Special Care Units* (2001) developed by the Department of Health and Children.

## **3. Principles informing the *National Standards for Special Care Units***

The *National Standards for Special Care Units* are based on the key principles outlined below which guide special care units on how best to provide safe and effective services to children.

The principles are to:

1. Provide safe and effective care and support to improve the welfare of children.
2. Promote a child-centred approach to service provision that meets the needs of each child.
3. Provide appropriate and effective interventions to improve the welfare and development of children and enable them to return to less secure care.
4. Safeguard and protect each child.
5. Listen to the child's voice and uphold and promote the rights of children.
6. Promote and improve the health, development and education of each child.
7. Provide effective governance arrangements with clear leadership, management and lines of accountability.
8. Plan and use resources effectively.
9. Deliver responsive and consistent services based on evidence, good practice and in the best interests of the child.

## 4. Themes in the *National Standards for Special Care Units*

The Authority has devised a framework for developing standards. This was developed following a review of international and national evidence, engagement with international and national experts and applying the Authority's knowledge and experience of the Irish health and social care context.

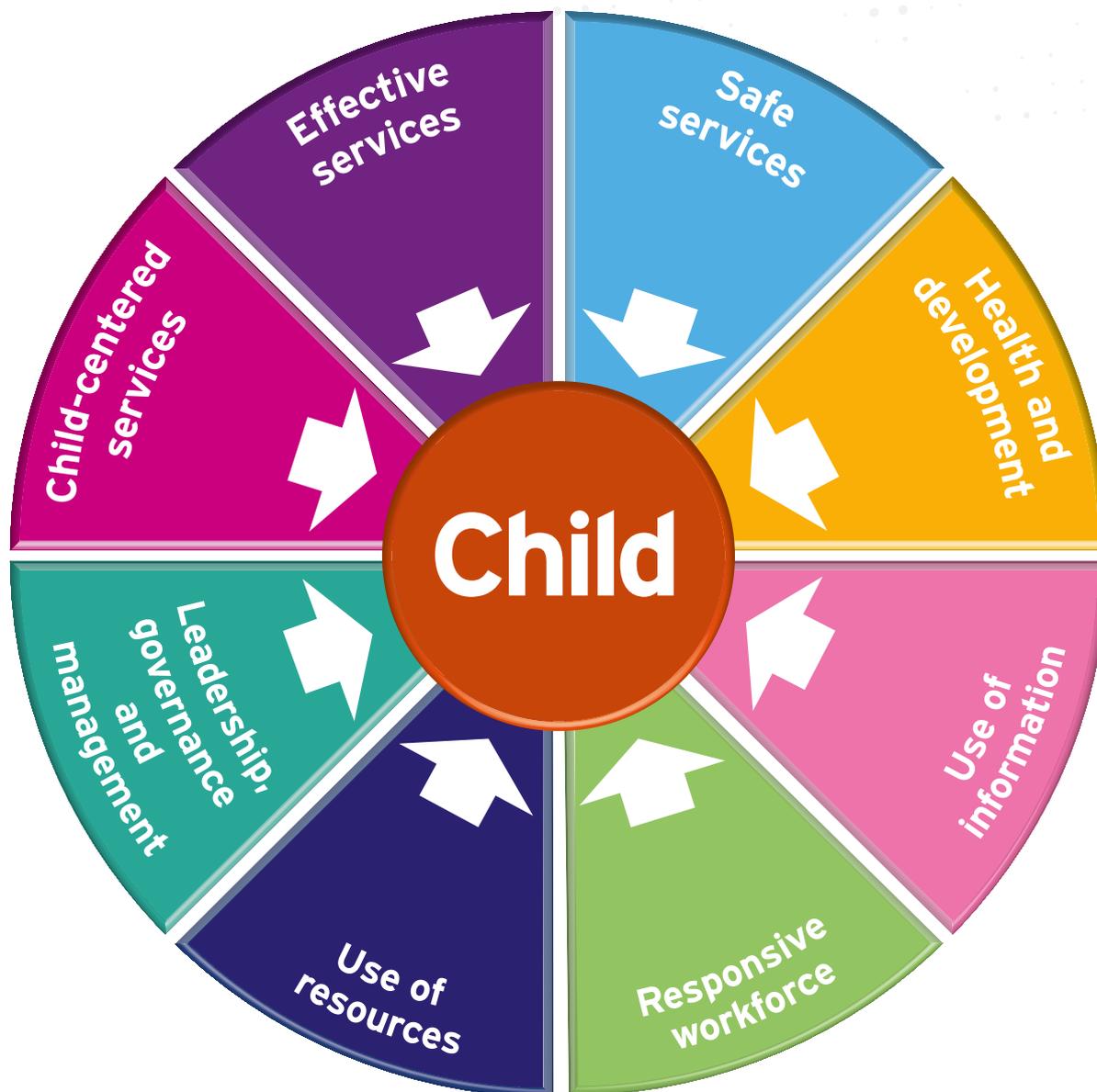
Based on this framework, the dimensions of quality described in these standards are:

- **Child-centred services** – how special care units place children at the centre of what they do. This includes the concepts of providing care and support, and protection of rights.
- **Effective services** – how special care units deliver best outcomes and a good quality of life for children, using best available evidence and information and effective interventions.
- **Safe services** – how special care units protect children and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
- **Health and development** – how special care units identify and promote optimum health, development and education for children.

Delivering improvements within these quality dimensions depends on special care units having capability and capacity in four key areas:

- **Leadership, governance and management** – the arrangements put in place by a special care unit for accountability, decision-making, risk management, as well as meeting their strategic, statutory and financial obligations
- **Use of resources** – using resources effectively and efficiently to deliver best achievable outcomes for children for the money and resources used.
- **Responsive workforce** – planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs of children.
- **Use of information** – actively using information as a resource for planning, delivering, monitoring, managing and improving care.

These themes are illustrated in Figure 1.



**Figure 1.** Themes in the National Standards

The Standards are outcome-based. This means each Standard provides a specific outcome for the service to meet, which is described in the 'standard statement'. The **standard statement** describes the high-level outcome required to deliver quality interventions, support and care to children in special care units.

The **features** under each standard statement give some examples of what a special care unit may consider in order to meet the standard and achieve the required outcome. The list of features provided under each standard statement heading is not an exhaustive list and the special care unit may meet the requirements of the Standards in different ways.

Some of the Standards will be reflected in regulations. Regulations differ from Standards, being based on primary legislation and being designed to give effect to the primary legislation. The regulations detail what the primary legislation intends.

All special care units must be registered to operate within the law. In order to be registered, the special care unit must comply with the regulations. If the special care unit does not comply with the Regulations, it may fail to achieve registration status or it may lose its registration status.

## 5. Regulation of special care units

Special care units are prescribed as 'designated centres' in the Health Act 2007 [as amended by the Child Care (Amendment) Act 2011]. The Health Information and Quality Authority has, among its legal functions, the responsibility to regulate the quality and safety of services provided in special care units. The Health Act 2007 empowers the Chief Inspector, a statutory officer, to carry out this function through the processes of registration, continuous monitoring and inspection and, where necessary, the application of its powers of enforcement.

Regulation provides assurance to the public that the service is fit-for-purpose and that children living in designated centres are receiving care and interventions that meet the requirements of the Standards, which themselves are underpinned by regulations. Regulation has an important role in driving continuous improvement so that children have better, safer lives. When a designated centre does not meet the required standards and or the provider fails to address the specific areas of non-compliance, then appropriate enforcement action is taken, to either control or limit the nature of the service provided, or to cancel a centre's registration and prevent it from operating.

Under section 46(1) of the Health Act 2007 any person carrying on the business of a residential service within a designated centre can only do so if the centre is registered under this Act and the person is its registered provider. As part of the registration and onward process of regulation, the provider must satisfy the Chief Inspector that she or he is fit to provide the service and that the service is in compliance with the Act, the regulations and these or other specified standards.

By regulating the provision of services, the Authority is fulfilling an important duty under Section 41 of the Health Act 2007. However, registration relates to a judgment of fitness at a specific point in time. It is the monitoring process that underpins continuing fitness and compliance and ultimately promotes continuous improvement.

The monitoring of compliance is a continuous process which checks that providers continue to be fit persons and continue to deliver an appropriate standard of service as prescribed by the registration authority. At all times the Chief Inspector within the Authority must continue to be satisfied that the provider and all persons involved in the management of the centre are fit and that the centre is operating within the conditions

which have been attached at registration. The monitoring of compliance is a continuous process, which contains a number of different activities to inform an inspector's judgment in relation to a provider's continuing fitness and compliance with the conditions of registration. These activities inform ongoing decision-making and the subsequent actions of the regulator.

Monitoring activities have set business rules, operating procedures and tools, all of which make up the assessment framework and include:

- inspections
- review of action plans
- review of notifications
- management of unsolicited information and secondary information received (media, other professional bodies)
- assessment of risk.

These procedures and tools ensure that the functions of the Chief Inspector are carried out in a consistent manner and are guided by agreed principles rather than subjective judgment.

## **6. Terminology used in the *National Standards for Special Care Units***

### **Children**

In this standards document, the terms child and children refer to individuals (children and young people) under the age of 18 years who have not been married (Child Care Act, 1991).

### **Family**

Throughout the Standards the term family is used. The term family includes birth family and or carer and or guardian.

### **Service**

Services provided by or on behalf of the Child and Family Agency in a special care unit, which is defined as a designated centre for children under the Health Act 2007 [as amended by the Child Care (Amendment) Act 2011].

### **Consistent with the provision of safety and security**

This refers to the provision of safe and secure care in special care units and the requirement for a risk assessment to be carried out in any instances where the safety and security of the child may be at risk.

## Summary of the National Standards

Theme 1: Child-centred Services	
Standard 1:1	The rights and diversity of each child are respected and promoted.
Standard 1:2	The privacy and dignity of each child are respected.
Standard 1:3	Each child exercises choice and experiences effective care and support as part of a programme of special care.
Standard 1:4	Each child has access to information, provided in an accessible format that takes account of their communication needs.
Standard 1:5	Each child participates in decision-making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.
Standard 1:6	Each child develops and maintains positive attachments and links with family, the community and other significant people.
Standard 1:7	Each child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Theme 2: Effective Services	
Standard 2:1	Each child is placed in special care, in accordance with his or her identified needs and subject to the relevant legal authority.
Standard 2:2	Each child has a programme of special care which details their needs and outlines the supports required to maximise their personal development.
Standard 2:3	The special care unit is homely and promotes the welfare, dignity and safety of each child, consistent with the provision of safety and security.
Standard 2.4	Children are actively supported in the transfer to and/or from special care and all transitions occur in a timely manner with a discharge plan in place to assure continuity of care.
Standard 2.5	Special care units have a care record for each child.

Theme 3: Safe Services	
Standard 3:1	Each child is safeguarded from abuse and neglect and their protection and welfare is promoted.
Standard 3:2	Each child experiences care that supports positive behaviour and emotional wellbeing.
Standard 3:3	Children are not subjected to any restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to the safety and welfare of the child or that of others.
Standard 3:4	Incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.

Theme 4: Health and Development	
Standard 4:1	The health and development of each child is promoted.
Standard 4:2	Each child receives an assessment and is given appropriate support to meet any identified need.
Standard 4:3	Educational opportunities are provided to each child to maximise their individual strengths and abilities.

Theme 5: Leadership, Governance and Management	
Standard 5:1	The special care unit performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each child and promote their welfare.
Standard 5:2	The special care unit has effective leadership, governance and management arrangements in place with clear lines of accountability.
Standard 5:3	The special care unit has a publicly available statement of purpose that accurately and clearly describes the services provided.
Standard 5:4	Appropriate service level agreements, contracts and or other similar arrangements are in place with the funding body or bodies.

### Theme 6: Use of Resources

Standard 6:1	The use of available resources is planned and managed to provide child-centred, effective and safe services to children.
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### Theme 7: Responsive Workforce

Standard 7:1	Safe and effective recruitment practices are in place to recruit staff.
Standard 7:2	Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.
Standard 7:3	Staff are supported and supervised to carry out their duties and promote and protect the care and welfare of children.
Standard 7:4	Training is provided to staff to improve outcomes for children.

### Theme 8: Use of Information

Standard 8:1	Information is used to plan and deliver a child-centred, safe and effective service.
Standard 8:2	Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a child-centred, safe and effective service.



# **National Standards for Special Care Units**

## Theme 1: Child-centred Services

Special care units are centred on the individual child and his or her care and support needs. Special care units promote a child-centred approach through recognising children's rights, including their right to be listened to and to participate in decisions made about their lives while taking into account children's age, ability and maturity. The special care unit also considers the child's need for protection and support, the safety and security requirements of secure accommodation in special care and any specific directions from the High Court in relation to the child's care.

Child-centred services will consider the 'whole child', in the context of the important relationships in their lives (family, friends and significant others) and the reasons for the child being placed in special care. As children grow up, their needs change. Special care units are flexible and respond to children's individual needs, ability, age and social circumstances, act in the child's best interests and coordinate the service around the needs of children and the safe and secure environment of special care. Staff working in special care units promote age-appropriate independence in children's daily lives and provide children with regular and flexible routines and choices within the context of restricted liberty.

Special care units value diversity and are inclusive of all groups of children who may be in a minority as a result of their culture, religion, race, ethnicity, sexual orientation, disability, or geographical location.

Clear, open and honest communication is central to encouraging children to raise issues of concern. It is also important in encouraging children to participate and share their views and in building trust with others. Special care units communicate appropriately with children according to their age, development and literacy needs. Children have access to advocacy and guardian-ad-litem services to protect their rights and best interests and facilitate decision-making and consent.

## **Standard 1.1**

### **The rights and diversity of each child are respected and promoted.**

#### **Some features to meet the requirements of this standard include:**

- 1.1.1 The rights of children, as prescribed in the United Nations Convention on the Rights of the Child and in Irish law, are promoted and protected. Deprivation of liberty due to detention in special care does not infringe on children's other civil and legal rights.
- 1.1.2 Children are informed of their rights and supported in exercising and understanding their rights in a manner that is appropriate to their age and stage of development.
- 1.1.3 Children are treated with dignity and respect, their equality is promoted and their age, gender, family status, civil status, sexual orientation, disability, race, religious beliefs and membership of an ethnic group or Traveller community is respected.
- 1.1.4 Social, religious and cultural beliefs and values are respected and valued in the everyday activities of the special care unit.
- 1.1.5 Children's dietary requirements and cultural and religious beliefs are taken into account in relation to mealtimes and food provided.
- 1.1.6 The views of children are listened to with care and respect and are taken into account in all decisions.
- 1.1.7 Children are facilitated in accessing a social worker, legal representation and advocacy services.

## **Standard 1.2**

### **The privacy and dignity of each child are respected.**

#### **Some features to meet the requirements of this standard include:**

- 1.2.1 The privacy and dignity of each child are respected, consistent with the provision of safety and security.
- 1.2.2 Room and personal searches adhere to the centre's policy which respects the privacy and dignity of each child and provide a clear rationale for the circumstances in which searches are carried out. Where possible, children are present when their rooms are searched and are informed why their room is being searched.
- 1.2.3 Personal possessions belonging to children are respected, consistent with the provision of safety and security.
- 1.2.4 Policies and procedures in relation to personal communication are child-centred, respect the privacy and dignity of children and give a clear rationale for the circumstances in which privacy may be infringed upon, the reasons for this infringement and the risks involved.

## **Standard 1.3**

### **Each child exercises choice and experiences effective care and support as part of a programme of special care.**

#### **Some features to meet the requirements of this standard include:**

- 1.3.1 Children exercise choice and have opportunities to participate in and contribute to their daily lives in an age and developmentally appropriate manner, consistent with the provision of safety and security.
- 1.3.2 Children have varied daily routines and have opportunities for new experiences, to discover and develop their talents and to acquire the skills needed for adulthood, consistent with the provision of safety and security.
- 1.3.3 Staff listen to children and give due consideration to their preferences. The particular challenges experienced by children in special care are understood by staff and arrangements are made to facilitate their autonomy, consistent with the provision of safety and security.
- 1.3.4 Special occasions and personal achievements are marked and celebrated.
- 1.3.5 Children have opportunities for supervised play, recreation and leisure, consistent with the provision of safety and security.
- 1.3.6 Children are provided with opportunities to develop social and life skills. Hobbies and interests are encouraged and facilitated, consistent with the provision of safety and security.

## **Standard 1.4**

**Each child has access to information, provided in an accessible format that takes account of their communication needs.**

### **Some features to meet the requirements of this standard include:**

- 1.4.1 All information is in a format and medium that is appropriate to the information and communication needs of each child.
- 1.4.2 Assistance and support are provided to children to access information and to communicate with others through a variety of media, consistent with the provision of safety and security.
- 1.4.3 Children are provided with an accessible copy of these Standards, appropriate to their age and stage of development, and staff in the special care unit spend time explaining the Standards to each child.
- 1.4.4 Children and their families are kept informed of and consulted about relevant developments in the special care unit.
- 1.4.5 The special care unit has a policy regarding access to information, and consent is obtained from the child's family or social worker prior to sharing any sensitive information with children.
- 1.4.6 Personal information is shared in the best interests of the child and in line with legislative requirements.

## Standard 1.5

**Each child participates in decision making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.**

### Some features to meet the requirements of this standard include:

- 1.5.1 Children are listened to with care and respect and their views are considered in all decisions. Reasons for any decisions taken are explained to the child, in accordance with their age and stage of development.
- 1.5.2 Children are consulted with and participate in decision-making, in conjunction with their social workers and social care workers.
- 1.5.3 Children have access to independent advocacy services.
- 1.5.4 The guardian ad litem, where appointed by the courts, advocates for all decisions to be taken in the best interests of the child, consults with the child and respects their privacy and dignity with the aim of protecting their rights, safety, health and welfare.
- 1.5.5 Informed consent is obtained from the child's family or social worker prior to any treatment or intervention, participation in research projects and the provision of personalised information to a third party. The procedure for obtaining consent is consistent with legislation, the policy of the registered provider and any guidance issued by professional and regulatory bodies.
- 1.5.6 Where a child is legally capable of consenting to surgical, medical or dental treatment without parental and or guardian involvement or consent,<sup>1\*</sup> the child is encouraged to communicate with and involve their family and/or social worker.

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<sup>1\*</sup> At the time of this document's publication, section 23(1) of the Non-Fatal Offences Against the Person Act 1997 provides that persons over the age of 16 years can consent to surgical, medical or dental treatment without their parents' consent. Although beyond the scope of these Standards, services are encouraged to be aware of this and any other legislation governing consent.

## **Standard 1.6**

**Each child develops and maintains positive attachments and links with family, the community, and other significant people.**

### **Some features to meet the requirements of this standard include:**

- 1.6.1 The positive attachments children make before admission are promoted and maintained by the special care unit, consistent with the provision of safety and security.
- 1.6.2 Families and friends are welcomed and are involved in the child's life, unless there are clearly documented reasons why this cannot happen or there is a direction from the High Court or the Child and Family Agency, subject to regular review.
- 1.6.3 Children are facilitated and encouraged to engage in social activities and leisure interests in the local community, consistent with the provision of safety and security.

## Standard 1.7

**Each child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.**

### **Some features to meet the requirements of this standard include:**

- 1.7.1 Information on the complaints procedure is displayed publicly and explained to children in a format that is suitable to their age and communication needs.
- 1.7.2 Children, their families and others are encouraged and supported to express any concerns and are reassured that there are no adverse consequences for raising an issue of concern, whether informally or through the formal complaints procedure.
- 1.7.3 Children have access to an advocate when making a complaint or concern.
- 1.7.4 There is a culture of openness and transparency that welcomes feedback, the raising of concerns and the making of suggestions and complaints by children and their families. These are seen as a valuable source of information and are reviewed and used to make improvements to the service provided.
- 1.7.5 Concerns and complaints are recorded and managed immediately at local level, without recourse to the formal complaints procedure. Complaints not resolved informally are dealt with under the formal complaints process.
- 1.7.6 There is a procedure for making formal complaints which is consistent with relevant legislation and regulations, service provider protocols and takes account of best practice guidelines. Children and their families are given information about how to make complaints externally, when they are not resolved within the special care unit.
- 1.7.7 Children and their families are informed of the outcome of the complaint review and any actions taken in a timely manner.

## Theme 2: Effective Services

The Child Care (Amendment) Act 2011 establishes special care on a legal basis to provide care to a child that:

- addresses the child's behaviour and the risk of harm it poses to his or her life, health, safety, development or welfare
- examines the child's care requirements and any medical and psychiatric assessment, examination and treatment and educational supervision required.

Children are only placed in special care under a High Court order.

A special care unit providing an effective service ensures that children receive a programme of special care that best suits their assessed needs and is monitored on a regular basis to identify safe practice, minimise risk and learn from adverse events.

Effective care ensures that children have timely access to the appropriate interventions, responds to their identified needs and adapts to changing needs in a managed way. Having the appropriate evidence-based assessment and providing effective interventions will enhance the lives of children requiring special care. Good planning and interventions assure continuity in the child's care.

Individual programmes of special care promote consistency, dignity, positive reinforcement and structure to support children detained in special care units, in compliance with Child and Family Agency guidelines. A responsive and effective special care unit consults with children and their families and the child's social worker about decisions that affect the care and welfare of the child while in the special care unit. Such a unit also develops a care record and prepares a discharge plan that reflects each child's care and support needs.

Special care units are transparent and accountable and share learning from good practice internally with staff and report publicly on the service's performance and its management of adverse events, in a way that protects and respects the dignity and privacy of the child. The unit must continuously monitor and evaluate standards of service provision and disseminate all learning to improve service delivery.

## Standard 2.1

**Each child is placed in special care, in accordance with his or her identified needs and subject to the relevant legal authority.**

### **Some features to meet the requirements of this standard include:**

- 2.1.1 Each child placed in the special care unit has the appropriate interim special care order or special care order in place.
- 2.1.2 There is a written policy on admission to, and discharge from, the special care unit that takes account of:
- the rights of children
  - the continuity of the child's care and discharge planning
  - the Standards
  - regulations and legislation.
- 2.1.3 On admission to the special care unit, children and their families are given information about the special care unit, in an accessible format, which explains:
- the services to be provided
  - the roles and responsibilities of staff
  - children's rights
  - the child's participation in the programme of special care
  - the use of restrictive procedures
  - school attendance
  - the procedure for making complaints
  - how to make contact with their social worker
  - how to access advocacy services
  - the Standards.
- 2.1.4 Children experience stability and wellbeing while living in the special care unit and receive care and support which promotes their dignity and provides positive reinforcement and structure. Prior to discharge from the special care unit, a discharge plan is put in place for each child.
- 2.1.5 The quality and safety of the care provided to children in special care units is monitored and reviewed on a regular basis by the service to determine if the service is meeting children's needs.

## Standard 2.2

### **Each child has a programme of special care which details their needs and outlines the supports required to maximise their personal development.**

- 2.2.1 Each child participates in a programme of special care following the assessment of identified needs, for the duration of their placement. The special care unit works with the child and their social worker to effectively implement the programme of special care.
- 2.2.2 The programme of special care is prepared in accordance with the special care order by the person in charge as soon as practicable after admission following consultation with the child, their social worker and relevant professionals. The programme of special care is signed by the person in charge and the child's social worker.
- 2.2.3 Children experience care and support which promote consistency, dignity, positive reinforcement and structure.
- 2.2.4 Children receive positive behavioural support and are assisted to develop personal abilities and strengths, decision-making skills and responsibility during their time in the special care unit.
- 2.2.5 Where the level of risk to the child changes or there is lack of progress, the arrangements made are reviewed and appropriate actions are taken to help the child, amending and updating the programme of special care where necessary.
- 2.2.6 The review of the programme of special care considers the welfare of the child and progress in achieving the objectives within agreed timescales by the High Court. The review process is recorded and the rationale for any changes is documented. Non-implementation of any part of the programme of special care is discussed at the review and any subsequent actions to be taken are documented.
- 2.2.7 The programme of special care is kept as part of the child's care record and includes the details of the:
- special care programme to be provided to the child while in the special care unit
  - discharge plan for when the child leaves special care.
- 2.2.8 The Child and Family Agency collects data on outcomes for children in special care and this is audited on a regular basis and this information is used to drive continuous improvements.

## **Standard 2.3**

**The special care unit is homely and promotes the welfare, dignity and safety of each child, consistent with the provision of safety and security.**

### **Some features to meet the requirements of this standard include:**

- 2.3.1 The living environment is fit for the purpose of providing safe and effective care and protects children from unauthorised entry or exit.
- 2.3.2 The living environment is stimulating and provides opportunities for rest and recreation and skills development.
- 2.3.3 The special care unit adheres to best practice in achieving and promoting accessibility. It regularly reviews its accessibility and carries out any required alterations.
- 2.3.4 Each child in special care has a single bedroom and there are facilities with adequate and secure storage for personal belongings.
- 2.3.5 Furnishings and facilities are homely and meet the needs of children.
- 2.3.6 Baths, showers and toilets are of a sufficient number and standard to meet the needs of children.
- 2.3.7 Food preparation and dining areas and facilities are clean, suited to their purpose and comply with food safety legislation.
- 2.3.8 Access to appropriate indoor and outdoor recreational areas is provided in the special care unit. Outdoor spaces, which are part of the premises, are safe, secure and well maintained.
- 2.3.9 Where closed circuit television (CCTV) systems are used, they do not intrude on privacy and there is a policy on the use of CCTV that is informed by relevant legislation.
- 2.3.10 The physical environment is kept in good structural and decorative repair. Clear records of major repairs, capital works and maintenance works are kept.
- 2.3.11 The special care unit is maintained to a high standard of hygiene, has effective infection prevention and control practices in place and is adequately lit, heated and ventilated.
- 2.3.12 The special care unit complies with the requirements of fire safety legislation, relevant building regulations and health and safety legislation. There is a safety statement in place.

- 2.3.13 The building and contents are insured and there is a valid insurance certificate or written confirmation of insurance cover.
- 2.3.14 All vehicles used to transport children are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed.
- 2.3.15 All equipment purchased is to an appropriate and accessible standard and is maintained and operated in line with manufacturer's instructions and good practice.
- 2.3.16 There are procedures in place for the management of risks to the health and safety of children, staff and visitors.
- 2.3.17 The special care unit has contingency plans in place to manage emergencies including power cuts and adverse weather conditions.

## **Standard 2.4**

**Children are actively supported in the transfer to and/or from special care and all transitions occur in a timely manner with a discharge plan in place to assure continuity of care.**

### **Some features to meet the requirements of this standard include:**

- 2.4.1 The special care unit has a written policy about and procedures on transfer, release and discharge from special care which comply with Child and Family Agency guidelines on special care and which promote continuity of care at all stages of the process.
- 2.4.2 Children and their families are provided with information on the processes involved in the transfer, release and discharge from special care.
- 2.4.3 Staff in special care units and the child's social worker work in partnership to support the transition to and or from special care, which is planned and implemented in consultation with the child and their family, according to appropriate time frames.
- 2.4.4 Unless there is a High Court direction or other formally documented reason, which might limit the degree of parental involvement, family members participate in the planning of the child's transition from the special care unit and the subsequent care arrangements that are involved.
- 2.4.5 The special care unit works in partnership with each child's social worker to ensure continuity of care on discharge and to facilitate access to aftercare services, where appropriate. A discharge plan is prepared before the child leaves the special care unit.
- 2.4.6 The special care unit conducts exit interviews with each child who leaves special care and this information is shared with the child's social worker.

## **Standard 2.5**

### **Special care units have a care record for each child.**

**Some features to meet the requirements of this standard include:**

- 2.5.1 The person in charge of the special care unit keeps an up-to-date care record for each child detained in the special care unit.
- 2.5.2 Each child's care record is kept in accordance with requirements of the regulations.
- 2.5.3 The care record is treated as confidential and held in accordance with legislative, regulatory and best practice requirements.

### Theme 3: Safe Services

Services promote the safety of children through the assessment of risk, learning from adverse events and the implementation of policies and procedures designed to protect children. The safeguarding of children in special care units is paramount.

Safe services safeguard and protect children from abuse and neglect. Such services follow policy and procedure as outlined in *Children First: National Guidance for the Protection and Welfare of Children (2011)* (referred to as Children First in this standards document) and relevant legislation when reporting any concerns of abuse and or neglect to the relevant authorities. Where children display behaviour that may indicate that they are putting their own safety and welfare at risk and or that of other children at risk, interventions may be required to protect them.

Children experience a programme of special care which promotes consistency, dignity, positive reinforcement and structure. Restrictive procedures are not to be used on children unless there is evidence that it is required due to a serious risk to their own safety and welfare and that of others. Written policies and procedures detail the use of restrictive procedures including single separation and restraint. Staff are fully trained in all interventions used in special care units, while all instances of the use of restrictive procedures are recorded in the child's individual crisis management plan. The service implements a reduction strategy to limit the use of restrictive procedures and the use of restrictive procedures is monitored on an ongoing basis. Services promote positive behaviour supports and regularly consult with children, their families and the child's social worker on how best to support children's emotional wellbeing and behaviour that challenges.

Safe services are open, transparent and accountable. Learning from adverse events and serious incidents is shared internally with staff. The special care unit reports on adverse events and serious incidents in accordance with legislation, regulations and national policy and guidelines, in a manner that protects and respects the dignity and privacy of the child.

## **Standard 3.1**

### **Each child is safeguarded from abuse and neglect and their protection and welfare is promoted.**

#### **Some features to meet the requirements of this standard include:**

- 3.1.1 There are policies and procedures to safeguard children from all forms of abuse and neglect, in line with Children First and relevant legislation. This includes procedures to protect children from the risk of violence, bullying and harassment by other children, staff or persons in the special care unit. These policies and procedures are understood and implemented by all staff.
- 3.1.2 The special care unit has risk assessment and management policies and procedures in place. The service's approach to risk management safeguards children and supports responsible risk-taking appropriate to each child's age and capacity and the presenting risks.
- 3.1.3 Children are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Areas of vulnerability are identified and individual safeguards put in place and recorded in each child's care record.
- 3.1.4 All information and advice given to help children to care for and protect themselves is sensitive to age, personal history and stage of development.
- 3.1.5 Staff work in partnership with children, families and the child's social worker to promote the safety and wellbeing of children.
- 3.1.6 Personal and intimate care provided to children who require assistance is appropriate for their needs and is monitored to ensure that they are safeguarded.
- 3.1.7 Where there has been an allegation of abuse or neglect by or against a child, policies and procedures, as outlined in Children First and legislation, are followed.
- 3.1.8 Where a concern arises for a child's safety, the person in charge takes all reasonable and proportionate interim measures to protect them, pending the outcome of any assessment or investigation.
- 3.1.9 Where the person being accused of alleged abuse is a staff member, there are clearly defined procedures, understood by all staff, for the investigation and management of allegations of abuse. These procedures prioritise the safety of children, and they ensure that those people who are the subject of allegations are treated fairly.

- 3.1.10 A designated person is appointed to act as a liaison with outside agencies and as a resource person for staff members, carers or volunteers who have child protection concerns. The designated person is responsible for reporting allegations or suspicions of abuse and neglect to the Child and Family Agency or to An Garda Síochána, in accordance with Children First and relevant legislation.

## Standard 3.2

### Each child experiences care that supports positive behaviour and emotional wellbeing.

#### Some features to meet the requirements of this standard include:

- 3.2.1 The special care unit has a written policy and procedure on the provision of behavioural support to children that promotes a positive approach to the management of behaviour that is challenging. It takes account of, and is formulated in strict adherence to, international human rights instruments, legislation, regulations, national policy and evidence-based practice guidelines.
- 3.2.2 Staff are given information, appropriate to their role, on any mental health difficulties that a child may have that could influence behaviour.
- 3.2.3 Communications are clear, appropriate and positive to support each child's own growth and development and understanding of behaviour that is challenging and behaviour that is respectful of the rights of others.
- 3.2.4 Specialist interventions are evidence based and implemented in accordance with regulations, national policy and guidelines and with the informed consent of children and their families or persons acting on their behalf.
- 3.2.5 Staff consult with children, social workers and families in order to learn how best to support children to understand and manage behaviour that is challenging.
- 3.2.6 Care practices in the special care unit promote a positive approach to behaviour that is challenging and the provision of positive behavioural support is tailored to meet the needs of each child and is appropriate to their age and stage of development.
- 3.2.7 Where a child experiences repeated difficulty in managing behaviour that is challenging, an assessment is carried out by a suitably qualified professional in order to devise a plan to provide additional support, in consultation with the child, their family and social worker. The professional involved monitors and evaluates the intervention and it is reviewed by the multidisciplinary team on a regular basis.
- 3.2.8 Staff in the special care unit are trained:
  - in identifying the underlying causes of behaviour
  - in the provision of positive behavioural support to children and the management of behaviour that is challenging
  - in mental health awareness, bullying, harassment, neglect and abuse and how these can impact on the behaviour of children

- to understand and to respond to behaviour and verbal and non-verbal communication that may indicate an issue of concern.

3.2.9 Staff are given all relevant information required to assist them in supporting children with behaviour that is challenging and have access to specialist advice and appropriate support. Such support includes:

- interventions designed to promote effective communication
- guidelines for appropriate responses to particular situations
- access to advice and or consultation outside of normal working hours.

3.2.10 The special care unit regularly monitors and audits the service's approach to managing behaviour that is challenging and provides positive behavioural support, as outlined in the service's policy.

### **Standard 3.3**

**Children are not subjected to any restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to the safety and welfare of the child or that of others.**

#### **Some features to meet the requirements of this standard include:**

- 3.3.1 Special care units limit the use of restrictive procedures and have due regard for the welfare of children at all times. Restrictive procedures are only used as an emergency intervention following a risk assessment, in line with the service's policy.
- 3.3.2 Each special care unit has a policy for dealing with situations that involve a risk to safety. This policy includes the use of restrictive procedures, and all use of restrictive procedures is in accordance with the policy. It takes account of, and is formulated in strict adherence to, international human rights instruments, legislation, regulations, national policy and evidence-based practice guidelines.
- 3.3.3 Each instance of the use of a restrictive procedure is sanctioned in advance by persons at an appropriate level of management and implemented by staff that are trained and certified. All uses of restrictive procedures are:
- for the shortest possible duration
  - recorded in the child's care record
  - notified to the relevant personnel
  - reported and reviewed by senior management
  - monitored on an ongoing basis.
- 3.3.4 A debrief is carried out following the use of a restrictive procedure with each child, their family, the child's social worker and relevant staff members to review the use of the intervention and record the learning.
- 3.3.5 Staff in the special care unit are:
- trained in the use of restrictive procedures and only use approved and agreed techniques
  - trained in conciliation and de-escalation to reduce the likelihood of conflict and the need for restrictive procedures.
- 3.3.6 The special care unit regularly monitors and audits the service's approach to the use of restrictive procedures, as outlined in the service's policy and implements a reduction strategy to limit the use of restrictive procedures.

## **Standard 3.4**

### **Incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.**

#### **Some features to meet the requirements of this standard include:**

- 3.4.1 The special care unit promotes a culture of open disclosure and provides support to all persons involved in incidents in the special care unit.
- 3.4.2 There are policies and procedures for the notification, management and review of incidents, in line with regulations and national policy.
- 3.4.3 Incidents are notified to the Health Information and Quality Authority in accordance with the regulations, in the required format and within the specified time frame. The child's social worker and the Child and Family Agency monitoring officer for the special care unit are also notified.
- 3.4.4 Incidents are reported and reviewed in a timely manner, in line with local and national policies and procedures. Social workers are informed of incidents. All necessary actions are identified and implemented and children and their families are kept informed and supported during this process.
- 3.4.5 The special care unit ensures the prompt and effective dissemination of the recommendations and learning from the management and review of incidents.
- 3.4.6 The learning from the evaluation of all incident reviews is communicated in the service. The lessons learned are used to inform the development of best practice and improve service provision.
- 3.4.7 There is a policy and procedure on 'whistle-blowing' and protected disclosure. Staff are aware of who they report concerns to and can do so without fear of adverse consequences to themselves.

## Theme 4: Health and Development

Prioritising the health and development of children is essential for growth, positive social relationships and community integration. Health, educational development, physical and cognitive attainment, social and emotional development and relationships with family and community are all important factors in a child's development.

Services constantly look for ways and opportunities to enhance the health and development of children. Good health and development can be achieved by improving the quality of children's lives through the provision of accessible services based on need, early intervention and by narrowing the gap in education and health outcomes for children.

Special care is part of a continuum of State care available to children in Ireland. It provides for a short-term, stabilising intervention that prioritises safe care in a secure, therapeutic environment which aims to enable the child to return to a less secure placement as soon as possible, based on the needs of that child. Given the restriction on the child's liberty, detention in special care can only be made pursuant to an Order of the High Court under provisions made in the Child Care (Amendment) Act 2011. It is essential that the mental and physical health of children in special care units is supported and that they have access to the required health interventions and treatments to protect and promote good health. The child's education follows the relevant curriculum, is tailored to the needs of each child and education support is provided, where required.

It is important that children, their families and services all work together to promote and improve child health and development. Special care units can enhance the care and support children receive and improve overall quality of life for children by prioritising access to health services and promoting educational opportunities.

## **Standard 4.1**

### **The health and development of each child is promoted.**

#### **Some features to meet the requirements of this standard include:**

- 4.1.1 Special care units develop and deliver initiatives to promote the health and development of children and provide programmes of special care in line with the service's objectives and in consultation with children and their families.
- 4.1.2 Special care units cooperate with other service providers and other statutory and non-statutory agencies to promote the health and development of children.
- 4.1.3 Special care units facilitate each child to access screening, early detection and the full range of medical, psychological, dental, ophthalmic and other specialist services.
- 4.1.4 Special care units facilitate timely referral to mental health and substance abuse services, where appropriate.
- 4.1.5 Health promotion initiatives within the special care unit prioritise the importance of good physical and mental health and detail what supports are available to children.
- 4.1.6 Health and wellbeing is promoted and supported through advice on:
  - smoking cessation
  - diet and nutrition
  - exercise and physical health
  - sexual health.

## **Standard 4.2**

### **Each child receives an assessment and is given appropriate support to meet any identified need.**

#### **Some features to meet the requirements of this standard include:**

- 4.2.1 Children receive a timely, comprehensive, multidisciplinary and systematic assessment of their physical and mental health needs by appropriately qualified staff, which informs the programme of special care to be provided and is regularly updated and reviewed.
- 4.2.2 The multidisciplinary assessment is based on consultation with the child, their family and the child's social worker. Assessment goals are shared, reviewed on a regular basis and revised, as appropriate.
- 4.2.3 Children have access to a general practitioner (GP) or suitably qualified medical practitioner.
- 4.2.4 Where a child requires the services of a health or social care professional they are provided in an appropriate setting, consistent with safety and protection, which involves the least disruption to their daily life and maximises the opportunities for continuity of treatment.
- 4.2.5 The person in charge promotes effective communication between the health and social care professionals involved in the support and treatment of children. The assessment and planning processes are used to bring direction, coordination and coherence where children undergo multiple and diverse health and social care interventions.
- 4.2.6 The special care unit has medicines management policies and procedures in place that comply with legislative and professional regulatory requirements and best practice guidelines.
- 4.2.7 Staff working in the special care unit are familiar with all operational policies and procedures and have appropriate training in relation to the ordering, storing, administration and disposal of medicines.
- 4.2.8 Medicines are only administered when required and in accordance with the directions of the authorised prescriber.
- 4.2.9 Records are kept to account for all medicines stored in the special care unit. All medications administered and any medication errors, suspected adverse reactions and incidents are recorded, reported and analysed.

## **Standard 4.3**

**Educational opportunities are provided to each child to maximise their individual strengths and abilities.**

### **Some features to meet the requirements of this standard include:**

- 4.3.1 The special care unit promotes and actively supports educational attainment, and has adequate arrangements in place for access to educational facilities. Children in special care units attend school in line with legislative requirements.
- 4.3.2 Staff link in with educational staff teaching in the special care unit and the child's social worker in order to ensure that the particular needs of each child are assessed and addressed.
- 4.3.3 Continuity of education for children is prioritised by the service in partnership with the child's social worker and education staff.
- 4.3.4 Comprehensive records are maintained of each child's educational progress during their time in special care including reports obtained, certificates awarded, assessment reports and any remedial assistance provided.
- 4.3.5 Children are given additional support and appropriate assistance when managing transitions such as changing school or entering a higher level of education and or training.
- 4.3.6 Children approaching school-leaving age are actively encouraged to participate in third-level education or vocational training programmes as appropriate to their abilities, interests and aspirations.

## **Theme 5: Leadership, Governance and Management**

Effective governance in special care units is guided by provisions made in Irish and European legislation and national policy documents. It is accomplished by directing and managing activities using good business practices, objectivity, accountability and integrity.

In an effective governance structure, overall accountability for the delivery of services is clearly defined and there are clear lines of accountability at individual, team and service levels so that all individuals working in the service are aware of their responsibilities and who they are accountable to.

The statement of purpose for the service promotes transparency and responsiveness by accurately describing its aims and objectives, the services provided, including how and where they are provided. Governance systems ensure that service delivery is safe and effective through the ongoing use of audit and the monitoring of its performance.

Effective leadership and management ensure that a service fulfils its statement of purpose and achieves its objectives. The deployment of necessary resources through informed decisions and actions facilitates the delivery of effective and safe services to children.

The effectiveness of services sourced externally is monitored through formalised agreements. The safety of services provided by service providers on behalf of the State is assured through the monitoring of compliance with legislation and acting on national policy, standards and recommendations.

## **Standard 5.1**

**The special care unit performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each child and promote their welfare.**

### **Some features to meet the requirements of this standard include:**

- 5.1.1 Staff demonstrate a knowledge of the relevant legislation, regulations, policies and standards for the care and welfare of children in special care, appropriate to their role, and this is reflected in all aspects of their practice.
- 5.1.2 Appropriate action is taken by the registered provider and person-in-charge to comply with regulations.
- 5.1.3 Appropriate action by the registered provider and person-in-charge is taken on recommendations made following an investigation into the service.
- 5.1.4 New and existing legislation and national policy is reviewed on a regular basis to determine what is relevant to the service, how it impacts on practice and to address any gaps in compliance.

## Standard 5.2

### The special care unit has effective leadership, governance and management arrangements in place with clear lines of accountability.

#### Some features to meet the requirements of this standard include:

- 5.2.1 The special care unit has clearly defined accessible governance arrangements and structures that set out the lines of authority and accountability, stipulate individual accountability and specify roles and responsibilities.
- 5.2.2 A person in charge with overall executive accountability, responsibility and authority for the delivery of the service is in place for each special care unit.
- 5.2.3 The special care unit is registered in accordance with statutory requirements.
- 5.2.4 The registered provider, the person in charge and all other persons involved in the management of the service are fit persons.
- 5.2.5 The registered provider ensures that alternative management arrangements are in place for when the person in charge is absent and details of alternate arrangements are recorded.
- 5.2.6 There is an internal management structure appropriate to the size, ethos, purpose and function of the special care unit.
- 5.2.7 Leadership is demonstrated by management at all levels and there is a commitment to continuous improvements and a culture of quality and safety in the service.
- 5.2.8 Service leaders demonstrate that they understand the needs of children in receipt of their services. They direct sufficient resources to services for the care and welfare of children.
- 5.2.9 Strategic and operational plans for the service set clear objectives and plans for the delivery of child-centred, safe and effective services. Strategic and operational plans are implemented, and reviewed on an annual basis.
- 5.2.10 There are management arrangements in place to achieve planned service objectives effectively and efficiently.
- 5.2.11 Information governance arrangements are in place to ensure that the service complies with legislation and regulations, uses information ethically and uses best available evidence to protect personal information and to support the provision of services for children.
- 5.2.12 The registered provider and the person in charge monitor the quality and safety of the programme of special care provided to children on an annual basis to drive improvements in outcomes for children.

- 5.2.13 The registered provider and the person in charge, in partnership with the Child and Family Agency, monitors the continuity of care provided to children in special care to drive improvements in outcomes for children.
- 5.2.14 The special care unit conducts an annual review of compliance with strategic objectives and timely action is taken to drive improvements in service delivery.
- 5.2.15 Regular audits are carried out to assess, evaluate and improve the provision of services in a systematic way in order to achieve better outcomes for children.
- 5.2.16 The registered provider ensures there is a risk management framework and supporting structures in place for the identification, assessment and management of risk. There are systems in place to effectively manage risk, including a designated person or persons to contact in an emergency.
- 5.2.17 Records are maintained to monitor complaints, concerns and adverse events. Details are taken of any investigations and related actions, to help ensure complaints, concerns and adverse events are addressed appropriately, trends are detected and learning takes place.
- 5.2.18 All operational policies and procedures for the special care unit are developed, reviewed and updated by the registered provider.

## **Standard 5.3**

**The special care unit has a publicly available statement of purpose that accurately and clearly describes the services provided.**

### **Some features to meet the requirements of this standard include:**

- 5.3.1 The registered provider ensures there is a statement of purpose for the special care unit which meets regulatory requirements, clearly describes the model of service provision delivered in the service and includes the following information:
- the aims, objectives and ethos of the service
  - the range of services and any specialised facilities provided
  - the management and staff employed in the special care unit
  - arrangements for the child's wellbeing and safety.
- 5.3.2 The statement of purpose reflects the day-to-day operation of the special care unit and it is reviewed and revised in line with regulatory requirements.
- 5.3.3 The statement of purpose is publicly available and communicated to children and their families, in an accessible format.
- 5.3.4 The review and evaluation of the statement of purpose is incorporated in the service's governance arrangements to provide assurance that services are being delivered within the scope of the statement of purpose.

## **Standard 5.4**

### **Appropriate service level agreements, contracts and or other similar arrangements are in place with the funding body or bodies.**

**Some features to meet the requirements of this standard include:**

- 5.4.1 Formal service level agreements, contracts or similar arrangements clearly define the relationship, role and responsibilities of both service provider and funding body.
- 5.4.2 The service level agreement, contract or similar arrangement clearly specifies the nature, quality, quantity and outcome of the service to be delivered and what level of funding is being provided.
- 5.4.3 The service level agreement, contract or similar arrangements defines the reporting, monitoring, review and oversight arrangements in place between the service provider and the funding body, including expectations as regards compliance with relevant legislation, national policy and relevant quality standards, systems and measures.

## **Theme 6: Use of Resources**

The effective management and use of available financial and human resources is fundamental to delivering safe and effective services that meet the needs of children.

A well run special care unit uses resources effectively and seeks opportunities to provide an improved service, which achieves better outcomes for children. Resource decisions take account of the needs of children and the levels of demand on the service. Staff who make decisions on the use of resources are accountable for the decisions made and ensure these decisions are well informed.

## Standard 6.1

### The use of available resources is planned and managed to provide child-centred, effective and safe services to children.

#### Some features to meet the requirements of this standard include:

- 6.1.1 The special care unit demonstrates an understanding of the levels of need within the service to inform the planning and allocation of resources.
- 6.1.2 There are clear plans that take account of the funding and resources available to ensure the provision of child-centred, safe and effective services for children in the special care unit.
- 6.1.3 Resources are effectively deployed to meet the needs of children and to support the delivery of effective special care, in accordance with the statement of purpose.
- 6.1.4 The special care unit demonstrates transparent and effective decision-making when planning, procuring and managing the use of resources. Sustainability measures are incorporated into the planning, management and use of resources.

## **Theme 7: Responsive Workforce**

Each staff member has a key role to play in delivering effective and safe services to children. Special care units organise and manage their workforce to ensure that staff have the required skills, experience and competencies to respond to the needs of children.

Safe recruitment practices help to ensure that staff have the required qualifications, qualities, skills, competencies and experience to undertake the duties associated with their roles and responsibilities. All staff receive support and supervision to ensure that they perform their job to the best of their ability. The performance of staff is appraised at regular specified intervals.

Staff are registered with their professional regulatory body where relevant (for example, health and social care professionals are registered with CORU, the Health and Social Care Professionals Council) to assure the public that they are competent to deliver safe services to children.

Providing services to children in special care units can be complex and demanding for the staff involved. The service protects its workforce from the risk of work-related stress, bullying, violence and harassment, and it listens and responds to their views.

As aspects of service provision change and develop over time, the service supports staff to continuously update and maintain their knowledge and skills. The training needs of the workforce are monitored on an ongoing basis and identified training needs are addressed to ensure the delivery of child-centred, safe and effective services for children.

All staff receive specific training in the safeguarding of vulnerable children to ensure that they are well equipped with the knowledge and skills to recognise the signs of abuse and or neglect and the action or actions required to protect children from significant harm.

## **Standard 7.1**

### **Safe and effective recruitment practices are in place to recruit staff.**

#### **Some features to meet the requirements of this standard include:**

- 7.1.1 Staff are recruited in compliance with employment and equality legislation, and recruitment and selection processes are informed by evidence-based human resource practices.
- 7.1.2 The registered provider identifies the skills, competencies and personal attributes required of staff and recruits accordingly.
- 7.1.3 Vetting disclosure of staff and volunteers is provided in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and international vetting is carried out, where required.
- 7.1.4 All staff have written job descriptions and a copy of their terms and conditions of employment, in line with legislative requirements.
- 7.1.5 An up-to-date, accurate and secure personnel file is kept for all staff, in line with regulatory requirements.
- 7.1.6 Orientation and induction training is provided to all staff when they start working in the special care unit.
- 7.1.7 There is a written code of conduct for all staff. All staff also adhere to the codes of conduct of their own professional body and or association and or professional regulatory body.

## Standard 7.2

### Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.

#### **Some features to meet the requirements of this standard include:**

- 7.2.1 At all times there are sufficient numbers of staff with the necessary experience and competencies to meet the needs of the children in the special care unit and which reflect the size, layout and purpose of the service.
- 7.2.2 At all times there are sufficient staff available to ensure the safety of children. Contingency plans are in place in the event of a shortfall in staffing levels.
- 7.2.3 The continuity of support and the maintenance of relationships are promoted through:
- strategies for the retention of staff
  - ensuring sufficient staffing levels to avoid dependency on temporary and agency staff.
- 7.2.4 Staff have the necessary qualifications and skills, appropriate to their role, to provide care and support to children in special care units and are registered with the relevant professional regulatory body in compliance with legislation. Staff maintain their professional competence.
- 7.2.5 Key workers have the skills required to plan and coordinate a programme of special care and to liaise effectively with other organisations and professionals.
- 7.2.6 The special care unit has competent managers with the appropriate qualification or qualifications and who have sufficient practice and management experience to manage the special care unit and meet its stated purpose, aims and objectives.

## Standard 7.3

### **Staff are supported and supervised to carry out their duties and promote and protect the care and welfare of children.**

#### **Some features to meet the requirements of this standard include:**

- 7.3.1 Staff understand their roles and responsibilities, have clear accountability and reporting lines and are aware of policies and procedures to be followed at all times.
- 7.3.2 Staff are supported to effectively exercise their personal, professional and collective accountability for the provision of child-centred, effective and safe services to children.
- 7.3.3 There are procedures to protect staff by minimising the risk of violence, bullying and harassment by other members of staff or persons in the special care unit. Where risks to staff are identified, procedures are followed and appropriate action taken.
- 7.3.4 Staff receive regular supervision and support by appropriately qualified and experienced staff and have access to support and advice.
- 7.3.5 Each individual staff member's performance is formally appraised, at least annually, by appropriate personnel.
- 7.3.6 A written record is kept of each supervision, support and performance appraisal and a copy is given to the member of staff. The record is signed by the supervisor and staff member at the end of each supervision, support and performance appraisal session and is available for inspection.
- 7.3.7 Staff are given information on and facilitated to make protected disclosures about the quality and safety of the service in line with legislative requirements.
- 7.3.8 Staff are provided with training and development opportunities that equip them with the necessary skills required to meet the needs of children in special care units.
- 7.3.9 Management and supervision training is provided to all managers who manage front-line staff.
- 7.3.10 Volunteers are given clear guidance on their role and the name of the person with responsibility for the supervision of their work and to whom they report to.

## **Standard 7.4**

### **Training is provided to staff to improve outcomes for children.**

**Some features to meet the requirements of this standard include:**

- 7.4.1 All staff receive training, relevant to their role, to provide child-centred, effective and safe care and interventions to children in special care units.
- 7.4.2 A training needs analysis is periodically undertaken with all staff and relevant training, appropriate to their role, is provided as part of a continuous professional development programme.
- 7.4.3 There is a continuous professional development and training programme to ensure that staff maintain competence in all relevant areas.
- 7.4.4 All staff receive ongoing training in Children First, including the prevention, detection and reporting of child abuse and their requirement to protect children and report abuse, as outlined in legislation and national policies, including Children First.
- 7.4.5 All staff receive training in positive behavioural support, the use of restrictive procedures and conciliation and de-escalation techniques.
- 7.4.6 The person in charge ensures that staff and children actively participate in health and safety education and training programmes.
- 7.4.7 The person in charge ensures that mandatory training requirements for all staff are met and updated on an ongoing basis.

## Theme 8: Use of Information

Quality information and effective information systems are central to improving the quality of services provided to children in special care units. Quality information, which is accurate, complete, legible, relevant, reliable, timely and valid, is an important resource for service providers in planning, managing, delivering and monitoring services.

To effectively use the multiple sources of information available, service providers have systems, including information and communications technology, to ensure the collection and reporting of quality information within the context of effective arrangements for information governance.

Information governance refers to the systems and processes that service providers have in place to manage information to support their immediate and future regulatory, legal, risk, environmental and operational requirements. An information governance framework enables services to ensure all information including personal information is handled securely, efficiently, effectively and in line with legislation. This supports the delivery of child-centred, safe and effective services to children.

## **Standard 8.1**

### **Information is used to plan and deliver a child-centred, safe and effective service.**

#### **Some features to meet the requirements of this standard include:**

- 8.1.1 There is a robust and secure system for managing information to support the delivery of child-centred, safe and effective services and support.
- 8.1.2 Information is collated, managed and shared to support effective decision-making, if appropriate, in compliance with legislation.
- 8.1.3 A system is in place to gather information about the quality and safety of the service, including outcomes for children using the service. This information is used to inform management decisions and to drive continuous improvements in service provision.
- 8.1.4 Children and their families are informed by the special care unit on the recording and intended use of all personal information, in line with current legislation.

## **Standard 8.2**

**Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a child-centred, safe and effective service.**

### **Some features to meet the requirements of this standard include:**

- 8.2.1 Information governance arrangements are in place to ensure that the special care unit complies with legislation, uses information ethically, and uses best available evidence to protect personal information and support the provision of child-centred, safe and effective services and support.
- 8.2.2 Records required for the effective and efficient running of the special care unit are up-to-date, are of a high quality and are accurate at all times.
- 8.2.3 The special care unit holds a register (electronic or hard copy) in line with statutory requirements, which details the relevant information in respect of each child who resides in the service.
- 8.2.4 There is a policy for the retention and destruction of records in compliance with the Data Protection Acts, 1988 and 2003.
- 8.2.5 The privacy of each child's personal information is protected and respected, and any personal information is treated as confidential and held in accordance with legislative, regulatory and best practice requirements.

## Glossary of terms

**Advocacy:** the practice of an individual acting independently of the service provider, on behalf of, and in the interests of children and families, who may feel unable to represent themselves.

**Advocate:** a person who practices advocacy.

**Assessment:** a process by which a child's needs are evaluated and determined so that they can be addressed.

**Care record:** A record of all information relating to a child to support the special care unit to promote and protect the child's life, health, safety, development and welfare, as detailed in the Regulations.

**Child:** a person under the age of 18 years who has not been married.<sup>2+</sup>

**Child abuse:** child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time. For detailed guidance and signs and symptoms on each type of abuse, please refer to *Children First: National Guidance for the Protection and Welfare of Children* (2011).

**Child protection:** the process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect.

**Competency:** the behavioural definition of the knowledge, skills, values and personal qualities that underlie the adequate performance of professional activities.

**Complaint:** an expression of dissatisfaction with any aspect of a service.

**Designated centre:** a designated centre is defined in Part 1, Section 2 of the Health Act 2007 as an institution in which residential services are provided by the Child and Family Agency or other service providers including residential services run by public, private and voluntary organisations.

**Discharge plan:** details the plan for the care and welfare of each child on discharge from the special care unit. Also known as a 'step-down' plan.

**Fit person:** all registered providers of designated centres must be 'fit persons' under the Health Act 2007. For the purposes of these standards, being a fit person means that the registered provider has the skills, knowledge and good character to safely and effectively provide services to people residing in designated centres.

**Garda Síochána vetting:** the practice whereby employers obtain information from An Garda Síochána as to whether or not a prospective or existing employee or volunteer has a criminal conviction.

**Governance:** the function of determining the organisation's direction, setting objectives and developing policy to guide the organisation in achieving its objectives and stated purpose. Effective governance

<sup>2+</sup> As defined in the Child Care Act, 1991.

arrangements recognise the interdependencies between corporate and clinical governance and integrate them to deliver safe and effective services to children in special care.

**Guardian ad litem:** Section 26 of the Child Care Act, 1991 makes provision for the courts to appoint a guardian ad litem for a child. A guardian ad litem is appointed to protect the rights and best interests of the child. The 'guardian ad litem service' is a service that in most cases provides children involved in family law actions with an independent voice in court. This means that appropriate people, called guardian ad litem, are appointed by the court to talk with the child, their family and other organisations who know the child and their family during this process. They then consider all that they have heard and advise the court on what is in the best interest of the child concerned. They will include the child's own wishes.

**Incident:** an event or circumstance which could have resulted, or did result, in unnecessary harm to an individual. Incidents include serious incidents as defined in the Health Information and Quality Authority's *Guidance for the Health Service Executive for the Review of Serious Incidents including Deaths of Children in Care* and those listed in the Regulations.

**Information governance:** the arrangements that service providers have in place to manage information to support their immediate and future regulatory, legal, risk, environmental and operational requirements.

**Inspection:** inspection is part of the monitoring process by which the Authority checks compliance with standards and regulations. Inspectors speak to service users and their carers about the experiences of the service that they receive. The experiences of inspectors, triangulated with other evidence and information from a range of sources, are a key part of inspections and inform inspection judgments. Inspection is a tool of monitoring.

**Monitoring:** systematic process of gathering and analysis of information and tracking change over time for the purpose of improving the quality and safety of health and social care.

**Multidisciplinary:** an approach to the planning and delivery of care by a team of health and social care professionals who work together to provide integrated care.

**Open disclosure:** An open, consistent approach to communicating with children and their families when things go wrong in the provision of services. This includes expressing regret for what has happened, keeping the child and their family informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse event.

**Person in charge:**<sup>3\*</sup> the person whose name is entered on the register as being in charge of or managing the special care unit.

<sup>3\*</sup> Definitions that are subject to regulations.

**Policy:** a written operational statement of intended outcomes to guide staff actions in particular circumstances.

**Positive behaviour support:** treatment as part of a programme of special care that supports the physical, psychological or emotional well-being of children, as outlined in the Regulations.

**Procedure:** a written set of instructions that describe the approved steps to be taken to fulfil a policy.

**Protected disclosure:** a protected disclosure (also known as 'whistleblowing') provides legal safeguards for people who want to report serious concerns they have about standards of safety or quality in Irish health and social care services. If a reported concern qualifies as a protected disclosure, the person making the protected disclosure is afforded certain legal protections under the Health Act 2007.

**Quality:** quality is meeting the assessed needs and expectations of service users by ensuring the provision of efficient and effective management and processes.

**Record:** a record includes any memorandum, book, plan, map, drawing, diagram, pictorial or graphic work or other document, any photograph, film or recording (whether of sound or images or both), any form in which data is held. It also includes any other form (including machine-readable form) or thing in which information is held or stored manually, mechanically or electronically and anything that is a part or a copy, in any form, of any

of the foregoing or is a combination of two or more of the foregoing.

**Register:**\* the register of residential services established under Part 7, Section 41, of the Health Act 2007. In order to be entered on the register, the special care unit must be in compliance with standards and regulations.

**Registered provider:**\* the person whose name is entered on the register as the person carrying on the business of the residential service.

**Regulation:** a governmental order having the force of law.

**Representative:** this is the person, preferably nominated by the individual, who acts on the child's behalf. This person will often be a family member and could also be a guardian ad litem, advocate or legal advisor. The role of this person is to ascertain, as far as possible, the individual's wishes and to act in every instance in the individual's best interests.

**Restraint:** any intervention, medication or device that restricts the freedom of movement of the child.

**Restrictive procedure:** a restrictive procedure is a practice that limits an individual's movement, activity of function; interferes with an individual's ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values; or requires an individual to engage in a behaviour that the individual would not engage in given freedom of choice. Restrictive procedures include single separation and physical, environmental and chemical restraint.

**Risk:** the likelihood of an adverse event or outcome.

**Risk management:** the systematic identification, evaluation and management of risk. It is a continuous process with the aim of reducing risk to an organisation and individuals.

**Safety statement:** is the name given to the document that outlines how an organisation and or a company manages their health and safety, based upon the Safety, Health and Welfare at Work Act, 2005.

**Service level agreement:** is part of the contract between the service provider and the funding body where the level and scope of the service is formally defined.

**Service provider:** person(s) or organisations that provide services. This includes staff and management that are employed, self-employed, visiting, temporary, contracted or anyone who is responsible or accountable to the organisation when providing a service to children.

**Single separation:** the confining of a child, with or without their agreement in a safe and secure area as a means of control and as a response to the assessed extreme and immediate risk being presented by the child:

- to themselves or to any other person, or
- property, where the damage to such property could cause risk of injury to the child or to another person.

**Social worker:** the social worker assigned by the Child and Family Agency to carry out its statutory responsibilities.

**Special care:** special care means the provision of care to a child which addresses their behaviour and the risk of harm it poses to their life, health, safety, development or welfare, and their care requirements in a special care unit in which the child is detained (Child Care (Amendment Act) 2011).

**Special care order:** an order, under section 23H of the Child Care Amendment Act 2011, to detain a child in a special care unit for a specified period of time. Orders may be interim special care orders or special care orders.

**Staff:** means a person or persons employed by the registered provider to work at the special care unit including persons employed from other agencies. It does not include a person who works in the special care unit as an intern, a trainee, a person on a placement as part of a vocational training course or a person employed under a contract for services.

**Standards and features:** a standard is a measure by which quality is judged. The standard statements set out what is expected in terms of the service provided to the person residing in the residential service. The features are the supporting statements that indicate how a service may be judged to meet the standard.

**Statement of purpose:** means the written statement compiled in accordance with the Regulations.

**Timely:** refers to action taken within a time frame which meets the welfare and protection needs of any particular child and his or her circumstances.

**Vetting:** the process of investigating an individual thoroughly in order to ensure that they are suitable for a job. This process also includes checking references provided by the individual.

**Welfare:** welfare encompasses all aspects of a person's wellbeing to include physical, social, emotional, religious, moral and intellectual welfare.

**Workforce:** all people working in a service.

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## Appendix 1 - Membership of the Standards Advisory Group- Draft National Standards for Care Services for Children and Young People (May 2009 – September 2010)

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<b>Deirdre Carroll</b>	Inclusion Ireland
<b>Kathleen Chambers</b>	Young Persons Representative, nominated by the Irish Association of Young People in Care#
<b>Deirdre Connolly</b>	Focus Ireland
<b>Suzanne Connolly</b>	Barnardos
<b>Manus de Barra</b>	Office of the Ombudsman for Children
<b>Andy Denton</b>	Health Service Executive~
<b>Ineke Durville</b>	Irish Association of Social Workers
<b>Jennifer Gargan</b>	Empowering Young People in Care
<b>Paul Harrison</b>	Health Service Executive~
<b>Joanne Kelleher</b>	National Federation of Voluntary Bodies
<b>Barbara Kellett</b>	Not for Profit Business Association
<b>Aidan Maguire</b>	Health Service Executive
<b>Cliona Mc Clure</b>	Young Persons Representative, nominated by Irish Association of Young People in Care#
<b>Diane Mc Hugh</b>	Health Service Executive ~
<b>Deirdre Mc Teigue</b>	Irish Foster Care Association
<b>Andrew Meaney</b>	Resident Managers Association
<b>Helen O Brien</b>	Office of the Minister for Children and Youth Affairs +
<b>Tony O Donovan</b>	Irish Youth Justice Service

<b>Lorraine Ryan</b>	Irish Association of Social Care Workers
<b>Deirdre C. Seery</b>	Irish Youth Justice Service
<b>Lorna Sweetman</b>	Young Persons Representative, nominated by Office of the Ombudsman for Children
<b>Ronan Toomey</b>	Department of Health
<b>John Smyth</b>	Health Service Executive ~

# The Irish Association of Young People in Care was re-launched as Empowering Young People in Care in June 2011.

~ The Child and Family Agency took over the children and family services function of the Health Service Executive (HSE), as of 1st January 2014.

+ The Office of the Minister for Children and Youth Affairs became the Department of Children and Youth Affairs in June 2011.

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For further information please contact:

Health Information and Quality Authority  
George's Court, George's Lane  
Dublin 7  
Phone: +353 (0)1 814 7400  
Email: [info@hiqa.ie](mailto:info@hiqa.ie)  
Web: [www.hiqa.ie](http://www.hiqa.ie)

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