

# National Standards for Children's Residential Centres



Safer Better Care 2018

## About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services.

Reporting to the Minister for Health and the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- Setting Standards for Health and Social Services Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation** Registering and inspecting designated centres.
- Monitoring Children's Services Monitoring and inspecting children's social services.
- Monitoring Healthcare Safety and Quality Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and costeffectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information** Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

### Note on terms used in these National Standards

A full range of terms used in these National Standards is contained in a glossary at the end of this report.

### Table of Contents

| About the                            | Health Information and Quality Authority                       | 1  |
|--------------------------------------|--|----|
| 1. Backgrou                          | und  | 4  |
| 2. Purpose of the National Standards |  | 5  |
| 3. Scope of the National Standards   |  | 6  |
| 4. Role of allocated social worker   |  | 7  |
| 5. Themes                            | for quality and safety   | 7  |
| 6. Structur                          | e of the National Standards                                    | 9  |
| 7. Termino                           | logy used in the National Standards                            | 10 |
| 8. Key role                          | s and responsibilities for staff working with                  |    |
| childre                              | n in residential care  | 11 |
| 9. How the                           | e National Standards were developed                            | 12 |
| Summary                              | of the National Standards for                                  |    |
| Children's                           | Residential Centres  | 13 |
| Theme 1                              | Child-centred Care and Support                                 | 19 |
| Theme 2                              | Effective Care and Support                                     | 31 |
| Theme 3                              | Safe Care and Support  | 41 |
| Theme 4                              | Health, Wellbeing and Development                              | 49 |
| Theme 5                              | Leadership, Governance and Management                          | 57 |
| Theme 6                              | Responsive Workforce   | 63 |
| Theme 7                              | Use of Resources   | 71 |
| Theme 8                              | Use of Information   | 75 |
| Glossary o                           | f terms  | 80 |
| Resources                            |  | 85 |
|                                      | I: Membership of the Advisory Group and Project Team           | 93 |
|                                      | 2: List of organisations that made submissions in consultation | 94 |

### Introduction

### 1. Background

The Health Information and Quality Authority (HIQA) is the statutory body established under the Health Act 2007 to drive high-quality and safe care for people using our health and social care services in Ireland. One of HIQA's many functions is to set standards for health and social care services, including children's services.

A children's residential centre is a home for children who come into care to ensure that their needs are met when they cannot live with their own family.

HIQA 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 Children's Residential Centres* have been developed by HIQA to ensure that children¹ living in children's residential centres are provided with child-centred, safe and effective care and support.

The National Standards set out in this document supersede the *National Standards for Children's Residential Centres* (2001).<sup>2</sup>

Children living in residential care have the right to be safe, to receive child-centred care and support, and to have access to the services and support they need in order to maximise their wellbeing and development. Children's residential centres must be mindful of the developmental needs of children and work to meet each child's individual needs, while also recognising that these needs will change as the child grows and develops. Children should be treated with dignity and respect at all times, should be supported to participate in decision-making and their views should be considered when decisions that affect them are being made. Children's residential centres should be homely and should promote the positive development of all children who live there, while recognising the challenges of a group living environment.

The Standards aim to promote progressive improvements in the care and support provided in children's residential centres. The National Standards provide a framework for the ongoing development of child-centred, safe and effective services for children living in residential centres.

<sup>1</sup> 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 as defined in the Child Care Act, 1991.

<sup>2</sup> The 2001 standards are based on the 1995 Child Care Regulations (The Placement of Children in Children's Residential Centres) and the 1996 Child Care Regulations (The Standards in Children's Residential Centres).

### 2. Purpose of the National Standards

The standards set out in this document aim to give a shared voice to the expectations of all children living in residential centres and all those involved in their care.

The National Standards for Children's Residential Centres:

- offer a common language to describe what a safe and effective children's residential centre should look like
- can be used by children living in residential care and their families to understand what safe and effective care and support should be and what they should expect from a wellrun service

These standards aim to improve the care and support provided to each child living in residential care, to make sure they experience a service that meets their individual needs.

- enable a child-centred approach by focusing on outcomes for children and driving care which places each child at the centre of all that the service does
- create a basis for improving the quality and safety of children's residential care by identifying strengths and highlighting areas for improvement
- can be used in day-to-day practice to encourage a consistent level of quality and safety across the country and across all children's residential centres
- promote practice that is up to date, effective, and consistent
- enable service providers to be accountable to those using their services, the public and funding agencies for the quality and safety of services by setting out how they should organise, deliver and improve the care and support provided to children in residential centres.

These standards have been approved by the Minister for Health.<sup>3</sup> Under the Health Act this places a responsibility on voluntary, statutory and private children's residential centres to:

- begin implementing these National Standards, with a view to achieving full compliance,
- demonstrate their level of compliance with the National Standards.

<sup>3</sup> The standards have been approved by the Minister for Health in consultation with the Minister for Children and Youth Affairs.

### 3. Scope of the National Standards

The National Standards apply to all designated<sup>4</sup> children's residential centres — private, voluntary and statutory. They do not apply to designated centres for children with disabilities.

Statutory children's residential centres are provided by Tusla (the Child and Family Agency). Formally established in 2014 following the enactment of the Child and Family Agency Act 2013, Tusla has a statutory responsibility<sup>5</sup> to provide alternative care services.<sup>6</sup> It is also responsible for ensuring that children receive care and protection in circumstances where their parents have not been able to provide the care that a child needs.

Tusla only takes children into care when it has formed the view that, at least for the time being, the health, wellbeing or development of children cannot otherwise be ensured. When children are unable to live with their families every effort is made to place them within their extended family or in a foster care placement. Where this is not possible, Tusla undertakes a corporate parenting role and places children in residential care.

Residential care can be provided by statutory (Tusla), voluntary (not for profit) or private providers. Private sector providers and services run by voluntary bodies are contracted by Tusla to provide children's residential care.

<sup>4</sup> A designated centre, as defined in Part 1, Section 2 of the Health Act 2007, is an institution in which residential services are provided by Tusla (the Child and Family Agency) or other service providers, including residential services run by public, private and voluntary organisations.

<sup>5</sup> Tusla's statutory responsibility to provide alternative care services is set out under the provisions of the Child Care Act 1991, the Children Act 2001 and the Child Care (Amendment) Act 2007.

<sup>6</sup> Alternative care services include: foster care, residential care, special care and aftercare.

#### 4. Role of the allocated social worker

Children who are in the care of the State under the Child Care Act 1991, must be assigned an allocated social worker by Tusla (the Child and Family Agency) to carry out its statutory responsibilities for the safety and welfare of a child. In the context of a children's residential centre, the child's allocated social worker has a range of delegated statutory duties which include:

- the preparation and review of a child's care plan
- finding an appropriate placement for the child
- supervising the child's placement to ensure it meets the child's needs
- addressing the child's education and health needs
- visiting the child and working with the child's family.

It is important that residential centres are involved in a number of these tasks, such as taking part in the development and review of a child's care plan, being involved in their plan for aftercare and maintaining records for the child. This is because any changes to a child's circumstances or their need for support, will be reflected in the child's care plan by the allocated social worker, in partnership with all key stakeholders including the child, their family and the centre staff. Following this, staff in the centre will amend the child's placement plan accordingly.

The monitoring of compliance with the regulations<sup>7</sup> for the social work role for children in care will continue to be undertaken by HIQA under Section 69 of the Child Care Act, 1991 as amended.

### 5. Themes for quality and safety

The National Standards were developed using an established framework for all nationally mandated standards. This framework was developed following a review of national and international evidence, engagement with national and international experts and applying HIQA's knowledge and experience of the health and social care context.

Figure 1 illustrates the eight themes under which the National Standards are presented. The four themes on the upper half of the circle relate to the dimensions of quality and safety in a service, while the four on the lower half of the circle relate to the key areas of a service's capacity and capability.

<sup>7</sup> The child's care plan, supervision and child in care reviews are requirements for the social work department under the 1995 regulations.

Figure 1: Standards framework



The four dimensions of quality and safety are:

- Child-centred Care and Support how children's residential centres place children at the centre of what they do. This includes providing care and support and the protection of rights.
- **Effective Care and Support** how children's residential centres deliver best outcomes and a good quality of life for children using the best available evidence and information.
- **Safe Care and Support** how children's residential centres protect children and promote their welfare. Safe services also avoid, prevent and minimise harm, and learn when things go wrong.
- **Health, Wellbeing and Development** how children's residential centres identify and promote optimum health, development and education for children and work with children to achieve this.

Delivering improvements within these quality and safety dimensions depends on children's residential centres having capacity and capability in four key areas:

- Leadership, Governance and Management – the arrangements put in place by a children's residential centre for accountability, decision-making and risk management as well meeting their strategic, statutory and financial obligations.
- Responsive Workforce planning, recruiting, managing and organising an appropriate number of staff with the necessary skills and competencies to respond to the needs of children.



The standards show what a child-centred, safe and effective service should look like and tell all children living in residential care, and their families, what they can expect from living there.

- Use of Resources using resources effectively and efficiently to deliver best achievable outcomes for children for the money and resources used.
- **Use of Information** actively using information as a resource for planning, delivering, monitoring, managing and improving care.

### 6. Structure of the National Standards

The National Standards are set out within the above eight themes. The eight themes are intended to work together, and collectively they describe how a children's residential centre provides child-centred, safe and effective care and support.

Each standard consists of three sections:

- **Standard** describes the high-level outcome required to contribute to quality and safety of the service.
- **Features** these, taken together, will enable progress towards achieving the standard. The list of features provided under each standard statement is not exhaustive and the residential centre may meet the requirements of the standards in other ways.
- What does this means for you as a child information for children living in residential care on what each standard means for them.

### 7. Terminology used in the National Standards

- Care plan: is a written document prepared by the allocated social worker that contains the important information about a child, such as their family's details, who they live with, where they go to school, arrangements for family contact and how their health, wellbeing and education are to be promoted. This plan is agreed with everybody involved in the care of the child and is generated by the allocated social worker from an assessment of the child, setting out their goals and needs and details matters concerning the care of the child, as detailed in the regulations. The care plan is written by the allocated social worker following a child-in-care review where the child, their parents, residential staff, social worker and other professionals involved in the child's life or care agree on key goals to meet the needs of the child. In the context of children's residential centres the care plan informs the placement plan.
- Care Record: is a record of all information relating to a child to support the residential centre to promote and protect the child's life, health, safety, development and welfare, as detailed in the regulations.
- **Child:** 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.<sup>8</sup>
- Children's residential centre: is a place run by Tusla (the Child and Family Agency) or a voluntary or private agency that provides a home for children who come into care to ensure that their needs are met when they cannot live with their own family. For the purposes of these standards this term refers to any person, organisation or part of an organisation providing children's residential services.
- **Family:** throughout this document, the term 'family' includes birth family, carer and guardian.
- Placement plan: is a document that refers to the direct care provided to a child in a children's residential centre. It is used by management in the centre to outline the needs and goals of the placement for the child for the duration of their placement. In the context of children's residential centres, the placement plan is informed by the care plan.

■ **Staff:** this means a person or people employed by the registered provider to work at the children's residential centre, including people employed from other agencies. It does not include a person who works in the residential centre as an intern, a trainee, a person on a placement as part of a degree course or a person employed under a contract for services.

### 8. Key roles and responsibilities for staff working with children in residential care

For the purpose of these standards, described below are some of the key roles and responsibilities for staff working with children in residential care.

- Allocated social worker: this is the social worker assigned by Tusla (the Child and Family Agency) to carry out its statutory responsibilities for the safety and welfare of a child.<sup>9</sup>
- **Key worker:** this is a member of the centre staff team who has particular responsibility for the child, liaises directly with them, coordinates health and social services, and acts as a resource person.
- **Person in charge\*:** the person whose name is entered on the register as being in charge of or managing the children's residential centre. They may be the registered provider of the centre or can be in charge of more than one centre, if appropriate. The person in charge's duties include overseeing the day-to-day running of the centre, managing the training and development of staff and ensuring the management of records, incidents and investigations in the centre. From time to time, some or all of these duties may be delegated to one or more suitably qualified staff members in the centre as appropriate.
- **Registered provider\*:** the person whose name is entered on the register as the person carrying on the business of the children's residential centre. The registered provider's responsibilities includes overseeing the management of the centre's care practices, operational policies and procedures; ensuring the centre has sufficient resources, facilities and access to services in line with the centre's statement of purpose; <sup>10</sup> and ensuring each child in the centre is suitably placed, receives effective care and support and is assisted in preparations for leaving care, in line with their individual needs.

<sup>9</sup> In the context of children's residential care, the allocated social worker's duties include: the preparation and review of care plans; finding appropriate placements for children; supervising the child's placement to ensure it meets the child's needs; addressing the child's education and health needs; visiting the child; and working with the child's family. Residential centres have a responsibility to participate in statutory care planning and review, plan for aftercare and to maintain records for these children.

<sup>\*</sup> As defined in the regulations.

<sup>10</sup> The statement of purpose clearly describes the model of service provision delivered by the centre in line with regulatory requirements.

### 9. How the National Standards were developed

A review of national and international literature was undertaken and used to inform the development of the National Standards. This review took account of published research, investigations and reviews of children's residential centres in Ireland, as well as standards and guidelines in other countries. All documents reviewed and assessed to be included in the evidence base to inform these standards are outlined in *The Background document to support the development of National Standards for Children's Residential Centres, September 2017* available on www.hiqa.ie.

HIQA convened an Advisory Group made up of a diverse range of interested and informed parties, including young people with care experience, children's advocacy groups, social care representatives, and representatives from Tusla and the Department of Children and Youth Affairs. The group's purpose was to advise HIQA on the development of standards for children's residential centres. HIQA acknowledges with gratitude the hard work and commitment of the Advisory Group. The members of this group are listed in Appendix 1.

HIQA also undertook a series of focus groups with children living in residential centres, parents of children living in residential centres and front-line staff to discuss their experience of residential care and to obtain their opinion as to what the National Standards should address. HIQA conducted 16 focus groups, meeting with a total of 142 participants. HIQA would like to acknowledge with gratitude those who participated for taking the time to attend the sessions and contributing to the standards development process in such a meaningful way.

A national public consultation was carried out during a six-week period from 21 September until 02 November 2017. HIQA received 40 detailed submissions on the draft national standards. Of the 40 submissions received 26 were submitted on behalf of organisations, representing the key stakeholders in the area of children's residential care. Following the consultation, all submissions were analysed and the draft standards were revised, as appropriate. A list of the organisations that made submissions in the public consultation, including examples of roles of respondents working with children in residential care, is available in Appendix 2. A summary of these submissions is available to read in a Statement of Outcomes document on www.hiqa.ie.

# Summary of the National Standards for Children's Residential Centres



### **Child-centred Care and Support**

Standard 1.1

Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

Standard 1.2 Each child's dignity and privacy is respected and promoted.

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their 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 develops and maintains positive attachments and links with family, the community and other significant people in their lives.

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

### **Effective Care and Support**

- Standard 2.1 Each child's identified needs inform their placement in the residential centre.
- Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.
- Standard 2.3

  The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.
- Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.
- Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.
- Standard 2.6 Each child is supported in the transition from childhood to adulthood.

### **Safe Care and Support**

Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

### Theme 4

### Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

Standard 4.2 Each child is supported to meet any identified health and development needs.

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

### Leadership, Governance and Management

Standard 5.1

The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

Standard 5.2

The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

Standard 5.3

The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

Standard 5.4

The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

### Theme 6

### **Responsive Workforce**

Standard 6.1

The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Standard 6.2

The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support.

Standard 6.3

The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.

Standard 6.4

Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

### **Use of Resources**

Standard 7.1

Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

### Theme 8

### **Use of Information**

Standard 8.1

Information is used to plan, manage and deliver child-centred, safe and effective care and support.

Standard 8.2

Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.



# **Child-centred Care and Support**



### **Child-centred Care and Support**



This theme is about how residential centres place children at the centre of everything they do to give each child the care and support they need.

Children's residential centres are child-centred and focus on the individual child and their care and support needs. A child-centred approach means recognising a child's rights, including their right to be listened to and to participate in decisions made about their lives, while taking into account each child's age, ability and maturity.

A child-centred service focuses on what is important from the child's perspective and supports the development of trusting relationships. Being 'child-centred' means communicating in a manner that meets each child's communication needs and that supports the development of relationships based on trust. Through good communication and providing information, children can participate in decision-making about their care in a meaningful way.

Child-centred residential centres promote the participation of children in decisions about their lives and listen to what children have to say. Each child has access to an advocacy service that represents their views and acts in their best interests, especially if they have difficulties communicating their wishes or making informed decisions.

Child-centred residential centres also consider the child's important relationships with family, friends and other significant people in their lives, and the reasons for the child being placed in the centre. As children grow up, their needs change. Child-centred residential centres 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 their families.

Residential centres understand the world from the child's perspective. Staff provide appropriate support to promote each child's welfare and quality of life, and promote age-appropriate independence in children's daily lives.

Child-centred services 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, gender identity or disability.

Clear, open and honest communication is important in encouraging children to raise issues of concern. Communication also encourages children to participate and share their views. Staff in residential centres communicate appropriately with children according to their age, development and communication needs.

Having a robust complaints process provides children with the opportunity to express their views when their experience has not been what they expected and enables residential centres to identify areas for improvement. Good communication is important in successfully handling complaints and assists in minimising the likelihood of complaints arising in the first place.

Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

### Features of a children's residential centre meeting this standard are likely to include:

- **1.1.1** All staff in the centre are aware of and promote and protect the rights of children, as prescribed in the United Nations (UN) Convention on the Rights of the Child<sup>11</sup> and in Irish law.
- **1.1.2** Staff in the centre inform children of their rights and each child is supported to exercise and understand their rights in a manner that is appropriate to their age, ability and stage of development.
- **1.1.3** There is a culture of respect for each child in the residential centre, specifically in terms of their diversity, their right to participate in decision-making and freedom of expression. Staff work with children and enable them to be understanding of and open to cultural differences.
- **1.1.4** Each child is treated with dignity and respect. Their equality is promoted and their age, gender, family status, sexual orientation, gender identity, disability, race, religious beliefs and ethnic and cultural identity are respected.
- **1.1.5** Each child's dietary requirements, social, cultural and religious beliefs and values, and the views expressed by the child and their parents, are taken into account in the daily activities of the residential centre. Staff in the centre keep a record of this as part of the child's Care Record.<sup>12</sup>

- Staff caring for you talk to you about your rights and help you to understand them.
- Your values and beliefs, such as your religion, are respected by staff caring for you and by the other children living in the centre.
- Your needs are catered for, for example if you need special food, this is discussed with you and this food is provided for you.

<sup>11</sup> Further details on the United Nations Convention on the Rights of the Child (UNCRC) are outlined on the Office of the United Nations High Commissioner for Human Rights (OHCHR) website http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx. A child-friendly version is available from the Children's Rights Alliance website http://childrensrights.ie/childrens-rights-ireland/un-convention-rights-child.

<sup>12</sup> A Care Record is a record of all information relating to a child to support the residential centre to promote and protect the child's life, health, safety, development and welfare, as detailed in the regulations.

Each child's dignity and privacy is respected and promoted.

### Features of a children's residential centre meeting this standard are likely to include:

- **1.2.1** The dignity and privacy of each child is respected with regard to personal space, personal communications, professional consultations, personal information and the provision of intimate care, if required.
- **1.2.2** Each child's personal belongings are respected. The importance of particular items of significance is recognised and personal belongings are maintained.
- **1.2.3** Each child is given opportunities to spend time by themselves, in line with their age and stage of development.
- **1.2.4** Any limits placed on the privacy of a child are in line with their assessed needs, have a clear rationale, are documented in their care plan and placement plan and are clearly explained.
- **1.2.5** Each child is informed about who their personal information is shared with and the reasons for the information being shared are clearly explained.
- **1.2.6** Each child has memorabilia of their childhood when they leave care; for example, certificates of achievement, photographs and home videos are stored safely and kept up to date in a memory box or life story book.

- Your privacy and dignity is respected by the staff caring for you and the other children in the centre.
- Your privacy is respected, for example your personal space, personal communications and personal belongings.
- Your information is only shared with someone who needs to know it to help support and care for you, for example your social worker or staff caring for you in the centre.
- Staff caring for you make sure that things that are precious to you, such as important items from your childhood, photographs or certificates are kept safe for you to have when you leave care.

Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

### Features of a children's residential centre meeting this standard are likely to include:

- **1.3.1** Each child, in accordance with their wishes, is encouraged and supported to exercise choice and have opportunities to participate in and contribute to decisions made about their care and support.
- **1.3.2** Staff in the centre encourage and facilitate children to express their views and opinions through different forums in order to inform policies, practices and the daily running of the centre. For example, where appropriate, children are encouraged to be actively involved in the running and coordination of 'house meetings', 13 or to share their views in more informal settings such as at mealtimes.
- **1.3.3** Each child is assigned a key worker<sup>14</sup> with whom they can establish a relationship of support and trust. Careful consideration is given to determining the key worker for each child to facilitate a positive relationship and, where possible, the child's input is sought in advance of a key worker being assigned.
- **1.3.4** Each child is provided with all relevant information, in a format that is appropriate to their age, stage of development and communication needs, to enhance their participation in decision-making.
- **1.3.5** Each child is made aware of what information is recorded about them and can read their own records, where appropriate.
- **1.3.6** Each child is informed about advocacy services <sup>15</sup> to ensure they understand the role of advocacy services and are supported to access these services as necessary.
- **1.3.7** Each child is provided with all relevant information and support for self-advocacy appropriate to their age and circumstances.

<sup>13</sup> House meetings form part of the centre's consultation with children living in the centre. During these meetings, children help agree on an agenda to follow, help determine the format and frequency of meetings and can volunteer to chair or take minutes at the meeting. Staff in the centre ensure adequate space, time and opportunity is provided for children to give their views and opinions of any matters concerning the daily running of the centre.

<sup>14</sup> A key worker is a member of the centre staff team who has particular responsibility for the child, liaises directly with them, coordinates health and social services, and acts as a resource person.

<sup>15</sup> Advocacy is the practice of an individual acting independently of the service provider, on behalf of, and in the interest of children and families, who may feel unable to represent themselves.

- You are supported and encouraged to share your views and wishes and to take part in making decisions.
- You are asked your opinion when decisions are being made about your life or about day-to-day life in the centre.
- Staff caring for you talk with you about decisions that affect you and why these decisions were made.
- You will have a key worker in the centre who works closely with you to understand and support you.
- You can see what information is recorded about you and you are told why. You can be involved in recording this information if you would like to be.
- Staff caring for you make sure that you know about groups and organisations that can support you if you need someone else to talk to outside of the centre.

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

Features of a children's residential centre meeting this standard are likely to include:

- **1.4.1** All information is communicated in a way that is appropriate to the information and communication needs of each child.
- **1.4.2** Each child is provided with information about the residential centre and what to expect from living there.
- **1.4.3** Each child is provided with information on a variety of issues, including the services and supports available to them, in line with their age and stage of development. The level and type of information provided will change as the child develops.
- **1.4.4** Each child is provided with information about themselves, their families and previous life experiences, including information about why they are living in residential care. Information is shared with each child in line with their best interests.
- **1.4.5** Each child is provided with a copy of the *National Standards for Children's Residential Centres* or a guide to the standards. Staff in the centre spend time explaining the standards to each child.

- You are given information in a way that you understand.
- You are given information about what life is like in the centre so that you know what to expect from living there.
- Staff caring for you talk to you about why you are living in care.

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

### Features of a children's residential centre meeting this standard are likely to include:

- **1.5.1** All staff in the centre recognise and promote the important role that parents, families, friends, other significant people and communities play in children's lives. Families are kept informed of and consulted about developments in the residential centre, in line with the child's care plan.
- **1.5.2** Family contact is planned, supported and facilitated, in line with the child's care plan and wishes. Where it is not possible to arrange visits with family members, alternative contact methods are used as appropriate.
- **1.5.3** Families and friends are encouraged to visit the centre and are involved in each child's life, in line with their care plan. Parents have every opportunity to have a positive input into the care of their child and are invited to participate in events, such as school meetings, celebrations and medical appointments.
- **1.5.4** Siblings are placed together where possible. Where this is not possible, staff in the centre and the allocated social workers of the siblings work together so that siblings are supported to spend time with each other. Arrangements are made for siblings to have contact, in line with the children's care plans.
- **1.5.5** Where a child is placed away from their original community, all efforts are made to maintain links with family, the community and other significant people in their lives, in line with the child's care plan.
- **1.5.6** Each child is supported and encouraged to develop and maintain interests, talents and hobbies and to engage in social activities and leisure interests as part of the local community.
- **1.5.7** Special occasions such as birthdays and personal achievements are marked, celebrated and documented.
- **1.5.8** Each child has appropriate access to a telephone and appropriate media, such as television, newspapers and the Internet.

- You are supported to keep in touch with and to see your family and other important people in your life.
- Your friends and family are made welcome when they visit you. This includes other people in your family apart from your parents, such as your granny, an aunt or uncle, or your brothers and sisters.
- If there is a reason why you cannot see someone in your family this is explained to you.
- Staff help you to get involved in the local community and get to know other children in the area, for example by joining sports teams or taking part in other hobbies.
- Staff help you to keep and make friendships, for example by helping you to decide how and what to tell your friends about why you live in the centre.

Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

### Features of a children's residential centre meeting this standard are likely to include:

- 1.6.1 Each child is listened to and their views and preferences in relation to daily living arrangements and decisions about the centre are given due consideration. Reasons for any decisions taken are explained to the child, in accordance with their age and stage of development.
- 1.6.2 There is a culture of openness and transparency in the centre that welcomes feedback, raising issues and making 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. Children are reassured that there are no adverse consequences for raising an issue or making a complaint.
- **1.6.3** The complaints process is consistent with relevant legislation, regulations and best practice guidelines.
- **1.6.4** Each child is made aware of the complaints process by staff. Parents and or guardians are made aware of the complaints process.
- **1.6.5** Children are made aware of other supports outside of the centre, such as the option to escalate a complaint to an external body, for example the Ombudsman for Children.
- **1.6.6** Staff in the centre are aware of their role in supporting children to access the complaints process. This includes informing each child of their option to access independent advocacy services as necessary.
- **1.6.7** Complaints are recorded, managed and reviewed or investigated, if appropriate, and the child, their parents or guardians and the allocated social worker<sup>17</sup> are informed of the outcome of the complaint, review or investigation. Any subsequent actions are taken in a timely manner.<sup>18</sup>
- **1.6.8** A record is maintained of all complaints, including details of the investigation and resolution. This is regularly reviewed and learning is implemented to improve practices in the centre.

<sup>17</sup> An allocated social worker is assigned by the Child and Family Agency (Tusla) to carry out its statutory responsibilities for the safety and welfare of a child.

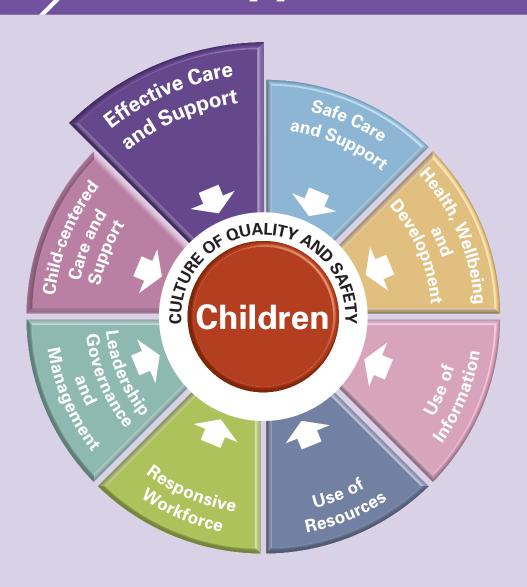
<sup>18</sup> In line with national policy.

- **1.6.9** The record of complaints made by each child and the outcome of the complaints is documented in the child's Care Record.
- **1.6.10** There is a mechanism for children to provide feedback on the complaints procedure and its effectiveness is regularly reviewed.

- Your views and wishes are listened to by staff in the centre.
- If you want to make a complaint, you know how to do this and staff will listen to you and help you to do this.
- You are told about the result of any complaint that you make. If there is any delay you are told about it.
- You can give feedback on how you made a complaint, for example whether it was easy or not.



# Effective Care and Support



### **Effective Care and Support**



This theme is about how residential centres use the best available evidence and information to make sure they can meet the care and support needs of each child.

A children's residential centre provides effective care and support and ensures that children receive care and support that best suits their assessed needs. The centre ensures, prior to admitting a child, that it is suitable to meet their needs. Care and support is monitored regularly to identify safe practice, minimise risk and learn from adverse events, such as an accident. Effective care makes sure that children have timely access to the care and support they need. The service responds to children's identified needs.

Having an appropriate evidence-based assessment of a child's needs and providing effective interventions to meet these needs enhances the lives of children living in residential care. Good planning and interventions ensure continuity in the child's care and are essential in supporting children in residential centres. Each child's goals, needs and preferences and the supports that need to be put in place by the service are clearly documented to ensure each child enhances their personal development. The child's best interests are a primary consideration in all decisions. A responsive and effective children's residential centre consults with children, their families and the child's allocated social worker about decisions that affect the care and welfare of the child. A child's care plan will change as circumstances or their need for support changes, and this is reflected in the child's placement plan and the centre's processes.

An effective residential centre has all the information it requires to provide each child with the care and support they need. All staff working in the centre are aware of each child's placement plan and there is a team-based approach to providing care and support to each child.

The effectiveness of care is supported by the environment in which it is delivered. Effective care and support is provided in an environment that responds to children's needs and supports their health, wellbeing and development. The design and layout of the centre's physical environment helps to make sure that children can enjoy living in safe, comfortable and homely surroundings.

Effective care and support is also about ensuring that each child receives well-coordinated care and support from the range of services involved in the child's life. Continuity of care and support is important for each child. This requires that all services involved in a child's life work together to ensure that care is integrated within and between services.

An effective service continually looks for ways to improve how it cares for and supports children. Monitoring the quality of care and support, including collecting feedback from children and staff, is important. This lets a residential centre know that the care it provides is effective and allows them to address any areas identified for improvement.

While supporting a child in the transition from childhood to adulthood is the statutory role of the allocated social worker, a residential centre providing effective care will also support each child in their preparations for leaving care. Throughout the care process, staff in the centre, the allocated aftercare worker and the allocated social worker prepare and support each child to meet their individual aftercare plan and to become developmentally ready, both emotionally and socially, to transition from living in residential care.

Each child's identified needs informs their placement in the residential centre.

### Features of a children's residential centre meeting this standard are likely to include:

- **2.1.1** There is a written policy on admission to the residential centre which takes account of:
  - the rights of children
  - the National Standards for Children's Residential Centres
  - regulations and legislation
  - the centre's statement of purpose.<sup>20</sup>
- **2.1.2** The registered provider works with the allocated social worker to ensure, prior to the admission of the child, that the residential centre is suitable to meet the needs of the child.
- **2.1.3** The registered provider ensures that staff in the centre work with the allocated social worker so that each child has a comprehensive assessment of need.
- 2.1.4 The registered provider ensures that all proposed admissions to the residential centre are considered and assessed against the centre's statement of purpose to make sure that the centre can meet the needs of each child, as documented in the child's up-to-date and comprehensive assessment of need.
- **2.1.5** In determining the appropriateness of placing a new child in the centre, the needs and rights of the children already living there are considered.
- **2.1.6** Each child is given opportunities to become familiar with the day-to-day living arrangements in the centre, the children who live there, and the staff that care for them.

- Where it is possible, before you go to live in a centre, you are given information about what life is like there and have time to get to know the staff and other children living there.
- Your care and support needs can be met by the centre that you are living in and the staff caring for you.
- Before other children come to live in the centre, staff consider your needs as part of making this decision.



<sup>20</sup> The statement of purpose clearly describes the model of service provision delivered by the centre in line with regulatory requirements.

Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

#### Features of a children's residential centre meeting this standard are likely to include:

- 2.2.1 There is a copy of an up-to-date care plan for each child. Arrangements are in place for the residential centre to receive an up-to-date care plan for each child from the allocated social worker. The centre works with the allocated social worker and all other people involved in the child's care to implement the care plan.
- 2.2.2 There is an up-to-date placement plan in place for each child. This is based on their care plan and is prepared by the child's key worker or other nominated member of staff in the centre, with input from the residential centre staff team. The placement plan details the child's needs and outlines the supports required to ensure the best outcomes for the child.
- **2.2.3** Each child is facilitated to participate in the placement planning process. The child's family is also provided with opportunities to input into and inform the placement plan, in line with the child's care plan.
- **2.2.4** Individual, achievable goals are determined in consultation with the child following admission and regularly reviewed and updated as part of the placement plan review.
- 2.2.5 Each child is supported and facilitated to access the identified external supports and specialist services in line with their care plan. Where these are not meeting the needs of a child, this is communicated to the allocated social worker by staff in the centre in a timely way.
- **2.2.6** There is effective communication between staff in the centre and the allocated social worker to ensure continuity of care and adherence to each child's care plan and placement plan.

- You can be involved in helping to develop your care plan. This plan is developed by your social worker with you, the staff caring for you and your family as appropriate.
- There is a plan for your life in the centre called a placement plan. This contains information about you, including the kind of care and support you need, your hobbies and interests, and your hopes and goals for the future.
- You are involved in preparing your placement plan. Your family can also be involved in helping to develop this plan, in line with your care plan.
- You are involved in updating this plan as you grow up and as your needs and goals develop and change.
- All staff caring for you in the centre know this information so that they can give you the care and support you need to achieve your goals.

The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

Features of a children's residential centre meeting this standard are likely to include:

- 2.3.1 The layout and design of the residential centre are suitable for providing safe and effective care for the number of children, and for meeting the needs of each child, in the centre.
- **2.3.2** Each child has their own bedroom and there are adequate and secure storage facilities for personal belongings.
- 2.3.3 The residential centre is stimulating and provides opportunities for rest, play, recreation and skills development including access to adequate communal space for both indoor and outdoor recreational facilities. Outdoor spaces, which are part of the premises, are safe, secure and well maintained.
- **2.3.4** All equipment purchased for the centre is of an appropriate and accessible standard, and is maintained and operated in line with the manufacturer's instructions and good practice.
- **2.3.5** The premises are clean, appropriately decorated and maintained in good structural condition.
- **2.3.6** Children are encouraged to participate in decorating the centre and to display personal items, such as family photographs, if they wish to do so.
- **2.3.7** The bathroom facilities are sufficient in number and ensure privacy.
- **2.3.8** The residential centre is adequately lit, heated and ventilated.
- 2.3.9 The residential centre complies with the requirements of fire safety legislation, relevant building regulations and health and safety legislation. There is a safety statement in place for the centre.
- 2.3.10 There are procedures in place for managing risks to the health and safety of children, staff and visitors. All reasonable measures are taken to prevent accidents and reduce the risk of injury in and on the grounds of the residential centre. Any accident or injury that does occur is reported accordingly and if an incident occurs to a child, it is documented in their Care Record.
- **2.3.11** All vehicles used to transport children and staff are roadworthy, regularly serviced, insured and driven by people who are legally licensed to drive the vehicle.



- The centre you live in is homely and properly looked after.
- You have your own bedroom and a space to safely store your personal belongings.
- There is space for you to rest and play, such as common areas; for example to listen to music or watch TV.
- You can display your own personal items, such as family photographs.
- If the centre is being painted or new furniture is being bought, you and the other children living there help to decide what it looks like.



The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

Features of a children's residential centre meeting this standard are likely to include:

- **2.4.1** Staff in the centre establish and maintain a Care Record<sup>21</sup> for each child in the residential centre.
- **2.4.2** Each child's Care Record is kept up to date and contains information as specified in the regulations.
- **2.4.3** The Care Record is kept confidentially and held in accordance with legislative, regulatory and best practice requirements.

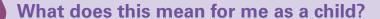
#### What does this mean for me as a child?

Staff in the centre keep a record of information about you. This helps staff to give you the care and support you need. This record is only shared with the people who need to know it, for example your social worker or other staff caring for you in the centre.

<sup>21</sup> A Care Record is a record of all information relating to a child to support the residential centre to promote and protect the child's life, health, safety, development and welfare, as detailed in the regulations.

Each child experiences integrated care which is coordinated effectively within and between services.

- 2.5.1 The registered provider puts arrangements in place to allow for communication and cooperation within and between services to deliver better outcomes for each child.
- 2.5.2 Relevant staff in the centre work in partnership with each child, the allocated social worker and the child's family, in line with the child's care plan, to ensure continuity of care on discharge from the centre. A discharge plan is prepared before the child leaves the centre, in a timely manner.
- **2.5.3** Where a child is preparing to leave care, staff in the centre work with the allocated social worker and, where possible, the aftercare worker to ensure continuity of care and facilitate access to aftercare, where applicable.
- 2.5.4 Where a child is moving to a different service, this is planned and managed and is in accordance with each child's needs, their care plan and the centre's policy, and support is coordinated during the transition.
- **2.5.5** Each child and their family, in line with the child's care plan, are involved in the decision-making process and are provided with information about moving to a new service or being discharged from the residential centre.
- 2.5.6 Each child is fully involved in any move to a new service or discharge from the centre and the reason for this is clearly explained to them. Children are provided with an opportunity to give and receive feedback in relation to their placement, for example through an exit interview. The information is used to inform improvements in the quality and safety of the centre.
- **2.5.7** The person in charge ensures that all relevant information relating to each child is transferred following their discharge from the centre, in line with regulatory requirements.
- **2.5.8** The effectiveness of children's experience of integrated care is regularly evaluated, including through seeking feedback from each child.



- All staff involved in your care work together to ensure that you are well looked after.
- If you move to another service, this will be based on your needs and the reasons for any move will be explained to you.
- If you are moving to another service, you are involved in the decision and given information at every step of the move.
- The staff caring for you will support you as you move to another service.
- Before you leave a centre, you will be able to tell them what it was like to live there.
- If you move to another service, information about you is shared with the people who need it, so that new people caring for you know about your needs and your plans for the future.

Each child is supported in the transition from childhood to adulthood.

#### Features of a children's residential centre meeting this standard are likely to include:

- 2.6.1 Each child is listened to and involved in the decision-making process about the transition from childhood to adulthood. Supports are in place to ensure that a planned transition based around the needs of the child is delivered. Staff in the centre work with the allocated social worker and the aftercare worker to develop an aftercare plan for each child, reflective of their needs and goals.
- **2.6.2** Aftercare planning<sup>22</sup> and preparations for leaving care are promoted during the placement both formally and informally, for example by incorporating it into sessions with the key worker.
- **2.6.3** Leaving care is discussed, planned for and agreed with the child and their parents or guardians, in line with the child's care plan.
- 2.6.4 Staff in the centre work with each child to prepare them for their aftercare placement and increase the likelihood of positive outcomes for the child, for example by encouraging children to acquire life skills through real life experiences.
- **2.6.5** Staff in the centre support each child in their preparation for leaving care and in the implementation of their aftercare plan, so that they can work with them in making the transition to adulthood, for example to independent living, or returning to their families or significant people in their lives, or other options that may be available to them.
- **2.6.6** When leaving care, each child is supported to access and review their file and to access copies of important documents such as birth certificate, medical records and education records.

- Preparing to leave care is an important step and you are involved in planning for this.
- All plans for leaving care are discussed and agreed with you and your family, in line with your care plan.
- Your social worker and staff caring for you are involved in your plan for when you leave care so that they can help you prepare to leave.
- Staff caring for you in the centre support you to obtain and read a copy of your file.

<sup>22</sup> Aftercare planning is the dynamic process of preparation and support for leaving care and moving to independent living for all eligible children who are in the care of the State. It is the provision of advice, guidance and assistance with regard to social and emotional support, accommodation and vocational support. It is a through-care process, in consultation with the child, and includes comprehensive assessments of need, care plans and reviews.



# Safe Care and Support



## **Safe Care and Support**



This theme is about how children's residential centres protect and promote the safety and welfare of each child.

Children's residential centres promote the safety of children through assessing risk, learning from adverse events and implementing policies and procedures designed to protect children. Safeguarding children in residential centres is of paramount importance.

Services focus on providing safe care and support and work to safeguard and protect children from abuse and neglect. Staff in the residential centre follow policy and procedures as outlined in *Children First: National Guidance of the Protection and Welfare of Children* (2017) (referred to as Children First) and relevant legislation when reporting any concerns of abuse and or neglect to the relevant authorities.

Children should experience care that promotes consistency, dignity, positive reinforcement and structure. A positive approach to the management of behaviour that challenges is promoted throughout the culture of the centre, including its leadership, staffing and care practices. Residential centres regularly consult with children, their families and the child's allocated social worker on how best to support children's emotional wellbeing and behaviour that challenges in a way that is appropriate to the child's age and stage of development.

A residential centre focuses on safe care and support and is constantly looking for ways to be more reliable and to improve the quality and safety of the service it delivers. To achieve a culture of safety and quality, everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety of children.

Services provide safe care and support and have a culture of being open and accountable. Learning from incidents is shared internally with staff. The residential centre reports on 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.

Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

- **3.1.1** The registered provider ensures that the residential centre operates in line with and complies with the relevant policies as outlined in Children First and relevant legislation.
- **3.1.2** The residential centre has policies and procedures in place to protect children from all forms of abuse and neglect, in line with Children First and relevant legislation and to minimise its effect, where it does occur.
- 3.1.3 The residential centre has policies and procedures in place to address all forms of bullying, in line with Children First and relevant legislation, and to minimise its effect where it does occur. This includes procedures to prevent and address bullying and harassment by other children, staff or people in the residential centre including visitors, and possible exploitation on the Internet and social media.
- **3.1.4** All staff in the centre understand and implement safeguarding policies and procedures, and receive regular training in safeguarding children and in the prevention, detection and response to abuse.
- 3.1.5 Staff in the centre work in partnership with children, families and the child's allocated social worker to promote the safety and wellbeing of children.
- 3.1.6 Each child is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection that is sensitive to age, ability, personal history and stage of development. Children are supported to speak out when they are feeling unsafe or vulnerable.
- **3.1.7** Individual areas of vulnerability are identified, and individual safeguards are put in place and recorded in each child's Care Record.
- **3.1.8** Parents and or guardians are informed of any incident or allegation of abuse.
- **3.1.9** There is a policy and procedure on protected disclosures. Staff in the centre are aware of who they report a protected disclosure to and can do so without fear of adverse consequences to themselves.



- Staff caring for you in the centre are trained to support and protect you from harm for example on the Internet or social media.
- You are taught ways to protect yourself and keep yourself safe
- You can talk to staff about any worries or fears that you have.
- Staff caring for you have a plan to follow if they are worried about your safety.

Each child experiences care and support that promotes positive behaviour.

- 3.2.1 A positive approach to the management of behaviour that challenges is promoted; supported by policies and procedures based on international human rights instruments, legislation, regulations, national policy and evidence-based practice guidelines.
- 3.2.2 Staff in the centre have up-to-date knowledge and skills, appropriate to their role, have access to specialist advice and appropriate support, and are trained in the centre's child-centred behavioural management policies and practices to:
  - respond to and manage behaviour that challenges,
  - provide positive behavioural support to a child to manage their behaviour,
  - identify underlying causes of behaviour and situations that may lead to behaviour that challenges, and to assist and support a child to manage their behaviour,
  - have an awareness of mental health issues, bullying, harassment, neglect and abuse, and how these can impact on the behaviour of children,
  - and understand and respond to behaviour and verbal and nonverbal communication that may indicate an issue of concern.
- 3.2.3 Each child is supported to develop their understanding of behaviour that challenges and behaviour that is respectful of the rights of others. This is communicated in a clear, appropriate and positive way to support each child's own growth and development.
- **3.2.4** Staff in the centre are given all relevant information, appropriate to their role, required to support each child with behaviour that challenges or any issues that a child may have that could influence their behaviour.
- 3.2.5 The registered provider ensures the provision of positive behavioural support, as outlined in its policy, by regularly auditing and monitoring the residential centre's approach to managing behaviour that challenges. Arrangements are in place, where appropriate, for audits to be undertaken by personnel external to the centre.<sup>23</sup>

- **3.2.6** Children are not subjected to any restrictive procedure<sup>24</sup> 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.
- **3.2.7** Where restrictive procedures are deemed necessary, the person in charge ensures the following:
  - Every effort is made to identify and alleviate the cause of the child's behaviour.
  - All alternative procedures are considered before a restrictive procedure is used.
  - Where restrictive procedures must be used, the least restrictive procedure is used for the shortest duration necessary.
  - The use of restrictive procedures is recorded in the child's Care Record and each use is monitored on an ongoing basis.
  - A debrief is carried out following the use of a restrictive procedure with each child, their family, in line with the child's care plan and relevant staff members to review the use of the intervention and record the learning.
- **3.2.8** Where restrictive procedures are required, only approved and agreed techniques are used in accordance with the child's risk assessment.

- Staff caring for you have a written policy that guides them in managing unsafe behaviour. You are made aware of this policy and understand how it is used.
- Staff help you to take responsibility for your behaviour.
- Staff support you to manage your behaviour and emotions and help you to reflect on your behaviour.

<sup>24</sup> Restrictive procedures refer to 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 physical and environmental restraint.

Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

## Features of a children's residential centre meeting this standard are likely to include:

- **3.3.1** An open culture is promoted whereby children and staff are encouraged to raise concerns, report incidents<sup>25</sup> and identify areas for improvement.
- 3.3.2 The registered provider ensures that there are mechanisms in place for significant people in children's lives, for example their parents or their allocated social worker, to provide feedback and identify areas for improvement.
- **3.3.3** The registered provider ensures that there are policies and procedures in place in the residential centre for the notification, management and review of incidents, in line with regulations and national policy.
- **3.3.4** The person in charge ensures that incidents are reported, recorded and reviewed in a timely manner, in line with regulatory requirements, and local and national policies and procedures.
- 3.3.5 The registered provider ensures that learning is used to inform the development of best practice and actions are taken to improve the care provided in the centre. All incident reviews are evaluated and learning is communicated to all staff in the centre and to the child's allocated social worker.

- If an accident or incident happens in the centre, you are listened to and can discuss this with staff and the other children living in the centre.
- Staff caring for you look for risks to your safety to make sure they can act quickly to stop anything from going wrong.
- If something does go wrong, the centre looks into what happened so they can learn from it and take steps to stop it from happening again.

<sup>25</sup> An incident is 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 Department of Children and Youth Affairs' *Guidance for the Child and Family Agency on the Operation of the National Review Panel* and those listed in the regulations.



# Health, Wellbeing and Development



# Health, Wellbeing and Development



This theme is about how residential centres work with each child to improve their health, wellbeing and development and to develop their individual skills and abilities.

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

Children's residential centres should continually look for ways and opportunities to enhance the health, wellbeing and development of children. For example, by identifying health promotional opportunities, such as supporting healthy eating habits, encouraging children to prepare healthy meals and providing the option to share mealtimes, where appropriate.

It is important that children, their families and staff all work together to promote and improve the child's health and development. Children's residential centres can enhance the care and support children receive and improve a child's overall quality of life by prioritising access to health services and promoting educational and training opportunities.

Children's residential centres have an important role to play in ensuring that children develop the life skills they will need to prepare for leaving care and adulthood. Centres that prioritise the health, wellbeing and development of children work with each child to ensure they have the skills they need for independent living.

The health, wellbeing and development of each child is promoted, protected and improved.

- **4.1.1** The registered provider ensures that practices and initiatives to promote and protect the life, health, safety, development and welfare of each child, are developed and implemented in the centre, in line with the service's objectives and in consultation with children and their families.
- 4.1.2 Health promotion initiatives within the residential centre prioritise the importance of good physical and mental health and wellbeing, and detail what supports are available to children. For example, each child's key worker promotes and supports their health and wellbeing through guidance and advice on diet and nutrition, smoking prevention and cessation, alcohol, the use of illegal substances, exercise and physical health, mental health, self-care, safe relationships and sexual health and wellbeing.
- **4.1.3** The registered provider ensures that staff in the centre cooperate with other service providers and other statutory and non-statutory agencies to promote the health and development of children.
- **4.1.4** Each child is provided with adequate quantities of food and drinks which are properly and safely prepared. Options of wholesome and nutritious meals and snacks are available.
- **4.1.5** Each child is supported and encouraged to learn to cook for themselves. Staff consult with children about what they would like to eat, taking into account any cultural and religious beliefs or special dietary requirements.
- **4.1.6** Staff in the centre and children eat meals together and these are regarded as a positive social event.
- **4.1.7** Each child is enabled and supported to develop skills in preparation for leaving care. Outcomes outlined in advance of leaving care provide the child with opportunities to:
  - develop the necessary life and social skills
  - acquire the resilience to cope with adversity
  - establish the appropriate support networks for when they leave care.
- **4.1.8** Each child is educated and supported by staff in the centre to exercise autonomy in decision-making, managing money, making appointments, managing their medicines and resolving conflict in preparation for when they leave care.
- **4.1.9** Each child is supported to source further education, training or employment opportunities, in line with their abilities.

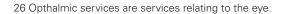
- You are supported by staff to be healthy.
- You are supported to make positive choices about, for example diet, exercise, alcohol and sexual health.
- You have access to healthy food and drinks and if you are hungry you can make yourself a snack.
- You are encouraged to prepare meals yourself and to develop healthy eating habits.
- Staff caring for you help you to develop the skills you will need when you leave care, for example how to manage your money.

Each child is supported to meet any identified health and development needs.

## Features of a children's residential centre meeting this standard are likely to include:

- **4.2.1** Each child's physical and mental health needs, as outlined in their care plan, are informed by a health and development assessment, and this informs any necessary interventions or supports.
- **4.2.2** Staff in the centre work with the allocated social worker to ensure that the Care Record contains a clear and complete record of all medical and health information from birth. This includes details of a child's referral to medical, psychiatric, psychology, dental, ophthalmic<sup>26</sup> or other specialist services, as required.
- **4.2.3** Each child has access to a general practitioner (GP) or a suitably qualified medical practitioner and, where possible, each child remains registered with their family GP. Appropriate information is shared with the GP to ensure they provide the best possible care.
- **4.2.4** Staff in the centre and the allocated social worker work together to access specialist services to meet the individual needs of each child.
- **4.2.5** The registered provider ensures that there is a medicines management policy in place in the residential centre, in line with legislative and professional regulatory requirements and best practice.

- You are involved in decisions about your health and wellbeing.
- If you need to go to the doctor, dentist or to see a health specialist you will be supported to get the care you need.
- Staff caring for you have access to your medical information so that they can make the right decisions about the best way to look after you when you are sick.



Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

- **4.3.1** Each child is supported to achieve their potential in learning and development. Staff in the centre work with each child to identify their individual interests, strengths and abilities. Educational and training opportunities are identified for each child.
- **4.3.2** Arrangements are in place for each child to access educational and training facilities, supports and services appropriate to their assessed needs. Children attend school in line with legislative requirements.
- **4.3.3** Staff in the centre work with the allocated social worker to maintain the child's placement in their own school, where possible.
- **4.3.4** Staff in the centre engage with the local Education and Welfare Officer, where appropriate.
- 4.3.5 Staff in the centre work with local schools to ensure the child adjusts to school and achieves their educational goals. The key worker, or a nominated staff member, attends all relevant school meetings and maintains regular engagement with the school staff. Parents are also encouraged to attend school meetings, in line with the child's care plan.
- **4.3.6** Each child is provided with additional support and assistance when managing transitions such as changing schools or entering a higher level of education or training.
- **4.3.7** A comprehensive record of each child's educational or training progress is maintained as part of their Care Record during their time in residential care including, certificates awarded, assessment reports and any remedial assistance provided.
- **4.3.8** Each child's educational or training needs are supported, for example through the provision of a household routine for homework and access to a space to study.
- **4.3.9** Where a child is temporarily not attending school, staff in the centre and the child's allocated social worker identify and put in place other learning and development opportunities in consultation with the child, which are in line with their assessed needs.
- 4.3.10 Each child approaching school leaving age is encouraged to discuss their preferences, interests, abilities and aspirations in relation to training and educational goals. They are supported by their allocated social worker and other support services to explore their options and realise their potential, which will inform their care plan and aftercare plan.

- You are supported to attend school and to reach your potential.
- Staff caring for you talk to you about the kind of education or training you want and that best suits you. Staff support you to do your best.
- There is a routine in the house that supports you to do well in school, for example a quiet space to do your homework.
- Staff caring for you will support you to decide what you would like to do after you leave school.



# Leadership, Governance and Management



# Leadership, Governance and Management



This theme is about putting effective leadership, governance and management arrangements in place to provide child-centred, safe and effective care and support.

Leadership, governance and management refers to the arrangements put in place by a residential centre for clear accountability, decision-making and risk management as well as how it will meet its strategic, statutory and financial obligations. Strong and effective leadership, governance and management arrangements are essential to create and sustain a child-centred, safe and effective service. These arrangements underpin a commitment to continuous improvements in the residential centre.

In this regard, the registered provider must ensure that there are arrangements in place to oversee the management of the centre's care practices, operational policies and procedures. There must be an internal management structure appropriate to the size and purpose of the residential service, and the centre must have sufficient resources, facilities and access to services in line with its statement of purpose.

Effective governance in children's residential centres is guided by provisions in legislation, standards and national policy documents. All individuals working in a service need to be aware of their responsibilities and who they are accountable to. An effective governance structure requires that the overall accountability for the delivery of services is clearly defined and there are clear lines of accountability at individual, team and service level.

Governance systems need to be in place to monitor the service to ensure that delivery of care is safe and effective. This can be achieved through the ongoing use of audit and regular monitoring of the service's performance. It is the responsibility of all providers and funders of services to ensure the *National Standards for Children's Residential Centres* are implemented. Children's residential centres must provide assurance to their funding body that they are compliant with legislative requirements, the National Standards and national policy.

Children's residential centres must have a statement of purpose that accurately describes its aims and objectives, the services provided (including how and where they are provided), and the care and support needs of the children that the centre intends to meet. A statement of purpose promotes transparency and responsiveness, and enables effective governance. Effective leadership and management ensures that a service fulfils its statement of purpose and achieves its objectives.

The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the care and welfare of each child.

## Features of a children's residential centre meeting this standard are likely to include:

- **5.1.1** The registered provider ensures that the residential centre is operated in compliance with the requirements of the Care and Welfare of Children in Children's Residential Centres Regulations and the relevant national standards.
- **5.1.2** The registered provider ensures that new and existing legislation and national policy, such as Children First, 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.
- **5.1.3** Staff in the centre demonstrate understanding of the relevant legislation, regulations, policies and standards for the care and welfare of children in residential care, appropriate to their role, and this is reflected in all aspects of their practice.

## What does this mean for me as a child?

The centre you live in is well managed to make sure you get the best possible care.

The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

#### Features of a children's residential centre meeting this standard are likely to include:

- **5.2.1** Leadership is demonstrated and evidenced at all levels in the residential centre and there is a culture of learning, quality and safety in the service.
- **5.2.2** There are clearly defined governance arrangements and structures that set out the lines of authority and accountability, stipulate individual accountability, and specify roles and responsibilities of all staff in the centre.
- **5.2.3** The registered provider ensures that there are appropriate service-level agreements, contracts and or other similar arrangements in place for the provision of services.
- **5.2.4** The registered provider provides evidence to the funding body that it is compliant with relevant legislation and the relevant national standards.
- **5.2.5** A person in charge with overall executive accountability, responsibility and authority for the delivery of the service is in place for the residential centre.
- **5.2.6** All operational policies and procedures for the residential centre are developed, reviewed and updated by the registered provider in line with regulatory requirements, taking account of national standards and guidelines.
- **5.2.7** 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 people to contact in an emergency.
- **5.2.8** There is an internal management structure appropriate to the size and purpose and function of the residential centre.
- **5.2.9** The registered provider ensures that alternative management arrangements are in place for when the person in charge is absent.
- **5.2.10** Where the person in charge delegates some or all of their duties to one or more appropriately qualified staff members, a written record is kept of when, and to who, such duties have been delegated and the key decisions made.

- You know who is in charge of running the centre.
- You understand who is responsible for each job in the centre and you know who takes their place if they are away.
- Everyone who works in the centre knows what their job is.
- There is an agreement in place with the organisation that gives the residential centre money or funding. The staff in the centre tell this organisation about how they are meeting your needs and the needs of other children living there, and this is checked.

The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

## Features of a children's residential centre meeting this standard are likely to include:

- **5.3.1** There is a statement of purpose for the residential centre which clearly describes the model of service provision delivered by the centre in line with regulatory requirements, including the following information:
  - the aims, objectives and ethos of the service,
  - the range of services and any specialised facilities provided to meet the needs of children placed at the residential centre,
  - the management and staff employed in the residential centre,
  - the care and support needs of children that the centre intends to meet,
  - arrangements for the wellbeing and safety of children placed in the centre.
- **5.3.2** The statement of purpose reflects the day-to-day operation of the residential centre and it is reviewed and revised in line with regulatory requirements.
- **5.3.3** The statement of purpose is publicly available<sup>27</sup> and communicated to staff, children and their families in an accessible format.
- **5.3.4** Staff understand the model of care<sup>28</sup> as outlined in the statement of purpose, the centre's overall aims and the outcomes it seeks to achieve for children.
- **5.3.5** The statement of purpose is reviewed and evaluated as part of the residential centre's governance arrangements, in order to provide assurance that services are being delivered in line with the statement of purpose.

- The statement of purpose clearly states how the centre will meet your needs and the needs of other children living there. It helps your social worker and the staff in the centre decide if the centre is a good place for you to live and whether the staff working there can give you the care and support that you need.
- You and your family can see a copy of the statement of purpose so that you know about the centre and its goals.
- All staff caring for you in the centre know the statement of purpose and make sure that you are getting the care and support you need.

<sup>27</sup> The statement of purpose is available to those who need it and to individuals who are accessing the services of the centre for example the child, the allocated social worker and the child's family, in line with the child's care plan.

<sup>28</sup> The model of care used by the residential centre is evidence based and is in line with best practice. The registered provider ensures that staff are competent in delivering the model of care and the effectiveness of the model of care is reviewed regularly.

The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

## Features of a children's residential centre meeting this standard are likely to include:

- **5.4.1** The quality, safety and continuity of care provided to children in the residential centre is regularly reviewed to inform improvements in practices and to achieve better outcomes for children.
- **5.4.2** Arrangements are put in place by the registered provider to assess the safety and quality of care provided in the centre against the *National Standards for Children's Residential Centres*.
- 5.4.3 The registered provider ensures that information relating to complaints, concerns and incidents is recorded, acted on, monitored and analysed. Learning from these events and any trends identified are communicated to all staff in the centre to promote improvements.
- **5.4.4** The registered provider ensures that an annual review of compliance with the centre's objectives is conducted and timely action is taken to promote improvements in work practices and to achieve better outcomes for children.

- Staff caring for you look for ways to improve the care and support they give you and other children living in the centre.
- The care that you get is checked regularly to make sure the centre is providing the care and support it should be.



## **Responsive Workforce**



## **Responsive Workforce**



This theme is about having the right number of staff with the right skills to meet the needs of each child.

Each staff member working in a children's residential centre has an important role to play in delivering child-centred, safe and effective care and support to all children living in the centre. Residential centres organise and manage their workforce to ensure that staff have the required skills, experience and competencies to respond to the needs of children. All members of staff must be skilled and competent, while the workforce as a whole must be planned, configured and managed to meet children's needs.

Workforce planning involves deciding what the right staffing levels, mix and distribution of skills, competencies and capabilities are within a workforce. This involves recruitment, tracking of staff numbers and skills, learning, training and development, and workforce deployment. Effective residential centres need processes to ensure that there are sufficient staff available at the right time, with the right skills, diversity and flexibility to deliver child-centred, safe and effective care and support to each child living in the centre.

The workforce is key for delivering a safe, high-quality service and should be supported to do this. Safe and effective recruitment and workforce planning ensures that staff have the necessary abilities to undertake their role and fulfil the requirements of the service. All staff should receive support and supervision to ensure that they perform their role to the best of their ability. This includes providing supports to manage the impact of the working environment, such as access to an employee assistance programme. The performance of staff must be assessed at regular 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.

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 staff are monitored on an ongoing basis and identified training needs are addressed to ensure the delivery of child-centred, safe and effective services.

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

The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

## Features of a children's residential centre meeting this standard are likely to include:

- **6.1.1** The residential centre regularly undertakes workforce planning.
- **6.1.2** There are appropriate numbers of staff employed in the residential centre with regard to the number and needs of the children in the centre and the centre's statement of purpose.
- 6.1.3 There are sufficient numbers of staff with the necessary experience and competencies to meet the needs of the children living in the centre at all times.
- 6.1.4 Workforce planning takes account of annual leave, study leave, maternity leave, sick leave and contingency cover for emergencies. Where it is necessary, additional staff members are accessed from a panel of suitably qualified and experienced staff that, as far as possible, have experience of working in the residential centre and are familiar to the children living in the centre.
- **6.1.5** Arrangements are in place to promote staff retention and continuity of care to ensure children experience stability.
- **6.1.6** There are formalised procedures for on-call arrangements at evenings and weekends.

- There are always enough staff to care for you and the other children living in the centre.
- You know the staff working in the centre.
- The staff caring for you know you and your likes and dislikes, and have enough time to spend with you.

The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support.

## Features of a children's residential centre meeting this standard are likely to include:

- **6.2.1** Staff recruitment and retention is in line with relevant Irish and European legislation<sup>29</sup> and is informed by evidence-based human resource practices.
- 6.2.2 The registered provider recruits and retains staff with the necessary qualifications, skills, competencies and personal attributes, appropriate to their role, to provide care and support to children placed in the centre. The registered provider ensures that staff are registered with the relevant professional regulatory body as appropriate.
- 6.2.3 Managers have an appropriate management qualification and have sufficient practice and management experience to manage the centre and meet its stated purpose, aims and objectives.
- **6.2.4** All staff in the centre have up-to-date written job descriptions and a copy of their terms and conditions of employment.
- **6.2.5** An up-to-date, accurate and secure personnel file is maintained for all staff, in line with regulatory requirements.
- **6.2.6** There is a written code of conduct for staff. All staff also adhere to the codes of conduct of their own professional body, association and or professional regulatory body.

- The staff caring for you have the proper qualifications they need to do their job.
- The centre makes sure that staff caring for you are suitable to work with children, for example by checking with the places staff have worked in before.
- All staff caring for you in the centre know what their job is and how to care for you.



The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.

- 6.3.1 Staff in the centre understand their roles and responsibilities, have clear accountability and reporting lines, and are aware of policies and procedures to be followed at all times.
- **6.3.2** Staff in the centre are supported to effectively exercise their professional judgment and exercise collective accountability to provide a child-centred, safe and effective service.
- **6.3.3** There are procedures in place to protect staff and minimise the risk to their safety. Where risks to staff safety are identified, procedures are followed and appropriate action is taken.
- 6.3.4 There is a culture of learning and development in the residential centre and staff are encouraged to develop their skills and practices, and avail of learning opportunities and reflective practice. Staff are encouraged and supported to learn from their colleagues within the residential centre and to share learning between centres.
- **6.3.5** A team-based approach to working is promoted through regular team meetings, reflective learning and effective communication in relation to supporting and caring for each child in a consistent manner.
- 6.3.6 A clear supervision policy is in place and staff receive regular supervision from appropriately qualified and experienced staff. Records of supervision signed by both the supervisor and the staff member are maintained.
- **6.3.7** All staff in the centre receive supervision training in line with the centre's policy.
- **6.3.8** Each individual staff member's performance is formally appraised, at least once a year. A written record is kept of each performance appraisal and this is signed by both the supervisor and the staff member.
- **6.3.9** A policy and systems are in place which outline the appropriate supports to manage the impact of working in the centre, for example access to an employee assistance programme.



- All staff caring for you in the centre work together to make sure you get the care and support you need.
- Staff caring for you in the centre talk to each other about how they can support you and improve your care and life in the centre.

Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

## Features of a children's residential centre meeting this standard are likely to include:

- 6.4.1 All staff working in the residential centre receive appropriate training and development opportunities, equivalent to their role in relation to the requirements of legislation, standards and guidelines, the centre's statement of purpose and the centre's care practices, operational policies and procedures.
- **6.4.2** There is a programme of training and continuous professional development to ensure that staff at all levels maintain competence in all relevant areas.
- **6.4.3** The registered provider undertakes a regular training needs analysis to determine the training needs of staff. The registered provider responds appropriately to meet the training needs identified.
- **6.4.4** Staff in the centre are facilitated and supported to attend training and education, including refresher training, appropriate to their roles.
- **6.4.5** A formal induction policy is implemented for all new staff.
- **6.4.6** There is a record kept of any continuing professional development courses or training undertaken by staff in the residential centre.

- Staff caring for you are trained in the work that they do.
- When a new person starts working in the centre they are given time to understand how the centre works.
- If staff caring for you need more training in a certain area to be better able to support you, they will get this training.



## **Use of Resources**



### Theme 7

### **Use of Resources**



This theme is about children's residential centres making the best use of resources available to them, to make sure each child receives the care and support they need.

How a children's residential centre uses the resources it has available to it impacts on the safety and quality of the care it provides. Providing child-centred, safe and effective care and support is inherently linked to the use of financial and human resources. This includes how these resources are planned, managed and delivered.

A well-run residential centre uses resources effectively and seeks opportunities to improve the service and achieve better outcomes for children. Decisions about resourcing take account of the needs of children and the level of demand on the service. Staff who make decisions on the use of resources are accountable for the decisions made and must ensure these decisions are well informed, as well as being child centred.

Standard 7.1

Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

### Features of a children's residential centre meeting this standard are likely to include:

- **7.1.1** The residential centre is resourced and the resources available are effectively allocated to ensure the delivery of care that meets the needs of children placed in the centre, in accordance with the centre's statement of purpose.
- **7.1.2** There are clear plans that take account of the funding and resources available to ensure that child-centred, safe and effective services are provided.
- **7.1.3** The residential centre 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.
- **7.1.4** Resources provided to children in the residential centre are appropriate to each child's needs and are managed in a child-centred way.
- **7.1.5** Resources are planned and managed to meet the needs of children and their families, and to help facilitate family contact, in line with the child's care plan.

### What does this mean for me as a child?

- The centre has enough money and enough staff to give you the care and support you need.
- Your needs and the needs of all children living in the centre are considered in all decisions about how the centre's money should be spent.
- You have the resources you need to keep in contact with your family, in line with your care plan.



### Theme 8)

# **Use of Information**



#### Theme 8

#### **Use of Information**



This theme is about how children's residential centres collect and use information to plan, manage and improve the care and support they provide.

Having access to good quality information and effective information systems is essential for improving the quality of services provided to children in residential centres. Quality information (which is accurate, complete, legible, relevant, reliable, timely and valid) is an important resource for residential centres in planning, managing, delivering and monitoring the services they provide.

There are multiple sources of information available to a children's residential centre. Children's residential centres have information and communications technology (ICT) systems to effectively use this information and ensure that quality information is collected and reported in line with information governance requirements.

Information governance provides a framework to bring together all the legislation, guidance and best available evidence that applies to the handling of information. It provides a consistent way for the workforce to deal with the many different legislative provisions, guidelines and professional codes of conduct that apply to handling information. An information governance framework enables residential centres to ensure all information, including personal information, is handled securely, efficiently, effectively and in line with legislation.

Children's personal information informs all aspects of their care. Personal information must be treated in a confidential manner and arrangements should be in place to make sure that this happens. For example, this includes only sharing information when it is in the best interests of the child to do so and ensuring that the necessity of the level and type of information that is being recorded, as well as the length of time this is carried out, is regularly reviewed based on the child's individual needs, behaviours and stage of development. The ability to identify a child uniquely is important; therefore each residential centre should have arrangements in place to uniquely identify each child in their care.

Standard 8.1

Information is used to plan, manage and deliver child-centred, safe and effective care and support.

### Features of a children's residential centre meeting this standard are likely to include:

- **8.1.1** Information is collated, managed, used and shared to inform decision-making and to promote improvements in the service.
- **8.1.2** Arrangements are in place to evaluate and manage the safety and quality of the service provided through audit, self-assessment and the use of key performance indicators to monitor trends. For example, records of incidents, exit interviews with children and significant event notifications are used to inform and improve practice.
- **8.1.3** Information is recorded and communicated in a timely manner to support effective, high-quality care.
- **8.1.4** Information is gathered on each child when they are placed in the centre, and regularly reviewed throughout their time in the residential centre, to identify risk and inform the types of supports the child is likely to need. Records of incidents are kept and used to inform the child's future care.
- 8.1.5 Each child and their family are advised by the residential centre on the recording and intended use of all personal information as appropriate, in line with current legislation and best practice. Information is recorded and shared in accordance with the child's care and placement plans.

### What does this mean for me as a child?

- Information is collected about things that happen in the centre, such as achievements, events or accidents. This information is used to improve your care.
- Information is collected about you and your care in the centre. You, and your family in line with your care plan, are told about the information recorded about you, how it is used and who it is shared with.

Standard 8.2

Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.

### Features of a children's residential centre meeting this standard are likely to include:

- **8.2.1** Information governance arrangements are in place to ensure that the residential centre complies with legislation,<sup>30</sup> uses information ethically, and uses best available evidence to protect children's personal information.
- **8.2.2** Records required to deliver a child-centred, safe and effective service are up to date, relevant, of a high quality and accurate at all times.
- **8.2.3** The residential centre holds a register (electronic or hard copy) in line with statutory requirements which details the relevant information in respect of each child living in the centre.
- **8.2.4** The privacy of each child's personal information is protected and respected. All personal information is treated as confidential and is held in line with legislative, regulatory and best practice requirements.
- **8.2.5** Arrangements are in place for sharing and transferring information in an efficient and timely manner to support effective decision-making. These arrangements clearly outline who staff share personal information with, in the best interest of each individual child, and the manner in which this is done to protect the privacy and confidentiality of the child the information relates to.
- **8.2.6** There is a policy for the retention and destruction of records in line with legislative requirements.
- **8.2.7** There is a policy in place for managing requests and access to information.
- **8.2.8** Arrangements are in place for children to access a copy of their personal information, as appropriate, on request.

#### What does this mean for me as a child?

- Your information is only shared with people who need it to make sure you get the care and support you need.
- Your information is kept safely and cannot be seen by people who do not need to see it.
- You can ask to see a copy of any information the centre has about you. If any information is not appropriate for you at that time, staff caring for you will discuss this with you.

# **Glossary of terms**

### This glossary details key terms and a description of their meaning within the context of this document.

**Accountability:** being answerable to another person or organisation for decisions, behaviour and any consequences.

**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.

**Aftercare planning:** the dynamic process of preparation and support for leaving care and moving to independent living for all eligible children who are in the care of the State. It is the provision of advice, guidance and assistance with regard to social and emotional support, accommodation, education and vocational support and is a through-care process, in consultation with the child and includes comprehensive assessments of need, care plans and reviews.

**Allocated social worker:** the social worker assigned by Tusla (the Child and Family Agency) to carry out its statutory responsibilities for the safety and welfare of a child.<sup>31</sup>

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

**Audit:** the assessment of performance against any standards and criteria in a health or social care service.

Care plan: is a written document prepared by the allocated social worker that contains the important information about a child, such as their family's details, who they live with, where they go to school, arrangements for family contact and how their health, wellbeing and education are to be promoted. This plan is agreed with everybody involved in the care of the child and is generated by the allocated social worker from an assessment of the child, setting out their goals and needs and details matters concerning the care of the child, as detailed in the regulations. The care plan is written by the allocated social worker following a child-in-care review where the child, their parents, residential staff, social worker and other professionals involved in the child's life or care agree on key goals to meet the needs of the child. In the context of children's residential centres the care plan informs the placement plan.

<sup>31</sup> In the context of children's residential care, the allocated social worker's duties include: the preparation and review of care plans; finding appropriate placements for children; supervising the child's placement to ensure it meets the child's needs; addressing the child's education and health needs; visiting the child; and working with the child's family. Residential centres have a responsibility to participate in statutory care planning and review, plan for aftercare and to maintain records for these children.

**Care Record:** is a record of all information relating to a child to support the residential centre to promote and protect the child's life, health, safety, development and welfare, as detailed in the regulations.

**Child:** in this standards document, the term child and children refer to individuals (children and young people) under the age of 18 years who have not been married.<sup>32</sup>

**Child abuse:** this 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* (2017).

**Children's residential centre:** is a place, run by Tusla (the Child and Family Agency) or a voluntary or private agency that provides a home for children who come into the care of the State, to ensure that the child's needs are met when they cannot live with their own family. For the purposes of these standards, this term refers to any person, organisation or part of an organisation providing children's residential services.

**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 provision.

**Complaints procedures:** is a set of clearly defined steps for the resolution of complaints.

**Concern:**<sup>33</sup> concerns are as follows:

- 1. Child protection concern: the term 'child protection concern' is used when there are reasonable grounds for believing that a child may have been, is being or is at risk of being physically, sexually or emotionally abused or neglected.
- 2. Child welfare concern: a problem experienced directly by a child, or by the family of a child, that is seen to impact negatively on the child's health, development and welfare, and that warrants assessment and support, but may or may not require a child protection response.

**Culture:** the shared attitudes, beliefs and values that define a group or groups of people and shape and influence perceptions and behaviours.

**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 Tusla (the Child and Family Agency) or other service providers, including residential services run by public, private and voluntary organisations.

<sup>32</sup> As defined in the Child Care Act, 1991.

<sup>33</sup> In line with Children First: National Guidance for the Protection and Welfare of Children (2017).

**Effective:** a measure of the extent to which a specific intervention, procedure, treatment, or service, when delivered, does what it is intended to do for a specified population.

**Ethical use of information:** in the context of the standards, information is used ethically when it is used in a manner that protects the rights and best interests of the child.

**Family:** throughout this standards document, the term 'family' includes birth family, carer and guardian.

**Governance:** the function of determining the service's direction, setting objectives and developing policy to guide the service in achieving its stated purpose. Effective governance arrangements recognise the interdependencies between corporate and clinical governance and integrate them to deliver safe and effective services to children in residential care.

**House meetings:** form part of the centre's consultation with children living in the centre. During these meetings, children help agree on an agenda to follow, help determine the format and frequency of meetings and can volunteer to chair or take minutes at the meeting. Centre staff ensure adequate space, time and opportunity is provided for children to give their views and opinions of any matters concerning the daily running of the centre.

**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 Department of Children and Youth Affairs' *Guidance for the Child and Family Agency on the Operation of the National Review Panel* 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 HIQA assesses compliance with standards and regulations. Inspectors speak to children 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.

**Integrated care:** health and social care services working together, both internally and externally, to ensure children and families receive continuous and coordinated care.

**Key worker:** this is a member of the centre staff team who has particular responsibility for the child, liaises directly with them, coordinates health and social services, and acts as a resource person.

**Monitoring:** this is the systematic process of gathering and analysing 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.

**Person in charge:** this is the person whose name is entered on the register as being in charge of or managing the children's residential centre.

**Placement plan:** a document that refers to the direct care provided to a child in the children's residential centre. It is used by management in the centre to outline the needs and the goals of the placement for the individual child for the duration of their placement and is informed by the care plan.

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

**Positive behaviour support:** treatment that supports the positive physical, psychological or emotional wellbeing of children.

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

**Protected disclosure:** is any communication received in good faith that discloses or demonstrates an intention to disclose information that may provide evidence of improper conduct which raises a significant danger to public health or safety. Also known as 'whistleblowing'.

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

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

**Restrictive procedure:** this means 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 physical and environmental restraint.

**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.

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

**Safeguarding:** this means protecting people's health, wellbeing and human rights and enabling them to live free from harm, abuse and neglect.

**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.

**Significant events:** any event that has an actual or potential impact on the safety and or welfare of the child availing of out-of-home care services and or others.

**Staff:** this means a person or people employed by the registered provider to work at the children's residential centre, including people employed from other agencies. It does not include a person who works in the residential centre as an intern, a trainee, a person on a placement as part of a degree course or a person employed under a contract for services.

**Statement of purpose:** this written statement clearly describes the model of service provision delivered by the centre in line with regulatory requirements.

**Welfare:** this encompasses all aspects of a child's wellbeing including physical, social, emotional, religious, moral and intellectual welfare.

Workforce: all people working in a service.

## Resources

Aarons GA, James S, Monn AR, Raghavan R, Wells RS, Leslie LK. Behavior problems and placement change in a national child welfare sample: A prospective study. Journal of the American Academy of Child & Adolescent Psychiatry. 2010;49(1):70-80.

Alberta Ministry of Children's Services. *Licensing Requirements for Residential Facilities*. Alberta: Government of Alberta. 2004.

Almeida P, Agante L. Comparing consumer decision skills in institutionalized vs family children. Journal of Consumer Marketing. 2016;33(1):61-74.

Attar-Schwartz S. School functioning of children in residential care: The contributions of multilevel correlates. Child Abuse and Neglect. 2009;33(7):429-40.

Atwool N. Birth family contact for children in care: How much? How often? Who with? Child Care in Practice. 2013;19(2):181-98.

Besier T, Fegert JM, Goldbeck L. Evaluation of psychiatric liaison-services for adolescents in residential group homes. European Psychiatry. 2009;24(7):483-9.

Blau GM, Caldwell B, Fisher SK, Kuppinger A, Levison-Johnson J, Lieberman R. The Building Bridges Initiative: residential and community-based providers, families, and youth coming together to improve outcomes. Child welfare. 2010;89(2):21-38.

Cahill O, Holt S, Kirwan G. Keyworking in residential child care: Lessons from research. Children and Youth Services Review. 2016;65:216-23.

Calheiros MM, Patrício JN, Graça J. Staff and youth views on autonomy and emancipation from residential care: A participatory research study. Evaluation and program planning. 2013;39:57-66.

Child Care (Placement of Children in Residential Care) Regulations, 1995. The Statutory Instrument No.259. Dublin: The Stationery Office; 1995.

Child Care Act, 1991 (as amended). Dublin: The Stationery Office; 1991.

Children's Rights Alliance. United Nations Convention on the Rights of the Child (UNCRC). Available from: http://childrensrights.ie/childrens-rights-ireland/unconvention-rights-child. Accessed on: 01 October 2017.

Collins-Camargo C, Garstka TA. Promoting Outcome Achievement in Child Welfare: Predictors of Evidence-Informed Practice. Journal of Evidence-Based Social Work. 2014;11(5):423-36.

Day A, Daffern M, Simmons P. Use of restraint in residential care settings for children and young people. Psychiatry, Psychology and Law. 2010;17(2):230-44.

Department for Families and Communities South Australia. *Standards of Alternative Care in South Australia: An Alternative Care Partnership.* South Australia. 2009.

Department of Children and Family Services. Residential Licensing - Child Residential Licensing Standards & Regulations. Louisiana: Department of Children and Family Services. 2010.

Department of Children and Youth Affairs. Better Outcomes Brighter Futures. The National Policy Framework for Children and Young People 2014-2020. The Stationery Office: Dublin: 2014.

Department of Children and Youth Affairs. *Children First National Guidance for the Protection and Welfare of Children*. Dublin: 2017.

Department of Children and Youth Affairs. Every Child a Home: A review of the implementation of the Youth Homelessness Strategy. Dublin: Government Publications: 2013.

Department of Children and Youth Affairs. *Guidance for the Child and Family Agency on the Operation of The National Review Panel*. Dublin. 2014.

Department of Children and Youth Affairs. Listen To Our Voices Hearing Children and Young People in the Care of the State. Report of a consultation process. Dublin: Government Publications: 2011.

Department of Children and Youth Affairs. National Strategy on Children and Young People's Participation in Decision-Making 2015 – 2020. Dublin: Government Publications, 2015.

Department of Children and Youth Affairs. The National Youth Strategy 2015 - 2020. Dublin: Government Publications: 2015.

Department of Families Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group. National Standards for Out-of-Home Care, Australia, 2011.

Department of Health and Children. National Standards for Children's Residential Centres. Dublin: Department of Health and Children. 2001.

Department of Health and Children. Report of the Commission to Inquire into Child Abuse, Implementation Plan. Dublin: Department of Health and Children. 2009.

Department of Health, Social Services and Public Safety. Co-operating to Safeguard Children and Young People in Northern Ireland. Northern Ireland: Department of Health, Social Services and Public Safety. 2016.

Department of Health, Social Services and Public Safety. Leaving Care Services in Northern Ireland. Northern Ireland: Department of Health Social Services and Public Safety. 2012.

Department of Health, Social Services and Public Safety. Minimum Standards for Children's Homes. Northern Ireland: Department of Health, Social Services and Public Safety. 2014.

Durka K, Hacker T. The experience of receiving and delivering consultation in a residential childcare setting for looked-after and accommodated children: A sequential exploratory design. Child Care in Practice. 2015;21(4):392-407.

Emond R. Longing to belong: Children in residential care and their experiences of peer relationships at school and in the children's home. Child & Family Social Work. 2014;19(2):194-202.

European Union. Charter of Fundamental Rights of the European Union. Available from: http://www.europarl.europa.eu/charter/pdf/text\_en.pdf. Accessed on: 26 January 2018.

Fernandez E. Unravelling emotional, behavioural and educational outcomes in a longitudinal study of children in foster-care. British Journal of Social Work. 2008;38(7):1283-301.

Garcia Quiroga M, Hamilton-Giachritsis C. Attachment styles in children living in alternative care: A systematic review of the literature. Child & Youth Care Forum. 2016;45(4):625-53.

Geurts EMW, Boddy J, Noom MJ, Knorth EJ. Family-centred residential care: The new reality? Child & Family Social Work. 2012;17(2):170-9.

Gharabaghi K. In-service training and professional development in residential child and youth care settings: A three sector comparison in Ontario. Residential Treatment for Children & Youth. 2010;27(2):92-114.

Gharabaghi K. Translating evidence into practice: Supporting the school performance of young people living in residential group care in Ontario. Children & Youth Services Review. 2012;34(6):1130-4.

Harder AT, Zeller M, López M, Köngeter S, Knorth EJ. Different sizes, similar challenges: Out of home care for youth in Germany and the Netherlands. Psychosocial Intervention. 2013;22(3):203-13.

Hébert ST, Lanctôt N. Association between unstable placement patterns and problem behaviors in adolescent girls. Residential Treatment for Children & Youth. 2016;33(3-4):286-305.

Health Information and Quality Authority (HIQA). Annual overview report on the inspection and regulation of children's services 2015. Dublin: Health Information and Quality Authority. 2016.

Health Information and Quality Authority (HIQA). Annual report of the regulatory activity of the Health Information and quality Authority: Children's Services 2014. Dublin: Health Infromation and Quality Authority. 2015.

Health Information and Quality Authority (HIQA). National Standards for Residential Services for Children and Adults with Disabilities. Dublin: Health Information and Quality Authority. 2013.

Health Information and Quality Authority (HIQA). National Standards for Special Care Units. Dublin: Health Information and Quality Authority. 2014.

Health Information and Quality Authority (HIQA). National Standards for the Protection and Welfare of Children. Dublin: 2012.

Health Information and Quality Authority (HIQA). Overview of findings of 2012 children's inspection activity: foster care and children's residential service. Dublin: Health Information and Quality Authority. 2013.

Health Service Executive. Leaving and Aftercare Services: National Policy and Procedure Document. Dublin: 2011.

Health Service Executive. Policies and Procedures for Children's Residential Centres HSE Dublin North East. Dublin: Health Service Executive. 2009.

Holt S, Kirwan G. The 'key' to successful transitions for young people leaving residential child care: The role of the keyworker. Child Care in Practice. 2012; 18(4):371-92.

Honkatukia P, Nyqvist L, Pösö T. Violence talk and gender in youth residential care. Journal of Scandinavian Studies in Criminology and Crime Prevention. 2007;8(1):56-76.

Huddlestone L, Pritchard C, Ratschen E. Smoking and looked-after children: A mixed-methods study of policy, practice, and perceptions relating to tobacco use in residential units. International Journal of Environmental Research and Public Health. 2016;13(6).

Huscroft-D'Angelo J, Trout A, Epstein M, Duppong-Hurley K, Thompson R. Gender differences in perceptions of aftercare supports and services. Children and Youth Services Review. 2013;35(5):916-22.

Jones R, Everson-Hock ES, Papaioannou D, Guillaume L, Goyder E, Chilcott J, et al. Factors associated with outcomes for looked-after children and young people: A correlates review of the literature. Child: care, health and development. 2011;37(5):613-22.

Jörns-Presentati A, Groen G. On the borders between residential child care and mental health treatment in Europe: Development and evaluation of an international pilot course to enhance inter-professional collaborative practice. European Child and Adolescent Psychiatry. 2015;24(1):S264-S5.

Kay H, Kendrick A, Stevens I, Davidson J. Safer recruitment? Protecting children, improving practice in residential child care. Child Abuse Review. 2007;16(4):223-36.

Lanctôt N, Lemieux A, Mathys C. The Value of a Safe, Connected Social Climate for Adolescent Girls in Residential Care. Residential Treatment for Children & Youth. 2016;33(3/4):247-69.

Larkins C, Ridley J, Farrelly N, Austerberry H, Bilson A, Hussein S, et al. Children's, young people's and parents' perspectives on contact: Findings from the evaluation of social work practices. British Journal of Social Work. 2015;45(1):296-312.

LeBel J, Huckshorn KA, Caldwell B. Restraint use in residential programs: why are best practices ignored? Child Welfare. 2010;89(2):169-87.

Magalhães E, Calheiros MM, Costa P. To be or not to be a rights holder: Direct and indirect effects of perceived rights on psychological adjustment through group identification in care. Children and Youth Services Review. 2016;71:110-8.

Manitoba Child and Family Services Authority. *Child Care Facilities Licensing Manual*. Manitoba: Government of Manitoba. 2012.

Martín E, de Bustillo MdCM. School adjustment of children in residential care: A multi-source analysis. *The Spanish journal of psychology. 2009;12(2):462-70*.

McLean S. Barriers to collaboration on behalf of children with challenging behaviours: A large qualitative study of five constituent groups. Child & Family Social Work. 2012;17(4):478-86.

McLean S, Kettler L, Delfabbro P, Riggs D. Frameworks for understanding challenging behaviour in out-of-home care. Clin Psychol. 2012;16(2):72-81.

McLeod A. 'A friend and an equal': Do young people in care seek the impossible from their social workers? British Journal of Social Work. 2010;40(3):772-88.

McPheat G, Butler L. Residential child care agencies as learning organisations: Innovation and learning from mistakes. Social Work Education. 2014;33(2):240-53.

Mendes P, Snow P, Baidawi S. The Views of Service Providers on the Challenges Facing Young People Also Involved in the Youth Justice System Transitioning from Out-of-Home Care. Journal of Policy Practice. 2014;13(4):239-57.

Ministry of Children and Youth Services. *Because Young People Matter: Report of the Residential Services Review Panel*. Ontario: Government of Ontario. 2016.

Ministry of Social Development. Modernising Child, Youth and Family Expert Panel: Interim Report. Wellington. 2015.

Ministry of Social Development. The Children, Young Persons, and Their Families (Residential Care) Regulations. 1996

National Institute for Health and Care Excellence (NICE). Looked-after children and young people. United Kingdom: National Institute for Health and Care Excellence. 2013.

New Jersey Department of Children and Families. *Manual of Requirements for Children's Group Homes*. New Jersey: New Jersey Department of Children and Families. 2010.

Norwich B, Richards A, Nash T. Educational psychologists and children in care: Practices and issues. Educational Psychology in Practice. 2010;26(4):375-90.

Office of the Children's Guardian New South Wales. The New South Wales (NSW) Child Safe Standards for Permanent Care. New South Wales. 2015.

Office of the Minister for Children and Youth Affiars. Report of the Commission to Inquire into Child Abuse, Implementation Plan. Dublin: Office of the Minister for Children and Youth Affairs. 2009.

Ombudsman for Children. Report of the Ombudsman for Children to the UN Committee on the Rights of the Child on the occasion of the examination of Ireland's consolidated Third and Fourth Report to the Committee. Ombudsman for Children Office: 2015.

Quinn N, Davidson J, Milligan I, Elsley S, Cantwell N. *Moving Forward: Towards a rights-based paradigm for young people transitioning out of care*. International Social Work. 2017;60(1):140-55.

Quiroga MG, Hamilton-Giachritsis C. 'In the name of the children': Public policies for children in out-of-home care in Chile. Historical review, present situation and future challenges. Children and Youth Services Review. 2014;44:422-30.

Rabley S, Preyde M, Gharabaghi K. *A survey of adolescents' perceptions of their relationships with nonparental caregivers in group home settings: An attachment perspective*. Children and Youth Services Review. 2014;40:61-70.

Rauktis M. 'When You First Get There, You Wear Red': Youth Perceptions of Point and Level Systems in Group Home Care. Child & Adolescent Social Work Journal. 2016;33(1):91-102.

Refaeli T, Benbenishty R, Eliel-Gev M. Youth aging out of residential care in israel: Readiness for independent living and need for help. Children and Youth Services Review. 2013;35(9):1601-7.

Regulation and Quality Improvement Authority. RQIA Provider Guidance 2016 – 2017 Children's Homes. Northern Ireland: Regualtion and Quality Improvement Authority. 2016.

Sallnäs M, Wiklund S, Lagerlöf H. Welfare resources among children in care. European Journal of Social Work. 2012;15(4):467-83.

Schmid M, Goldbeck L, Nuetzel J, Fegert JM. Prevalence of mental disorders among adolescents in German youth welfare institutions. Child and Adolescent Psychiatry and Mental Health. 2008;2.

Sen R, Broadhurst K. Contact between children in out-of-home placements and their family and friends networks: A research review. Child & Family Social Work. 2011;16(3):298-309.

Shaw J. Professionals' perceptions of offending in children's residential care. Child & Family Social Work. 2012;17(3):359-67.

State of Alabama Department of Human Resources. *Minimum Standards for Residential Child Care Facilities*. Alabama. 2016

State of California Health and Human Services Agency Department of Social Services. Manual of Policies and Procedures – Group Homes. California: State of California Health and Human Services Agency Department of Social Services. 2016

Steckley L. Touch, physical restraint and therapeutic containment in residential child care. British Journal of Social Work. 2012;42(3):537-55.

Stevens I. The Impact of the National Care Standards in Scotland: Putting Article 20 into Practice? International Journal of Children's Rights. 2008;16(2):263-79.

Texas Department of Family and Protective Services. Minimum Standards for General Residential Operations. Texas: Texas Department of Family and Protective Services. 2017.

The Children's Homes (England) Regulations Statutory Instrument No.541. England. 2015.

The National Review Panel. Overview of five internal reviews and one case summary in respect of children known to the child protection services whose deaths were from natural causes. Dublin: 2015.

The National Review Panel. Overview of four local reviews in respect of children/young people known to the child protection services whose deaths were from natural causes. Dublin: 2016.

The National Review Panel. Overview of the main points arising in reviews of the deaths of four children known to child protection services. Dublin: 2015.

The National Safeguarding Committee. Available from: http://safeguardingcommittee.ie/index.php/resources/. Accessed on: August 22 2017.

The Scottish Executive. National Care Standards: Care homes for children and young people. Scotland: The Scottish Executive. 2005.

Thoburn J. Residential care as a permanence option for young people needing longer-term care. Children and Youth Services Review. 2016;69:19-28.

Trout AL, Casey K, Chmelka MB, DeSalvo C, Reid R, Epstein MH. Overlooked: children with disabilities in residential care. Child Welfare. 2009;88(2):111-36.

Tusla (The Child and Family Agency). Protected Disclosures Policy and Procedure. A guide for whistleblowing on alleged wrongdoing. Dublin: 2016.

Vostanis P. Systems of care and the repair of attachment. Neuropsychiatrie de l'Enfance et de l'Adolescence. 2012;60(5):S106.

Wall JR, Koch SM, Link JW, Graham C. Lessons learned from 14 years of outcomes: the need for collaboration, utilization, and projection. Child Welfare. 2010;89(2):251-67.

# Appendix 1

# Membership of the Advisory Group and the HIQA Project Team

#### **Membership of the Advisory Group**

| Member             | Representing   |
|--------------------|--|
| Albert O'Donoghue  | Department of Children and Youth Affairs                                       |
| Ann Delany         | Health Information and Quality Authority (HIQA)                                |
| Ann Ryan           | HIQA (Chair)   |
| Rachel Flynn       | HIQA   |
| Brian Lee          | The Child and Family Agency (Tusla)  |
| Colette McLoughlin | CORU (The Health and Social Care Professionals Council)                        |
| David Williams     | Dublin Institute of Technology   |
| Donal McCormack    | Tusla  |
| Edel Weldon        | EPIC (Empowering People in Care)   |
| Elizabeth Hamilton | Irish Association of Social Workers  |
| Grainne Collins    | Tusla  |
| Karla Charles      | Children's Rights Alliance   |
| Louis O'Moore      | Irish Association of Social Care Management                                    |
| Maire Leahy        | National Educational Psychological Service                                     |
| Mark Gray          | EPIC Youth Board   |
| Monica Hynds       | Barnardos, Guardian Ad Litem   |
| Noel Howard        | Social Care Ireland  |
| Nurul Amin         | Pavee Point  |
| Paul Braham        | Child and Adolescent Mental Health Services, Health<br>Service Executive (HSE) |
| Vanessa Quinn      | EPIC Youth Board   |

#### **HIQA Project Team**

| Name                           | Title                      |
|--------------------------------|----------------------------|
| Linda Weir                     | Standards Manager          |
| Victoria OʻDwyer               | Research Officer           |
| Laura Behan <sup>34</sup>      | Research Officer           |
| Conor Foley <sup>35</sup>      | Research Officer           |
| Deirdre Connolly <sup>36</sup> | Standards Development Lead |

<sup>34</sup> From February to June 2017.

<sup>35</sup> From April to June 2017.

<sup>36</sup> From August 2017.

## Appendix 2

# List of organisations that made submissions in the public consultation<sup>37</sup>

- Sherrard House, Children's Residential Centre
- Smyly Trust Services
- Alternative Care Policy, Department of Children and Youth Affairs
- Children's Residential Dublin Mid-Leinster
- Streetline Residential Project
- Ballygall Aftercare Services
- Peter McVerry Trust
- The Salvation Army Lefroy House Nightlight
- Beech Lodge Respite Services
- The Galtee Clinic
- Tusla, the Child and Family Agency
- The Irish Association of Social Care Management
- The National Disability Authority
- Ombudsman for Children Office
- St Bernards Children's Services
- Home Again Templeogue
- Matt Talbot Adolescent Services
- Fresh Start\*
- New Beginnings\*
- Tusla West, Children's Residential Services Managment Team
- Irish Association of Social Workers
- Airne Villa Assessment and Resource Unit
- South Woodlee Residential Unit
- The Irish Aftercare Network
- Focus Ireland
- Daffodil Care Services\*

### Example roles of respondents working with children in residential care:

- Social Care Workers and Leaders in children's residential centres
- Managers and Acting Deputy Managers in children's residential centres
- Regional Management Teams in Tusla
- Staff representative for the Irish Association for Social Care Managers
- Director of Complaints and Investigations, Ombudsman for Children's Office
- Staff representative for the National Disability Authority, Ireland
- Former Guidance Worker and Aftercare Worker
- Head of Services and or Directors of children's residential centres

<sup>37</sup> Feedback was also submitted by children currently living in a residential centre, by centre staff on behalf of the children living in the centre and by individuals with past experience living in a residential care. Two respondents indicated that they did not want their organisation listed in the final report, so these have been excluded

<sup>\*</sup>Organisations that submitted feedback on behalf of a number of children's residential centres.

| Notes |  |  |  |
|-------|--|--|--|
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |

| Notes |  |  |
|-------|--|--|
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |

Published by the Health Information and Quality Authority.

For further information please contact:
Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7
D07 E98Y.

Phone: +353 (0) 1 814 7400

Web: www.hiqa.ie

© Health Information and Quality Authority 2018