Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

mhc
coimisiún meabhair - shláinte
mental health commission

Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services

For public consultation, September 2021

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services —** Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the Health Service Executive (HSE).

About the Mental Health Commission

The Mental Health Commission (MHC) is an independent statutory body established under the provisions of the Mental Health Act, 2001 to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services in Ireland.

The MHC's remit includes the broad spectrum of mental health services including general adult mental health services, as well as mental health services for children and adolescents, older people, people with intellectual disabilities, and forensic mental health services.

The MHC's role is to regulate and inspect mental health services, support continuous quality improvement, and to protect the interests of those who are involuntarily admitted and detained under the 2001 Act. Legislation focuses the MHC's core activities into regulation and independent reviews.

In addition, under the provisions of the Assisted Decision-Making (Capacity) Act 2015, the MHC's remit has been extended to include the establishment of the Decision Support Service (DSS). The DSS will support decision-making by and for adults with capacity difficulties and will regulate individuals who are providing those supports. The main functions of the MHC are:

- **Registration and enforcement:** the MHC are responsible for establishing and maintaining a register of approved centres, which are hospitals that provide in-patient care and treatment for people with a mental illness or a mental disorder. As part of this registration the MHC are responsible for enforcing associated statutory powers, such as attaching registration conditions.

- **Inspection:** inspecting approved centres annually and community mental health services and reporting on regulatory compliance and the quality of care, a function headed by the Inspector of Mental Health Services. In addition to individual inspection reports, the Inspector of Mental Health Services also carries out a national review of mental health services in the State.

- **Quality improvement:** developing and reviewing rules under the 2001 Act. Developing standards, codes of practice and good practice guidelines, to guide and enable those working in mental health services to provide high quality care and treatment to service users. The MHC are also responsible for making rules that regulate specific types of treatment for mental illness, including Electroconvulsive Therapy (ECT), restrictive practices such as seclusion and mechanical restraint and publish reports on these types of treatment regularly. The MHC also monitor the quality of service provision in approved centres and community services through inspection and reporting.

- **Mental Health Tribunals**: administering the independent review system of involuntary admissions, to approved centres. This system requires that every order detaining a patient must be independently reviewed by a group of three people referred to as a mental health tribunal. The reviews are a core requirement in protecting and upholding patients’ human rights.

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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 health and social care services in Ireland. One of HIQA's many functions is to set standards for health and social care services, including services provided to children. The Mental Health Commission (MHC) has a statutory mandate under the Mental Health Act 2001 to 'promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services'. The MHC's remit includes mental health services for children and adolescents.

HIQA and the MHC recognise the importance of increasing the quality, safety and coordination of care and support for all children when they are using health and social care services. This includes services provided by statutory services and by private and voluntary service providers. In 2020, HIQA and the MHC commenced the development of Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services. The Draft National Standards apply to all health and social care services providing care and support to children. This includes primary care services, acute healthcare services, mental health services, services for children with disabilities and children's social services. This is the first time a set of national standards are focused on the needs of a whole population across health and social care services.

These Draft Overarching National Children's Standards will help to drive coherence and integration across health and social care services working with children as all services will be operating to one set of consistent national standards. There are two main organisations responsible for organising health and social care services that work with children – these are the HSE and Tusla – in addition to private and voluntary service providers. These overarching standards will support organisations and services to work together in a coordinated and integrated way to improve the experience and outcomes of children and their families.

Children have a right to responsive and accountable services that respect their rights and that promote their health, safety and wellbeing at all times. This is done through providing appropriate, timely interventions to children, that are tailored to meet their individual and changing needs and which consider their wider family and life circumstances. Responsive and accountable services work to meet the whole needs of the child they are providing care and support to, rather than only addressing the most urgent needs the child is presenting to the service with.

Where a child needs care and support from more than one service, it is important that services work with each other and with the child and their family to provide integrated care and support. This helps to ensure that children's health, safety, and wellbeing are promoted and they are supported to reach their potential.

Resource decisions should take account of the needs of children and the levels of demand on the service based on the needs of the population nationally, regionally and locally. In planning and allocating their resources, services should also consider the importance of prevention and early intervention approaches in tackling issues in the early years, before they become embedded and costly in the longer-term.

2. A national approach to care and support for children

Ireland has a significant number of national strategies and policies that set out specific commitments to protecting and ensuring the health and wellbeing of children and young people. The importance of integrated care pathways and coordination of care and support between services to enable children to get the right care and support at the right time has been recognised in a number of these national policy documents, such as Slaintecare,[1] the Paediatric Model of Care[2], Sharing the Vision,[3] and Better Outcomes, Brighter Futures.[4]

Despite the clear commitment by Government to a more coordinated approach and the fact that some progress has been made in this regard, the delivery of consistent integrated care and support continues to be a challenge. This is particularly the case for children with additional needs and has been highlighted by the Ombudsman for

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[1] Houses of the Oireachtas. *Committee on the Future of Healthcare Slaintecare Report.* Dublin: Houses of the Oireachtas; 2017.

[2] Health Service Executive. *Paediatric Model of Care by Chapters* [Online]. Available from: https://www.hse.ie/eng/about/who/cspd/ncps/paediatrics-neonatology/moc/chapters/.

[3] Department of Health. *Sharing the Vision: A Mental Health Policy for Everyone* [Online]. 2020. Available from: https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/.

[4] Department of Children, Equality, Disability, Integration and Youth. *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020*. Available from: https://assets.gov.ie/23796/961bbf5d975f4c88adc01a6fc5b4a7c4.pdf.

Children's Office on a number of occasions.[5,6,7] For example, in 2018 the Ombudsman for Children's Office, when investigating a specific case, found there was a lack of coordination between the HSE and Tusla with each organisation only focusing on the area that they had responsibility for, rather than taking the child's whole needs into account and acting in their best interests.

It is clear that strong and effective governance arrangements are required at national, regional and local service-delivery level to ensure that real and meaningful integrated care and support is delivered to children using health and social care services. Systems and structures to support collaborative working and communication between services are needed to ensure that children get the care and support they need and do not fall between services. The Draft Overarching National Children's Standards will complement and support such strategies to be implemented.

HIQA and the MHC recognise the complexities of health and social care services and the challenges faced by services and staff in driving and sustaining improvements in these settings. For example, geographic variation in service provision, waiting lists for assessment and treatment, and difficulties in staff recruitment and retention in key professions will require a national approach to address these challenges. To support services in their journey in implementing these standards and ultimately improving the experience of children using health and social care services, strategic planning at the national level in relation to workforce development is needed. Strategic investment will be needed to ensure enough staff are available at the right time with the right skills and expertise to meets the needs of children and families. The planning and allocation of resources needs to be informed by high-quality information to ensure the greatest impact for the health and wellbeing of children is achieved.

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[5] Ombudsman for Children. Report to the UN Committee on the Rights of the Child on the examination of Ireland's consolidated Third and Fourth Report to the Committee. Dublin: Ombudsman for Children; 2015.

[6] Ombudsman for Children. Molly's case: How Tusla and the HSE provided and coordinated supports for a child with a disability in the care of the State. Dublin: Ombudsman for Children; 2018.

[7] Ombudsman for Children. Jack's Case: How the HSE and Tusla, the Child and Family Agency, provided for and managed the care of a child with profound disabilities. Dublin: Ombudsman for Children; 2020.

3. Purpose of the National Standards

The Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services aim to promote high quality and safe care and support for children using health and social care services and progressive quality improvements in that care and support. By providing a common framework for all health and social care services working with children, the overarching standards aim to promote clarity, consistency and continuity within and between services. This common framework will focus services on the child first, rather than on the individual service needs. These standards give a shared voice to the expectations of the public, children, and families using services, service providers, and staff working in health and social care services.

Children may need care and support from a wide range of services and should expect the same level of care, support and commitment to meet their needs and improve their lives from all of the services that they use. Children may also need care and support from more than one service at a time and should expect coordinated care and support that seeks to meet their needs as a whole, rather than only the need they present to the service with. The standards will help to ensure that no matter what health or social care services a child is using, that there is a consistent and integrated response to their needs.

The Draft Overarching National Children’s Standards:

- offer a common language for children and services to describe what high-quality, safe and reliable children’s health and social care services look like
- enable a child-centred approach by focusing on outcomes for children and their families who are using services, and placing them at the centre of all that the service does
- can be used by children and families using services to understand what high-quality safe services should be and what they should expect from a well-run service
- create a basis for services to measure the quality and safety of a service’s performance against the standards, by identifying strengths and highlighting areas for improvement
- promote day-to-day practice that is up to date, effective, consistent, and based on the best available evidence
- provide a framework for service providers to be accountable to people using their services, the public and funding agencies, by setting out how they should organise, deliver and improve the care and support they provide.

4. Scope of the Draft National Standards

Under the Health Act 2007, Section 8, HIQA has a legal mandate to set standards for the safety and quality of health and social care services provided by the HSE or a service provider in accordance with the Health Acts 1947 to 2007, Child Care Acts 1991 and 2001, and the Children Act 2001. Section 7 of the Act also outlines HIQA's role in promoting safety and quality in the provision of all health and social care services for the benefit of the health and welfare of the public.

Under the Mental Health Acts 2001-2018 (the 2001 Act), the MHC is responsible for promoting, encouraging and fostering the establishment and maintenance of high standards and good practices in the delivery of mental health services. The MHC does this through the development of standards and good practice guidance, as well as through annual inspections of all approved centres.

The Draft Overarching National Children's Standards will apply to all services provided to children by health and social care providers, including:

- acute healthcare services
- residential and community mental health services
- residential and community services for children with disabilities
- children's social services, and
- GP and primary care services.

There are two main organisations involved in organising health and social care services that work with children; the HSE and Tusla. These services are delivered through a wide range of statutory, voluntary and private service providers. Both the HSE and Tusla also commission providers to deliver services on their behalf. It is the responsibility of the HSE and Tusla to ensure that any service it delivers or commissions adheres to national standards. In the case of commissioned services, it is the responsibility of the HSE and Tusla to have arrangements in place to assure itself of this.

While not all such health and social care services are within HIQA and the MHC's remit, the expectation is that all services will work to achieve compliance with a set of standards that provide a framework for best practice in providing integrated and child-focused services, with a clear focus on better outcomes for children. In addition, HIQA and the MHC would welcome the adoption of these standards as a framework to support good practice and integrated working by other services providing care and support to children.

To inform the development of these standards, HIQA and the MHC actively engaged with stakeholders with a wide range of experience of children's health and social care services at all stages of the process. This has resulted in a set of standards that can be used by all health and social care services working with children. While it is recognised that the arrangements each service puts in place will vary depending on the needs of the child, the type of work that the service is undertaking, as well as the size and complexity of the service, the principles and the standard statements will apply regardless.

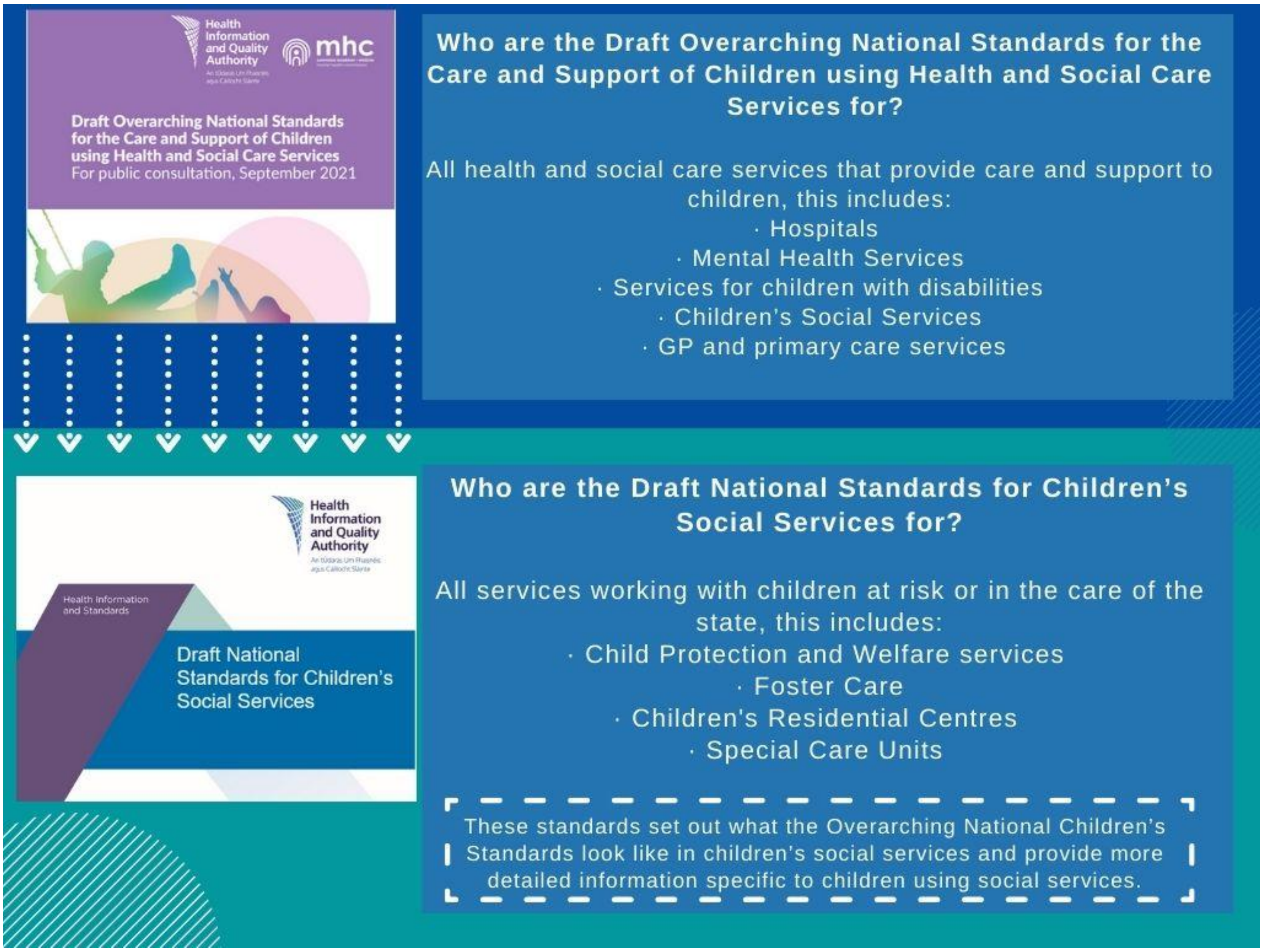
It is envisioned that these standards will provide an overarching framework that will inform the development of any future standards, guidance or implementation support materials for health and social care services for children. HIQA and the MHC will work with services to develop implementation support materials to assist them in the implementation of these standards, where there is an identified need to do so.

How these overarching standards relate to the Draft National Standards for Children's Social Services

In parallel with the development of these overarching standards, HIQA is also developing National Standards for Children's Social Services. The latter standards are more specific in focus than the overarching standards and will apply to services working with children at risk or in the care of the state, including: foster care, special care units, children's residential centres and child protection and welfare services. The National Standards for Children's Social Services will be aligned to, and sit underneath, the Overarching National Children's Standards. Figure 1 below sets out the relationship between the two sets of children's standards.

The overarching standards are underpinned by the principles of a children's rights-based approach, safety and wellbeing, responsiveness and accountability, and place an emphasis on ensuring that all services are working together to provide safe, high-quality care and support. The National Standards for Children's Social Services are underpinned by these same principles and map directly to the overarching standards, but they provide more detail of what a child should expect from the range of children's social services, as set out in Figure 1.

Figure 1. Relationship between the Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services and the Draft National Standards for Children's Social Services.



Who are the Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services for?

All health and social care services that provide care and support to children, this includes:

- Hospitals
- Mental Health Services
- Services for children with disabilities
- Children's Social Services
- GP and primary care services

Who are the Draft National Standards for Children's Social Services for?

All services working with children at risk or in the care of the state, this includes:

- Child Protection and Welfare services
- Foster Care
- Children's Residential Centres
- Special Care Units

These standards set out what the Overarching National Children's Standards look like in children's social services and provide more detailed information specific to children using social services.

5. Interaction with national standards and regulatory frameworks

These Draft Overarching National Children's Standards are not intended to replace existing standards and frameworks. Some service providers may be in a position that a number of existing standards or frameworks will also be relevant to them, for example the *National Standards for Residential Services for Children and Adults with Disabilities* or *National Standards for the prevention and control of healthcare-associated infections*.

In Ireland, there are a number of bodies that have a remit in regulating health and social care services and or health and social care professionals. Health and social care regulatory bodies have a common purpose to protect service users and to drive improvements in the quality and safety of services provided to them. Consequently, these National Standards have been designed to complement the work of other health and social care regulatory bodies for this purpose. These Draft Overarching National Children's Standards will support quality improvement within services by setting out what high-quality and safe services for children require to look like and will support and assist service providers to ensure best practice. However, it is important to recognise that implementation of these standards will not indicate compliance with other regulatory bodies' legislative and regulatory requirements. These standards should run in parallel with other statutory and regulatory frameworks that services and staff are required to follow.

6. Structure of the Draft National Standards

The Draft Overarching National Children's Standards are set out under the principles of:

- a children's rights-based approach
- safety and wellbeing
- responsiveness
- accountability.

Figure 2. Principles underpinning the Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services.

The Draft National Standards consist of three sections:

- Principles
- Standards
- Features

The principles, the standards and features are intended to work together. Collectively they describe how health and social care services provide child-centred, safe, consistent and high-quality care and support. This care and support is integrated and tailored to meet the needs of any child receiving care and support from these services.

Principles

- **A children's rights-based approach** – My rights are protected and promoted by health and social care services and are explained to me in a way that I can understand. I am valued, cared for and supported by staff in the services that I use. Staff consider my best interests in all decisions about my care and support. I am treated with dignity and respect. I do not experience discrimination for any reason when I am accessing or using services. I am recognised as an individual who is able to participate in and exercise a level of control over my life. I participate in decisions about my care and support and my family are included in this process.

- **Safety and wellbeing –** I am supported to be safe and live a full, healthy and happy life, free from harm or abuse. Services recognise that my needs and aspirations and the needs and aspirations of my family are unique. Staff treat us as partners when planning for my care and support. Services work together with other services to make sure that I receive the right supports at the right time. Services support me to stay connected to my family. I am supported to pursue my goals and to reach my potential. Services prepare me to be independent and support me to move into adult services if I need continuing care and support.

- **Responsiveness** – I receive care and support from skilled, experienced and trained staff. These staff are clear about their role and responsibility in my care and support. They respond to my individual needs and circumstances in a timely and sensitive way. They take the time to get to know me and see my needs, interests and goals in a wider context, and do not focus on only meeting my most urgent needs. All staff involved in my care and support work together within and between services and staff are supported to do this by the services they work in. This helps to ensures that I receive the best possible care and support.

- **Accountability** – I receive safe, consistent and high-quality care and support. The services I use are well managed. Everyone knows and understands their roles and responsibilities and works in a way that promotes my rights and supports me to reach my potential. I have access to the care and support that I need. Services work together to provide me with high-quality, coordinated and safe care and support and to make sure that I do not experience any gaps in my care and support.

Standards

The Draft Overarching National Children's Standards describe how service providers can achieve safe, high-quality, and integrated child-centred care and support for children accessing health and social care services. Each standard statement is comprised of two elements:

- A statement written from the perspective of the child stating the outcomes they should expect
- A statement setting out the arrangements that a service provider must have in place to achieve these outcomes.

Features

The features, taken together, demonstrate how a child should experience a service that is meeting the standards. The features detailed under each standard statement are not exhaustive and the service provider may meet the requirements of the standards in other ways.

7. Key terms used in the Draft National Standards

Accessible: refers to the design and delivery of a service (for example the physical environment, signage, leaflets, feedback mechanisms) so it can be accessed, understood and used to the greatest extent possible by all children and families.

Adverse event: refers to an incident that results in harm to a child.

Arrangements: this term refers to a strategy or plan which the service provider has in place to aid their response to particular circumstances which can arise during the delivery of health and social care services for children.

Child: in this standards document, the terms 'child' and 'children' refer to individuals (children and young people) under the age of 18 years (up to the young person's 18th birthday). However, health and social care services may vary in the eligibility criteria they use for young people using or seeking to use services.

Dignity: the right to be treated with respect, courtesy and consideration.

Family: throughout this document, the term 'family' is used to include the wide range of families to which children belong, including a child's birth family, their kinship carers, foster families, adoptive families or legal guardians.

Incident: an event or circumstance which could have, or did, lead to unintended and or unnecessary harm. Incidents include adverse events which result in harm; near-misses which could have resulted in harm, but did not cause harm, either by chance or by timely intervention; and staff or service user complaints which are associated with harm.*

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

Quality data: refers to information that is accurate and reliable, timely and punctual, coherent and comparable, accessible and clear.

* Health Service Executive. Incident Management Framework 2020. Available from: https://www.hse.ie/eng/about/qavd/incident-management/hse-2020-incident-management-framework-guidance.pdf

Services: all health and social care services providing care and support to children, including hospitals, mental health services, services for children with disabilities, children's social services, and GP and primary care services.

Staff: the people who work in, for, or with the service provider. This includes individuals that are employed, self-employed, temporary, volunteers, contracted, or anyone who is responsible or accountable to the organisation when providing a service to children and families.

Wellbeing: this is a broad concept which includes, for example, physical and mental health and development and emotional wellbeing and development, protection from abuse and neglect, autonomy and control over day-to-day life, participation in education, play and recreation, work, or training and inclusion in and contribution to society.

8. How the Draft National Standards were developed

The standard statements and features are informed by a review of the literature, a scoping consultation, and targeted focus groups with key stakeholders in the area of health and social care services providing care and support to children. The information gathered was collated and analysed by the HIQA and MHC Project Team who used this evidence to develop the Draft Overarching National Children's Standards.

As a first step, a review of national and international literature in relation to children's health and social care services was undertaken. This review took account of published research, investigations, and reviews of children's health and social care services in Ireland, alongside legislation, standards, policy, guidelines and best practice in Ireland and in other countries. All documents and publications were reviewed and assessed for inclusion in the evidence base that informed the development of the Draft National Standards. The '*Evidence review to inform the development of Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services'* is available on www.hiqa.ie and www.mhcirl.ie.

HIQA and the MHC also established an Advisory Group and a Children's Reference Group. The Advisory Group is made up of a diverse range of interested and informed parties, including government departments, statutory bodies, advocacy groups, and regulatory bodies. This includes Children's Health Ireland, the Children's Rights Alliance, the Department of Children, Equality, Disability, Integration and Youth, the Department of Health, the Health Service Executive (HSE), the Children's Team from HIQA's Regulation Directorate, the National Disability Authority, and Tusla; as well as representatives from the Children's Reference Group. The Children's Reference Group is comprised of young people and family members with experience of health and social care services. The group runs in parallel to the Advisory Group and provides insight into the sector and feedback on the development of the standards. Full details of the Advisory Group and Children's Reference Group can be found in Appendix 1.

To promote engagement and participation by informed and interested parties in the development of the Draft Overarching National Children's Standards, HIQA and the MHC held a scoping consultation at an early stage of the process. This scoping consultation asked people with experience of children's health and social care services (including children and young people with experience of services, staff, advocates, family members and carers) and the public for their views on the key areas that the standards should address. The consultation also asked for opinions on the key sources of information and evidence the Project Team should review, and the key organisations or individuals the team should engage with, in the development of the standards. In total, there were 72 responses. All submissions to the consultation were considered and informed the areas to be addressed by the standards, the evidence review, and the stakeholder engagement plan for the standards development. A list of organisations that made submissions to the scoping consultation are included in Appendix 2.

To inform the development of the standards, the Project Team conducted 25 focus groups online. A one-to-one telephone consultation was conducted where it was not possible for an individual to join a focus group. The Project Team met with 156 participants in total. This included children; young adults with experience of health and social care services as children; families; carers; staff from primary care services, acute healthcare services, residential and community mental health services, residential and community disability services, Tusla and Tusla-funded services, An Garda Síochána, and the National Educational Psychological Service; and inspectors from HIQA and the MHC. The next stage is to undertake a public consultation on the draft standards.

9. Public Consultation process

The Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services are available for public consultation for a six-week period. During this time, children, young people, families, advocates, staff, service providers and the public will have the opportunity to provide feedback and become involved in the standards development process. We invite all interested parties to submit their views on the Draft National Standards.

The closing date for receipt of feedback is 5pm on 28 October 2021.

How to make a submission

A number of consultation questions have been prepared for your consideration when reviewing the draft standards. These questions are not intended in any way to limit your feedback, and any other comments relating to the Draft National Standards are welcome.

There are several ways to tell us what you think:

1. You can complete and submit the online consultation feedback form available on www.hiqa.ie and www.mhcirl.ie.

2. Your comments can be submitted by downloading and completing the consultation feedback form and emailing it to standards@hiqa.ie.

3. You can print off a copy of your completed consultation feedback form, available on our website, or print it off and complete it by hand, then post it to us at:

   Health Information and Quality Authority
   Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services Consultation
   Dublin Regional Office
   George's Court
   George's Lane
   Smithfield
   Dublin 7
   D07 E98Y.

For further information or if you have any questions, you can email standards@hiqa.ie or call 01 814 7400 and ask to speak to a member of the Standards team.

10. Next steps

HIQA and the MHC will review and consider all submissions received during the consultation process. Following this process, HIQA and the MHC will finalise the Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services and make changes to the standards based on your feedback. The main amendments will be published in a Statement of Outcomes document.

The final standards will be presented to the Board of HIQA and the Board of the MHC ('the Commission') for approval. Following approval by both Boards, the standards will then be submitted for approval by the Minister for Health, in consultation with the Minister for Children, Equality, Disability, Integration and Youth.

Summary of the Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services

Principle 1: A Children's Rights-based Approach

Standard 1.1	
The outcome a child should expect	**What a service provider must do to achieve this**
My rights are explained to me, respected and upheld. I am valued by the staff in the services I use and treated with dignity and respect.	The service provider has arrangements in place to ensure the rights of children as set out in the UNCRC[8] and the UNCRPD[9] are respected and upheld in all decisions about their care and support and that children's rights are protected, promoted and supported when they are using the service.
Standard 1.2	
The outcome a child should expect	**What a service provider must do to achieve this**
I am supported to be involved in planning and decision-making about my care and support, and I receive the right information in a timely way to help me to make decisions about this. My views are important and are taken into account in the planning and delivery of services for children.	The service provider has arrangements in place to support children to participate in decisions about their care and support, and have all of the available information they need to participate to do so. Services have arrangements in place to ensure that children and families are involved in service planning and development.
Standard 1.3	

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[8] United Nations Convention on the Rights of the Child (UNCRC), 1989.
[9] United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), 2006.

The outcome a child should expect	What a service provider must do to achieve this
I understand what the service offers and how to access the service. I am able to access the care and support I need regardless of who I am, where I live, my way of life, or my needs or abilities.	The service provider has arrangements in place to promote accessible and equitable care and support for all children and their families based upon their need. The service provides information about what they do and how to access the service, in a way that is accessible to children and families.
Standard 1.4	
The outcome a child should expect	**What a service provider must do to achieve this**
I am encouraged and have regular opportunities to provide feedback to the service, including raising a concern or making a complaint, to ensure that my voice is heard and my needs are met. If I have a concern or complaint about a service it is listened to, recorded, and acted upon in an open, effective and timely manner.	The service provider has arrangements in place for the robust and transparent management of feedback and complaints that is clearly understood and accessible to children. The service provider provides opportunities for children, their family or people caring for them to provide feedback and to express their concerns or complaints about the service and has arrangements in place for managing and responding to these.

Principle 2: Safety and Wellbeing

Standard 2.1	
The outcome a child should expect	**What a service provider must do to achieve this**
The service I use identifies my individual needs and works with other	The service provider works to ensure that each child's individual needs are

services to provide tailored and timely care and support which best meets these needs.	recognised and has arrangements in place to work effectively with other services to ensure that the child's needs are met with the appropriate care and support.
Standard 2.2	
The outcome a child should expect	**What a service provider must do to achieve this**
My health, wellbeing and development are important to the services and staff working with me. I am asked about my goals by the staff caring for and supporting me and they support me to pursue my goals and to reach my potential at all stages of my life.	The service provider has arrangements in place to ensure each child reaches their potential, such as their health, wellbeing and development goals. This is done in collaboration with the child, their family, and other services, as appropriate. The service reviews and updates these plans regularly to reflect the child's changing needs and aspirations.
Standard 2.3	
The outcome a child should expect	**What a service provider must do to achieve this**
My family and I are involved in making decisions about the care and support that we need and making sure that it is designed with our circumstances in mind.	The service provider has structures in place to involve children and their families in assessing their needs, planning for these needs and reviewing the appropriateness of interventions.
Standard 2.4	
The outcome a child should expect	**What a service provider must do to achieve this**
I have the right to be supported to be safe and to live my life free from harm or abuse, and all services work together to support this right.	The service provider works to ensure that children are safeguarded from harm and abuse through the consistent implementation of Children First, relevant legislation, regulation, national

	policy and standards. The service provider clearly communicates this with the child and their family and works with other services as appropriate.
Standard 2.5	
The outcome a child should expect	**What a service provider must do to achieve this**
If I need continuing care and support, I am facilitated by services to move from children's services to adult services. Staff help me to prepare to move into adulthood and make sure that I am supported to make informed decisions about my care and support.	The service provider has arrangements in place to prepare and support children if they are moving into adult services. Information is used effectively to ensure this happens and arrangements are in place to share relevant information.
Standard 2.6	
The outcome a child should expect	**What a service provider must do to achieve this**
I am confident that if something goes wrong in my care and support that services will respond appropriately. The service will review what happened, learn from it and will work to make sure that it does not happen again.	The service provider has arrangements in place to identify, manage, respond to and report patient safety incidents and other incidents, including data breaches and safeguarding breaches, in a timely manner in line with national legislation, policy, guidelines and guidance, where these exist.

Principle 3: Responsiveness

Standard 3.1	
The outcome a child should expect	**What a service provider must do to achieve this**
I have a good relationship with staff, who respect me and spend time getting	The service provider has arrangements in place to support staff to develop

to know me as a child, as well as my needs and my circumstances.	consistent and continuing relationships with children to promote effective child-centred care and support.
Standard 3.2	
The outcome a child should expect	**What a service provider must do to achieve this**
I know that all staff caring for and supporting me work together to make sure I get the care and support I need when I need it.	The service provider has arrangements in place to facilitate staff to coordinate care and support effectively within and between services so that children experience integrated care and support.
Standard 3.3	
The outcome a child should expect	**What a service provider must do to achieve this**
I have confidence that the staff who are caring for and supporting me have the skills, training and experience to meet my needs and keep me safe, and that they are supported to do their job well.	The service provider has systems and structures in place to ensure staff have the skills, experience and training they need to deliver child-centred, safe and effective care and support. Staff are supported and supervised to do this.

Principle 4: Accountability

Standard 4.1	
The outcome a child should expect	**What a service provider must do to achieve this**
I am confident that the service caring for and supporting me is properly managed and follows the right policies to make sure I get the right care and support.	The service provider has effective leadership, governance and management arrangements in place with clear lines of accountability, responsibility and communication within and between services. Information is used to plan, manage, and deliver child-

	centred, safe and effective care and support.
Standard 4.2	
The outcome a child should expect	**What a service provider must do to achieve this**
I am confident that any service caring for and supporting me is reviewed regularly to see that it is doing this properly.	The service provider has formalised governance arrangements for assuring the delivery of safe, child-centred care and support and monitors the quality and safety of services it provides and services provided on its behalf. This includes compliance with relevant legislation, national standards and policies.
Standard 4.3	
The outcome a child should expect	**What a service provider must do to achieve this**
I get the care and support that I need. My care and support is consistent no matter where I live and I have the opportunity to build a relationship with key staff members who get to know me, my situation and my needs.	The service provider has arrangements in place to plan, manage and organise its resources, including its workforce, to ensure children receive responsive, coordinated and consistent care and support.
Standard 4.4	
The outcome a child should expect	**What a service provider must do to achieve this**
If I need care and support from more than one service, this is planned and organised so I get the right service, at the right time, and I do not experience any gaps in my care and support.	The service provider has arrangements in place to ensure that appropriate care and support is coordinated within and between services in a timely and integrated way. This includes developing and implementing an accountability framework and having arrangements for identifying a lead

	person or lead agency with overall responsibility and accountability for coordinating the child's care and support across services. Information is used effectively to ensure this happens and arrangements are in place to share relevant information.

Standard 4.5	
The outcome a child should expect	**What a service provider must do to achieve this**
Any service I am using, regularly looks at how it can improve the care and support given to me, and other children using the service, so that I get the best possible care and support.	The service provider fosters a culture of continuous quality improvement, responding to and learning from audits, events and feedback to achieve best outcomes for children.

Principle 1: A Children's Rights-based Approach

How a child experiences a children's rights-based approach:

My rights are protected and promoted by health and social care services and are explained to me in a way that I can understand. I am valued, cared for and supported by staff in the services that I use. Staff consider my best interests in all decisions about my care and support. I am treated with dignity and respect. I do not experience discrimination for any reason when I am accessing or using services. I am recognised as an individual who is able to participate in and exercise a level of control over my life. I participate in decisions about my care and support and my family are included in this process.

Ireland has ratified international treaties and developed national legislation, guidance, policies and standards that seek to uphold the rights of children. Key international treaties ratified by Ireland which are central to children's rights are the United Nations Convention on the Rights of the Child (UNCRC)[10] and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).[11] The UNCRC recognises that children alongside adults are the holders of human rights, and moreover, that children have specific rights reflecting their special needs and evolving capacities. Where there are conflicting rights, the best interest of the child will be paramount. Services recognise that the best interest of the child will not always be aligned with the child's wishes or the family's wishes.

Health and social care services take a children's rights-based approach (CRBA) by treating children with dignity, equality and respect and recognising children as individuals who are able to participate in and exercise a level of control over their lives.

In the context of health and social care services, dignity and respect includes respect for children's physical privacy, for their personal information, and for each child's

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[10] There are four general principles underlying the UNCRC. These are the child's right to non-discrimination, the consideration of the best interests of the child as the primary consideration in all actions concerning them, the child's right to life, survival and development and the child's right to express their views freely in all matters affecting them and to have due weight given to these views.

[11] The purpose of the UNCRPD is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, including children with disabilities, and to promote respect for their inherent dignity.

abilities, needs, views and culture. It includes children's right to live and to die with dignity and respect. Services adopt a CRBA by valuing children as individuals, treating them in a non-discriminatory manner, and supporting them to reach their potential. In order to meet the needs of children, health and social care services listen to the views, preferences and aspirations of children and their families in relation to their individual care planning. Services recognise that each child's potential is unique to them, that it evolves over time and services work to support the child to achieve their goals and aspirations. They consider the best interests of the child in all decisions about their care and support.

Children have a right to fair treatment when decisions are being made about their lives and they are entitled to participate in these decisions. Services follow relevant legislation, national guidelines[12] and best practice in obtaining consent to health and social care interventions for children. Services recognise that while the legal age of consent to surgical, medical or dental treatment is 16, and 18 in the case of treatment for a mental disorder, children nonetheless have the right to participate as much as possible in decision-making about their care and support. In order to participate in decisions, children need to be given relevant information, have an opportunity to freely express their own views, and to have their opinions considered in the decision-making process. Children's services work to uphold this right by actively encouraging children to participate in decisions about their care and support. In doing so, they take into account each child's age, ability, communication needs, and maturity. Services also recognise that children may need support from their family, or independent advocates, in order to participate meaningfully. Services ensure that there are mechanisms for these groups to be included in the decision-making process, as appropriate.

Staff communicate openly and honestly with children and families. They provide them with all the information that they need to participate effectively in the decision-making process. Staff recognise, for example, that children with a disability have an equal right to participate and the right to be provided with information and to express their views in a way that meets their communication needs and abilities. Services and staff find ways to consult children with a disability to ensure they have equal opportunities to express their views and concerns and to participate in decision-making.

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[12] Health Service Executive. National Consent Policy, Part Two – Children and Minors. Available from: https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/consent/national-consent-policy.html

Services recognise that children have diverse needs and staff provide culturally sensitive care and support to ensure that all children are respected. Services work to identify individual children and groups of children who are more vulnerable to not having their rights upheld or not getting the care and support they need. They work to identify the barriers to their engagement and participation, including discrimination and disadvantage. Services also consider how they can address care disparities by developing systems and structures that promote accessible and equitable access to the service.

Services foster an open culture that welcomes feedback and encourages children, their families or people caring for them to communicate any concerns they have. There is a clear and open process for hearing, recording, and responding to feedback and complaints. Services ensure that the outcomes of feedback and complaints, and where relevant, what has changed as result, is communicated to children, their families, and advocates.

Standard 1.1	
The outcome a child should expect	**What a service provider must do to achieve this**
My rights are explained to me, respected and upheld. I am valued by the staff in the services I use and treated with dignity and respect.	The service provider has arrangements in place to ensure the rights of children as set out in the UNCRC and the UNCRPD are respected and upheld in all decisions about their care and support and that children’s rights are protected, promoted and supported when they are using the service.

Features that demonstrate how a child should experience a service that is meeting this standard include:

1.1.1 My rights are communicated to me by the staff caring for and supporting me, and staff help me to understand them.

1.1.2 My values, beliefs and way of life are respected by the staff caring for and supporting me and I am not treated differently to other children for any reason.[13]

1.1.3 I am confident that staff will recognise if I need additional help and support because of my needs and circumstances to achieve my rights or to get the care and support I need. I know the service and staff will do all they can to meet my needs to ensure that I can achieve my potential.

1.1.4 I know that staff will take the time to develop a relationship with me and my family and will listen to us in order to get to know us and what is important to us.

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[13] The Equal Status Act 2000-2015 (‘the Acts’) prohibit discrimination in the provisions of goods and services, accommodation and education. They cover the nine grounds of gender, marital status, family status, age, disability, sexual orientation, race, religion and membership of the Traveller Community. The Acts also prohibit discrimination in the provision of accommodation services against people who are in receipt of rent supplement, housing assistance or social welfare payments.

1.1.5 Where my views and preferences for my care and support are in conflict with my family's views and preferences, I know that staff will consider my age, the law, and my best interests when making decisions.

1.1.6 My privacy is respected and protected when I am using the service.

1.1.7 If I need help with my personal and intimate care, I get the support that I need and this support is provided in a way that protects my dignity, privacy and safety.

1.1.8 I know that if staff become aware of any risk to my safety and welfare, they will take all necessary steps to safeguard me from harm.

1.1.9 I experience care, kindness and compassion when I am using the service.

1.1.10 I have the same opportunities as other children to have relationships with my family and peers and to participate in community life to support my emotional and social growth.

1.1.11 I am confident that when decisions are made about my care and support, these decisions will be balanced and fair, take my views into consideration and will be in my best interests.

1.1.12 When decisions are made that go against my wishes, they are clearly explained to me by staff, and I understand why these decisions were made, even if I don't agree with them.

1.1.13 I understand that my personal information is only shared with people who need it to make sure I get the care and support I need, and this is clearly explained to me in a way that I can understand. My information is kept safely and cannot be seen by people who do not need to see it.

1.1.14 All sharing of my personal information is done in a way that respects my rights. For example, my consent or my guardian's consent is obtained before my personal information is shared.

1.1.15 I am supported to see what has been written about me, for example in my case file or my medical record. This is shared with me in a sensitive way that is right for me, if it does not involve other people's private information.

1.1.16 I am told about groups and organisations such as independent advocacy organisations that can support me to achieve my rights, make my voice heard or access the services I need. Staff support me to access these groups and organisations.

Standard 1.2	
The outcome a child should expect	**What a service provider must do to achieve this**
I am supported to be involved in planning and decision-making about my care and support, and I receive the right information in a timely way to help me to make decisions about this. My views are important and are taken into account in the planning and delivery of services for children.	The service provider has arrangements in place to support children to participate in decisions about their care and support, and have all of the available information they need to participate to do so. Services have arrangements in place to ensure that children and families are involved in service planning and development.

Features that demonstrate how a child should experience a service that is meeting this standard include:

1.2.1 My right to participate in my care and support is clearly communicated to me by staff in a way that meets my needs, and I am supported to participate in a way that best suits me. This includes making sure that my family are involved in decisions about my care and support.

1.2.2 I am consulted by staff about my care and support and staff listen to my views, preferences and goals. My views and what is important to me are considered and are acted upon by staff.

1.2.3 I feel listened to by staff who understand the issues that are important to me and who support me in expressing my views on these issues.

1.2.4 I am confident that staff will recognise if I need additional help and support in order to express my views and to have my voice heard and will provide me with that support in a timely way to ensure I can participate as much as possible and as much as I wish.

1.2.5 If I am unable to express my views or participate in decisions about my care and support, staff work with the people who love and know me best in order to provide me with the care and support that I need and that is in my best interests.

1.2.6 I am given clear information about my care and support that is communicated to me in a timely way and in a way that I understand and best meets my needs. Staff answer any questions that I have and take the time to ensure that I understand as much as possible about my care and support.

1.2.7 I am provided with enough time, space and information to understand and form an opinion on the purpose of the care and support that I am receiving. My views are listened to and documented. I am involved in decisions about any changes to the care and support that I get.

1.2.8 My family and I receive up-to-date information from staff on an ongoing basis and in ways that we find useful so that we can effectively participate in care and decision-making to the level we choose. The staff contact us regularly, in person or by phone, letter or email, whichever method suits us best.

1.2.9 My family and I have opportunities to participate in the planning, design, delivery and evaluation of the service and are encouraged to do so. For example, the service has Children's Forums, Youth Advisory Panels or self-advocacy groups.

Standard 1.3	
The outcome a child should expect	**What a service provider must do to achieve this**
I understand what the service offers and how to access the service. I am able to access the care and support I need regardless of who I am, where I live, my way of life, or my needs or abilities.	The service provider has arrangements in place to promote accessible and equitable care and support for all children and their families based upon their need. The service provides information about what they do and how to access the service, in a way that is accessible to children and families.

Features that demonstrate how a child should experience a service that is meeting this standard include:

1.3.1 My family and I can access information about what the service does and how to avail of the service. For example, the service has a website or conducts outreach into my school or community to tell me about the service. The information they provide is easy to understand.

1.3.2 I know that staff will use plain language when talking to me about my care and support. They will use my own words and terms I can understand in a format that I can understand.

1.3.3 My communication needs and abilities and that of my family are acknowledged and supported by the service. For example, if I need the support of an interpreter, or information provided in a different format such as large print, the service does all it can to meet my needs.

1.3.4 The forms that my family and I need to complete when using the service are user-friendly and staff help us to complete the forms if we need it.

1.3.5 The building is welcoming and child-friendly. It is accessible to everyone, including children and adults with a disability.

For example, the inside of the building is wheelchair friendly and has appropriate changing tables.

1.3.6 I have the same access to the care and support I need as other children. My access to the care and support I need is not dependent on where I live, my circumstances, my age, gender or gender identity, sexual orientation, disability, race, religious beliefs, membership of an ethnic group or Traveller community.

1.3.7 I experience sensitive and flexible care and support based on my needs and my family's needs. For example, we are offered flexible options for appointments and access to the service to make it easy for my family and I to get the care and support I need.

Standard 1.4	
The outcome a child should expect	**What a service provider must do to achieve this**
I am encouraged and have regular opportunities to provide feedback to the service, including raising a concern or making a complaint, to ensure that my voice is heard and my needs are met. If I have a concern or complaint about a service it is listened to, recorded, and acted upon in an open, effective and timely manner.	The service provider has arrangements in place for the robust and transparent management of feedback and complaints that is clearly understood and accessible to children. The service provider provides opportunities for children, their family or people caring for them to provide feedback and to express their concerns or complaints about the service and has arrangements in place for managing and responding to these.

Features that demonstrate how a child should experience a service that is meeting this standard include:

1.4.1 I am encouraged by staff to provide feedback on the service and on the care and support I receive and I am confident that the service welcomes my feedback and uses it to help improve my care and support and the care and support provided to other children.

1.4.2 I have regular opportunities to provide feedback on the service and on the care and support that I am receiving. The different ways that I can provide feedback are clearly signposted within the service and staff explain them to me in a way that meets my needs. The staff working with me use creative, flexible and fun ways to support me to express my feelings about the service and the care and support I receive.

1.4.3 I know how to make a complaint and I understand that I have a right to voice my opinion on the service and how staff care for and support me.

1.4.4 I am provided with a safe place and space for my voice to be heard when making a complaint.

1.4.5 I am reassured that there will be no negative consequences from making a complaint.

1.4.6 I am confident that any concerns that I express about my care and support or any complaints that I make will be responded to and addressed at the earliest opportunity to minimise the impact on me and my family.

1.4.7 I am informed of the outcome of any complaint I make. If there is a delay, staff keep me up to date.

1.4.8 If my complaint has been upheld, I am told how the service has learned from my complaint and the changes they have made as a result.

1.4.9 My family know how to make a complaint and they are informed about the outcomes from any complaints that they make.

1.4.10 If my family or a staff member makes a complaint about my care and support, I am confident that my views will be sought and listened to so that my needs are met and my voice is heard.

1.4.11 My family and I are told about groups and organisations outside of the service that we can make a complaint to or raise a concern with, such as the Ombudsman for Children, the Health Information and Quality Authority, the Mental Health Commission, and the HSE 'Your Service Your Say'.

Principle 2: Safety and Wellbeing

How a child experiences safety and wellbeing:

I am supported to be safe and live a full, healthy and happy life, free from harm or abuse. Services recognise that my needs and aspirations and the needs and aspirations of my family are unique. Staff treat us as partners when planning for my care and support. Services work together with other services to make sure that I receive the right supports at the right time. Services support me to stay connected to my family. I am supported to pursue my goals and to reach my potential. Services prepare me to be independent and support me to move into adult services if I need continuing care and support.

All children have the right to be supported to be safe and live a full, healthy and happy life, free from harm or abuse. Good 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. Services working with children have a responsibility to recognise that every child's needs are different and it is important that services work together to address the whole needs of the child and not just the immediate needs they are presenting to an individual service with. The health and wellbeing of children is influenced by a number of environmental factors. This includes access to housing, food, education, play, recreation, employment, transport, and community-based services. Services recognise the importance of childhood as an influential time when positive habits and behaviours can be developed to promote good health and wellbeing in later life. When deciding on interventions, services collaborate and take into consideration each child's evolving developmental abilities and their wider life circumstances.

Services recognise the importance of supporting children and families at all stages of the child's life. If a child is dying or a family is bereaved, services work to ensure the child and their family are given all appropriate support, care and assistance. Children and their families are supported by staff who are respectful of the child's right to dignity and privacy in life and in death and who care for and support children and their families in a sensitive and sympathetic manner.

The adoption of a child-centred approach means that services focus on the individual needs of each child and offer them tailored and timely care and support to meet their needs. Services work together to ensure that children and their families get the care and support that they need in a timely and appropriate way, to protect children from harm and to promote their health and wellbeing.

The ability of a child and their family to identify and access the care and support services they need should be carefully considered by services. For children with complex care needs, services have policies and procedures in place to support the coordination of care and support for each child. Services address barriers to accessing services, such as a lack of clear understanding or knowledge of alternative or additional services, by providing information to children and their family in a way that best suits their needs.

The immediate health and safety of children is paramount and services must respond quickly and effectively to address any risks to a child's safety. In addition, it is essential that services working with children, including vulnerable children or children with complex needs, focus on the child's overall wellbeing, including their needs, interests and goals, in order to support them to reach their potential. Services have proper support mechanisms in place to support children to lead a fulfilling life and develop into adulthood. Services consistently seek out ways in which they can enhance the health and development of children.

Staff recognise and build on the strengths of individual children and families. They empower children and families to discover their own strengths, build confidence and participate in making choices and decisions about their care and support. Staff work to build families' capacity to support their child's development, for example through education and training, to ensure the best possible outcomes for children can be achieved. By building on the strengths of children and families, building families' capacity to support their children, and providing early interventions, services work to ensure that children's health, safety and wellbeing are promoted and their needs are addressed quickly and effectively.

Services recognise that children can be particularly at risk of not having their needs met when they are transitioning between services or are being discharged from a service. To reduce this risk, services plan and manage these transitions carefully with the child, their family and with services. They coordinate follow-up support to ensure the transition has been effective. To ensure that a child who needs continuing care and support is supported in their transition from child to adult services, services begin planning and preparing for this transition at an early stage. Services support each child to become developmentally ready for this transition and ensure that there is an agreed plan in place to meet the child's needs, interests and goals.

Services recognise that the safety of children in their care is paramount. A service focused on safe care and support is actively and continuously looking for ways in which it can be more reliable and areas in which it can improve the quality of its service delivery. Where the provision of care and support has some associated element of risk of harm to children, these risks are minimised by the provision of safe care and support which identifies, prevents or minimises any unnecessary or potential harm.

Standard 2.1	
The outcome a child should expect	**What a service provider must do to achieve this**
The service I use identifies my individual needs and works with other services to provide tailored and timely care and support which best meets these needs.	The service provider works to ensure that each child's individual needs are recognised and has arrangements in place to work effectively with other services to ensure that the child's needs are met with the appropriate care and support.

Features that demonstrate how a child should experience a service that is meeting this standard include:

2.1.1 I am supported to receive a meaningful assessment of my needs and services work to make sure that I receive the right care and support to address these needs. This includes working with other services where necessary.

2.1.2 I am confident my care and support is planned and coordinated in and between the services that I use.

2.1.3 I am supported to access services that are right for me and that recognise my individual needs.

2.1.4 I have timely access to screening, early detection and I am supported to access these services locally.

2.1.5 I feel that the care and support I get is high quality, safe, balanced and fair, and builds on my strengths.

2.1.6 When appointments are arranged with my family and I, this is done in a way that suits our family and is respectful of our needs and circumstances.

2.1.7 I am confident that the services I use follow the proper policies to make sure that I receive the right care and support at the right time.

2.1.8 If my family or I contact a service we receive a timely response. If this is not the service we need or they cannot help us, they direct us to a service that can.

2.1.9 Where possible, I am provided with a step-by-step guide that explains to me how best to access the right care and support to meet my needs. This information is communicated to me in a way that is appropriate for me and meets my communication needs.

2.1.10 My family and I are kept up to date on all changes to my care and support and we receive this information in a way that meets our needs.

Standard 2.2	
The outcome a child should expect	**What a service provider must do to achieve this**
My health, wellbeing and development are important to the services and staff working with me. I am asked about my goals by the staff caring for and supporting me and they support me to pursue my goals and to reach my potential at all stages of my life.	The service provider has arrangements in place to ensure each child reaches their potential, such as their health, wellbeing and development goals. This is done in collaboration with the child, their family, and other services, as appropriate. The service reviews and updates these plans regularly to reflect the child's changing needs and aspirations.

Features that demonstrate how a child should experience a service that is meeting this standard include:

2.2.1 I am confident that services will identify what my needs are and will support me to meet these health and development needs. This includes working together with other services where necessary.

2.2.2 My family and I are provided with information on the care and support I am receiving and we understand that if my needs change we will be provided with information on other supports available to us.

2.2.3 When I need to use more than one service, my family and I are provided with clear information to help us to navigate between services and services work together to make sure that I receive the best care and support possible.

2.2.4 I know that staff recognise that my health and wellbeing can be influenced by factors such as access to housing, food, education, employment, transportation and community-based services and they take these factors into account when developing the plan for my care and support.

2.2.5 I am supported by services and staff to participate in education, play and recreation to support my health, development and wellbeing.

2.2.6 I am supported by staff to make positive choices about my safety and wellbeing. They talk to me about my physical, mental and emotional health and wellbeing in a way that I understand and that helps me to make informed choices.

2.2.7 I am encouraged and supported by staff to establish patterns and habits which will benefit me through childhood and into adulthood. For example, I understand the benefits of healthy eating and staying active.

2.2.8 I am asked about my goals by the staff caring for and supporting me, and they support me to to pursue my goals and to reach my potential.

2.2.9 I am supported to become more independent and to learn how to make decisions for myself.

2.2.10 I am supported and helped by staff to gain the necessary social and life skills I will need in adulthood.

Standard 2.3	
The outcome a child should expect	**What a service provider must do to achieve this**
My family and I are involved in making decisions about the care and support that we need and making sure that it is designed with our circumstances in mind.	The service provider has structures in place to involve children and their families in assessing their needs, planning for these needs and reviewing the appropriateness of interventions.

Features that demonstrate how a child should experience a service that is meeting this standard include:

2.3.1 My family's circumstances are taken into consideration when developing a plan for my care and support. These circumstances include things like where we live, our traditions, and our way of life.

2.3.2 My family and I are unique, staff recognise this and spend time getting to know our strengths and our needs.

2.3.3 My family and I are involved in developing the plan for my care and support and we are supported to understand the key milestones I should be working towards during this time.

2.3.4 My family are supported by staff to help care for and support me in a way that best suits my needs and services help us to build on our strengths.

2.3.5 My family and I are supported to understand and discuss significant changes in my life, including death or dying, and this is handled sensitively. We are provided with appropriate care, support and information by staff who are sympathetic, sensitive and respectful of our privacy.

2.3.6 My wellbeing and my family's wellbeing are connected, staff recognise this and they support my family to access groups and organisations that can support their wellbeing and the wellbeing of our family as a whole.

2.3.7 My family is involved in making decisions about the care and support we need and making sure that it is designed with our circumstances in mind and in a way that meets our needs.

2.3.8 If my care and support changes, it is clearly explained to my family and I. If we feel that the actions that the service is taking are not fair, appropriate or responsive, we are supported to express our views and we will be listened to.

2.3.9 Where my family's wishes for my care and support are in conflict with the service's views about what is best for me, I know that the service will consider my age, the law and my best interests when making decisions.

2.3.10 If my family and I are using more than one service, the care and support we receive is well coordinated. My family and I understand the role of each service and they communicate with us regularly in a way that suits our needs.

2.3.11 My family and I are involved in any reviews about the care and support that we are getting to make sure it is right for us and that it is meeting our needs and goals. This is done in a way that suits our family and is respectful of us.

2.3.12 If I am discharged from the service, my family and I are clearly communicated with and offered a detailed plan on how my follow-up care and support will be continued, if this is needed.

Standard 2.4	
The outcome a child should expect	**What a service provider must do to achieve this**
I have the right to be supported to be safe and to live my life free from harm or abuse, and all services work together to support this right.	The service provider works to ensure that children are safeguarded from harm and abuse through the consistent implementation of Children First, relevant legislation, regulation, national policy and standards. The service provider clearly communicates this with the child and their family and works with other services as appropriate.

Features that demonstrate how a child should experience a service that is meeting this standard include:

2.4.1 My family and I are seen as partners by staff, who work to make sure that my safety and wellbeing are promoted and facilitated.

2.4.2 I am confident that the services I use know what to look out for to keep me safe, and that they understand their role and responsibilities in protecting me from harm. This includes following the policies that help to keep me safe, like Children First and other laws about protecting children, and working together with other services that are needed to keep me safe.

2.4.3 If there are concerns about my safety, I know that staff will support me to stay safe. I am confident that staff are trained to recognise the signs of abuse or neglect and that they know the proper actions to take to protect me from serious harm.

Standard 2.5	
The outcome a child should expect	**What a service provider must do to achieve this**
If I need continuing care and support, I am facilitated by services to move from children's services to adult services. Staff help me to prepare to move into adulthood and make sure that I am supported to make informed decisions about my care and support.	The service provider has arrangements in place to prepare and support children if they are moving into adult services. Information is used effectively to ensure this happens and arrangements are in place to share relevant information.

Features that demonstrate how a child should experience a service that is meeting this standard include:

2.5.1 If I will need continuing care and support as an adult, staff work in partnership with my family and I to help me to prepare for my move from children's services to adult services.

2.5.2 The care and support I get to prepare me for the move from children's services to adult services is well planned and clearly communicated to me in a way that best meets my needs. I am involved in the planning process and my opinions are listened to and respected by staff.

2.5.3 To prepare me for the move to adult services, I am supported by staff to understand this move and how I can advocate for myself in these adult services.

2.5.4 If I will be moving to an adult service, the staff providing my care and support contact the staff in the new service to invite them to meet with me and the staff currently working with me, to help prepare me for the move to the new service and to make sure that the new team will have the information they need to support me straight away.

Standard 2.6	
The outcome a child should expect	**What a service provider must do to achieve this**
I am confident that if something goes wrong in my care and support that services will respond appropriately. The service will review what happened, learn from it and will work to make sure that it does not happen again.	The service provider has arrangements in place to identify, manage, respond to and report patient safety incidents and other incidents, including data breaches and safeguarding breaches, in a timely manner in line with national legislation, policy, guidelines and guidance, where these exist.

Features that demonstrate how a child should experience a service that is meeting this standard include:

2.6.1 I am confident that the service I use is always looking for ways to make my experience of the service safer. This includes creating an open culture where staff and I can raise concerns, report incidents and help to identify areas for improvement.

2.6.2 I am confident that if something goes wrong in my care and support, the service makes sure the incident is reported, recorded and reviewed in line with the proper policies. The service looks into this incident to learn from it and works to make sure it does not happen again.

2.6.3 I trust that if something goes wrong in my care and support the service will be open and honest with my family and I as soon as the issue has been identified.

2.6.4 I am confident that staff know how best to respond when something goes wrong in my care and support and services have plans in place to support staff to recognise when I am at risk of possible harm.

Principle 3: Responsiveness

How a child experiences responsive services:

I receive care and support from skilled, experienced and trained staff. These staff are clear about their role and responsibility in my care and support. They respond to my individual needs and circumstances in a timely and sensitive way. They take the time to get to know me and see my needs, interests and goals in a wider context, and do not focus on only meeting my most urgent needs. All staff involved in my care and support work together within and between services and staff are supported to do this by the services they work in. This helps to ensures that I receive the best possible care and support.

Children have a right to receive care and support from skilled staff who work to meet their need for safety and wellbeing in a timely and sensitive way. Responsive services ensure that children are cared for and supported by staff who are skilled, trained and experienced. Responsive services ensure that children's needs are always put first, and that services work together with children, their families and other services to improve outcomes for the child. Responsive services organise and manage their workforce to ensure that they have the right staff with the required skills, flexibility, and experience to respond effectively to the needs of children who need care and support. This involves determining what the right staffing levels, skill-mix, competencies and capabilities are, in order to meet these needs. Responsive services ensure that they have safe and effective recruitment processes, appropriate staff workloads, and dynamic systems to manage and retain staff. This includes systems to support new staff to gain experience and build their skills.

In responsive services, staff look at the whole child and their wider needs, and do not focus on meeting their presenting needs in isolation. To do this, staff listen to the child, look at their individual family and living circumstances, and proactively seek the views of other services that are working with them. Together, this information assists staff in planning appropriate care and support in the short, medium and longer-term. Using this information, staff advocate for care and support that is tailored to a child's individual needs and circumstances, and is delivered in the right way, at the right time and for the required duration. Staff regularly reflect on the appropriateness and effectiveness of any interventions through reflective practice.

In responsive services, staff have the time and capacity to build honest and trusting relationships with children and their families and to get to know them in a way that suits them. Staff recognise children and families as partners in their care and support and as experts in their own lives. Responsive services focus on the individual needs of the child and take a flexible approach. They offer tailored care and support to each child and family to meet these needs and support positive outcomes for children in the short and long-term.

Staff are registered with their professional regulatory body, where relevant. Responsive services implement a formal induction policy for new staff.They have a programme of continuous professional development to ensure that staff at all levels maintain competence in all relevant areas. Staff working in health and social care services deal with a range of issues that affect children and families, and these issues are often complex and challenging. As aspects of service provision, and the needs and profile of children using the service, change and develop over time, staff are supported to participate in ongoing professional development through training and education. This enables staff to retain, reflect and build on their skills and knowledge and to identify any knowledge or skills gaps. This facilitates a continuous cycle of improvement. Responsive services regularly undertake a training needs analysis to determine the training needs of staff and respond appropriately to the needs identified. This training supports staff to be confident that they are delivering the right care and support to children with diverse needs and situations. Staff are provided with the relevant tools and time to put any training into practice.

Staff are clear about their roles and responsibilities in caring for and supporting children. They work in line with national and local policies and procedures to uphold children’s rights and meet their needs. All staff working with children have a role in delivering a safe, high-quality service and should be supported to do this, both individually and in effective teams. All staff should receive support and supervision to ensure that they perform their role to the best of their ability. This support includes regular meetings with line managers or supervisors, and multidisciplinary team meetings to allow for support and learning from others. Psychological support to manage the impact of the working environment is provided to staff to help prevent burnout. This includes, for example, access to an employee assistance programme. The benefits of reflective practice are recognised by the service and staff are given time to do this.

Responsive services work to ensure that each child receives well-coordinated care and support from the range of services that may be 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 and support is integrated within and between services. Staff respect the values, opinions, and contributions of other staff from different disciplines, and are supported to work and train together to build mutual skills.

Standard 3.1	
The outcome a child should expect	**What a service provider must do to achieve this**
I have a good relationship with staff, who respect me and spend time getting to know me as a child, as well as my needs and my circumstances.	The service provider has arrangements in place to support staff to develop consistent and continuing relationships with children to promote effective child-centred care and support.

Features that demonstrate how a child should experience a service that is meeting this standard include:

3.1.1 I feel that staff in the service I use take the time to get to know my family and I and they treat us as experts in our own lives.

3.1.2 I am given enough time to get to know the staff who care for and support me. During this time, staff get to know me, my likes and dislikes and spend time with me to do this in a way that I enjoy.

3.1.3 I feel welcomed by the staff who care for and support me and I am comfortable speaking with them about things that make me worried or embarrassed.

3.1.4 I experience care and support from staff that are interested in me and who want to support me to be well, and to reach my potential.

3.1.5 I am shown respect, care and courtesy by staff who value me.

3.1.6 I am regularly asked for my views by staff to make sure their understanding of my needs, preferences and goals are the most up to date.

Standard 3.2	
The outcome a child should expect	**What a service provider must do to achieve this**
I know that all staff caring for and supporting me work together to make sure I get the care and support I need when I need it.	The service provider has arrangements in place to facilitate staff to coordinate care and support effectively within and between services so that children experience integrated care and support.

Features that demonstrate how a child should experience a service that is meeting this standard include:

3.2.1 I know that staff will advocate for me to get the best care and support possible to meet my needs.

3.2.2 I am confident that staff are supported to be creative and flexible in meeting my needs.

3.2.3 I am confident that all staff caring for and supporting me work together to make sure that I get the care and support that I need. This happens whether I am using one service or need care and support from a number of different services.

3.2.4 I know that staff across all of the services that I use will talk to each other about how they can support me and improve my care and support. Staff working in the services I use are supported to learn from each other so they can improve the care and support they provide to me and to other children they work with.

3.2.5 I am confident that staff working with me know what other services I might need and that they have the skills and knowledge to identify and coordinate these so that I get the right care and support, at the right time and in the right way. Staff working in the services I use follow the policies and procedures and use the systems the service has in place in order to do this.

3.2.6 If I am moving to another area or need care or support from another service, the staff providing care and support to me contact the staff in the new service to make sure that they have the information they need to support me straight away.

Standard 3.3	
The outcome a child should expect	**What a service provider must do to achieve this**
I have confidence that the staff who are caring for and supporting me have the skills, training and experience to meet my needs and keep me safe, and that they are supported to do their job well.	The service provider has systems and structures in place to ensure staff have the skills, experience and training they need to deliver child-centred, safe and effective care and support. Staff are supported and supervised to do this.

Features that demonstrate how a child should experience a service that is meeting this standard include:

3.3.1 I trust the staff caring for and supporting me because they have the qualifications they need to do their job and are trained to do the work they do.

3.3.2 If staff caring for and supporting me need more training in a certain area to be better able to support me, they will get this training.

3.3.3 I am confident that staff working with me get the right supervision[14] and the support that they need to do their job well. For example, staff have access to an employee assistance programme to support their wellbeing and help them to manage the impact of their work.

3.3.4 I am cared for and supported by staff who are clear about their role in my care and support.

3.3.5 I am cared for and supported by staff who have the skills they need to communicate with me and my family in a way that best suits our needs, and understand how important it is to us that they are open and honest. Staff are trained in how

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[14] Staff are supervised in delivering child-centred, safe and effective care and support, to ensure they perform their role to the best of their ability.

best to communicate with me and my family in a meaningful way.

Principle 4: Accountability

How a child experiences accountable services:

I receive safe, consistent and high-quality care and support. The services I use are well managed. Everyone knows and understands their roles and responsibilities and works in a way that promotes my rights and supports me to reach my potential. I have access to the care and support that I need. Services work together to provide me with high-quality, coordinated and safe care and support and to make sure that I do not experience any gaps in my care and support.

Accountable services ensure that children receive high-quality safe care and support that is consistent, coordinated and focused on achieving good outcomes for them. Accountable children's health and social care services have a clear vision for their work and support their staff to deliver on this vision. Accountable services work well with other relevant services and regularly assess the impact of their work on those that they are caring for and supporting.

Leadership and governance are essential to ensuring that services are accountable for the care and support they provide to children. Leaders and managers have an important role to play in strengthening the service's quality and culture. This includes encouraging and supporting collaborative working with other services and people caring for children, to ensure that children are safe, that their wellbeing is improved and that they are supported to reach their potential. A culture of children's rights, care, creativity and hope is evident in the behaviour and attitudes of leaders and managers in an accountable service.

Managers at all levels are responsible for ensuring that the service is complying with relevant legislation, regulations, national policy, standards and guidelines, to ensure that children are safe and that their needs are met. They are also responsible for ensuring that the service is operating in accordance with any service agreements or contracts. The service has clear policies, informed by relevant legislation and national policy, to support the delivery of its outcomes and managers support staff to deliver effective services in line with these policies. Management supports and empowers staff to exercise their professional and personal responsibility to provide the right care and support, at the right time, to ensure that children have the best outcomes and are supported to reach their potential.

In an effective governance structure, overall accountability for the delivery of services is clearly defined. There are clear lines of accountability at individual, team and service levels so that everyone working in the service is aware of their responsibilities and who they are accountable to. Accountable services develop and implement an effective accountability framework at the highest level in the organisation. This framework sets out the means by which the organisation and its services will work together and will work with other organisations and services to provide high-quality, safe, and coordinated care and support to children. The framework identifies a lead person at each level of the organisation with clear authority, responsibility and accountability for delivery of the service against performance expectations and targets, and how they will be held to account for performance. This includes expectations in relation to joint working with other organisations and services caring for and supporting children. Accountable services have clear arrangements in place to support communication and information sharing within and between services. For example, services consider joint working protocols and shared models of care where this would enhance joint working between services and outcomes for children. When team-based, integrated care programmes are adopted, service provision for children and families shifts from reactive and episodic to proactive and comprehensive.

Regular audits are carried out to assess, evaluate and improve the provision of services in a systematic way in order to achieve better outcomes for children. The quality and safety of services that are commissioned or provided externally are monitored through formalised governance arrangements. The relationship, role and responsibilities of both the service provider and the funding body are clearly defined in these arrangements.

Information is an important resource in planning, managing, delivering and monitoring child-centred, safe and effective services. Quality information and effective information systems are central to improving the quality of service provided to children across health and social care services. Accountable services have reliable and secure information management systems. They have an agreed information governance[15] framework to ensure that quality data[16] is shared in a timely and appropriate manner to facilitate staff to meet the needs of each child. Services

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[15] Information governance refers to the systems and processes that service providers have in place to manage information to support their immediate and future regulatory, legal, risk, environmental and operational requirements. An information governance framework enables services to ensure all information including personal information is handled securely, efficiently, effectively and in line with legislation.

[16] Data that is accurate and reliable, timely and punctual, coherent and comparable, accessible and clear.

consider formalised protocols or memorandums of understanding to support staff to work together across services and to share information where appropriate.

An accountable service ensures that it fulfils its statement of purpose, or mission, by planning, managing and organising the service to achieve its stated outcomes in the short, medium and long-term. To do this, it is essential that services organise and use resources effectively. This includes planning and organising the workforce to ensure that the range of services that support children, are delivered in a safe, consistent and child-centred way. Retention strategies are an important element of workforce planning, specifically in the context of services providing care and support to children, as they facilitate relationship building, continuity of care, and stability. Resource decisions take account of the needs of children and the levels of demand on the service and should be based on the needs of the population nationally, regionally and locally. This includes, for example, the location where services are provided and ensuring availability of services at the times they are needed, such as considering how care and support can be provided as close to the child's home as possible and providing out-of-hours services.

In planning and allocating resources, services recognise that prevention and early intervention approaches can contribute to tackling issues in the early years, before they become embedded and costly in the longer term. Service providers recognise the value of working in partnership with services in the community to support children and families and to prevent health or social care problems arising in the first instance or getting worse if support is not provided early. Sustainability measures are incorporated into the planning, management and use of resources. When planning and designing a service, service providers take account of the accessibility needs of children and families to ensure that all aspects of the service can be accessed, understood and used to the greatest extent possible by all children and families.

Accountable services identify short, medium and long-term outcomes and measure the achievement of these outcomes using a range of agreed indicators. Services use this information to measure how they are achieving good outcomes for children and to evaluate the service's performance. Feedback, concerns and complaints received are taken into account as part of this evaluation process. Services also learn from adverse events and from external reviews and inspections by relevant regulatory bodies. They ensure that recommendations from reviews and inspections are put into action to improve the experience of children using health and social care services.

Standard 4.1	
The outcome a child should expect	**What a service provider must do to achieve this**
I am confident that the service caring for and supporting me is properly managed and follows the right policies to make sure I get the right care and support.	The service provider has effective leadership, governance and management arrangements in place with clear lines of accountability, responsibility and communication within and between services. Information is used to plan, manage, and deliver child-centred, safe and effective care and support.

Features that demonstrate how a child should experience a service that is meeting this standard include:

4.1.1 I am confident that the service I use is well managed to make sure I get the best possible care and support.

4.1.2 I know what to expect from the service and know that I will be treated the same as other children using the service because there are policies in place that are followed consistently.

4.1.3 I know what the service does, and how it does it, because it is written down in a statement about the service. This statement is explained to me in a way that meets my needs.

4.1.4 I am confident that the service makes decisions about my care and support based on information about me, other children and what works best to meet our needs.

4.1.5 I know who is in charge of the service I use and I can talk to them if I have a concern.

4.1.6 I am confident that everyone who works in the service knows what their job is, and I know who is responsible for the different parts of my care and support.

4.1.7 I am confident that the service checks that staff and people caring for and supporting me are suitable to work with children.

Standard 4.2	
The outcome a child should expect	**What a service provider must do to achieve this**
I am confident that any service caring for and supporting me is reviewed regularly to see that it is doing this properly.	The service provider has formalised governance arrangements for assuring the delivery of safe, child-centred care and support and monitors the quality and safety of services it provides and services provided on its behalf. This includes compliance with relevant legislation, national standards and policies.

Features that demonstrate how a child should experience a service that is meeting this standard include:

4.2.1 I know that the service I use is reviewed regularly[17] to make sure that it is giving me and other children the best possible care and support.

4.2.2 I am asked for my views by the people reviewing the service and these views are used to improve the service. My family are also asked for their views. These views are taken seriously and we are told how they will be used.

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[17] The service is reviewed internally by the service provider.

Standard 4.3	
The outcome a child should expect	**What a service provider must do to achieve this**
I get the care and support that I need. My care and support is consistent no matter where I live and I have the opportunity to build a relationship with key staff members who get to know me, my situation and my needs.	The service provider has arrangements in place to plan, manage and organise its resources, including its workforce, to ensure children receive responsive, coordinated and consistent care and support.

Features that demonstrate how a child should experience a service that is meeting this standard include:

4.3.1 I get good quality care and support no matter what service I am using and no matter where I live.

4.3.2 I know how long I am going to get care and support for and the reasons for any changes to this are explained to me.

4.3.3 If I need help with a problem I am having I get this early on so the problem does not get more serious. These types of services are available to my family and I, and we know how to access them.

4.3.4 I get the care and support I need at the time I need it because the services have been planned to meet my needs and the needs of other children in my area and across the country.

4.3.5 I get the right care and support because there are enough staff working in the services I use to meet my needs and the needs of other children and staff have the resources they need to do their job.

4.3.6 If for any reason I have to wait for the service that I need, I will be told how long I will be waiting for and my family and I are kept informed of any changes to this. We are told about any other supports that we can access in the meantime or how my family can best support me at home while I am waiting for the service I need.

4.3.7 When I am using a service there is one staff member who gets to know me, my situation and my needs so that they can arrange the right care and support for me.

4.3.8 I have time to build up relationships with key staff members in the services I am using and can rely on these key people for support.

4.3.9 If the staff working with me are changing, I know the reason for this change. Changes are planned with me in advance and I am given time to get to know new staff.

Standard 4.4	
The outcome a child should expect	**What a service provider must do to achieve this**
If I need care and support from more than one service, this is planned and organised so I get the right service, at the right time, and I do not experience any gaps in my care and support.	The service provider has arrangements in place to ensure that appropriate care and support is coordinated within and between services in a timely and integrated way. This includes developing and implementing an accountability framework and having arrangements for identifying a lead person or lead agency with overall responsibility and accountability for coordinating the child's care and support across services. Information is used effectively to ensure this happens and arrangements are in place to share relevant information.

Features that demonstrate how a child should experience a service that is meeting this standard include:

4.4.1 I experience joined-up care and support from the different services I need, who work together, so that my needs are met at the right time and in the right way for me. I am aware of what each service should be doing to support me and who is responsible for this.

4.4.2 I am confident that the staff providing these services have the skills to plan and coordinate my care and support in and between the services I use.

4.4.3 If I am using more than one service, there is a lead person or lead agency in charge of organising all of the different services for me. My family and I are kept up to date on what all of these services are doing to support me.

4.4.4 I have the time and opportunity to get to know staff in each of the services that are providing my care and support.

4.4.5 Information is collected about me, and about the care and support that I get. This information is shared with people who need it so that they can give me the care and support I need and so that my family and I don’t have to repeat all of our information every time we use a service.

4.4.6 If there is a reason that I won’t be getting care and support from the different services that I need, then this is explained to me.

Standard 4.5	
The outcome a child should expect	**What a service provider must do to achieve this**
Any service I am using, regularly looks at how it can improve the care and support given to me, and other children using the service, so that I get the best possible care and support.	The service provider fosters a culture of continuous quality improvement, responding to and learning from audits, events and feedback to achieve best outcomes for children.

Features that demonstrate how a child should experience a service that is meeting this standard include:

4.5.1 I know that the service I use plans what it is going to do to meet my needs, and the needs of other children using the service. The service measures whether they have done this properly.

4.5.2 I know that staff caring for and supporting me will look for ways to improve the care and support they give me and other children using the service. For example, if I or my family give feedback or make a complaint then this is used to help to improve the service.

4.5.3 Information about me and the care and support I receive is used by the service to improve my care and support and the care and support of other children who use the service.

4.5.4 My family and I are regularly asked to give our views on the service and we are given the time and space to do this.

4.5.5 Our views and are taken seriously and we are told how they have been used.

Appendix 1 — Membership of the Advisory Group to inform the development of the Draft Overarching National Standards for the Care and Support of Children using Health and Social Care Services and the HIQA and MHC Project Team

Advisory Group membership

Name	Organisation
Áine Higgins Ní Chinnéide	Senior Standards Officer, National Disability Authority
Angela O'Neill	National Disability Specialist for Children and Families, Health Service Executive
Deirdre Comiskey[18]	Principal, Paediatric Model of Care Policy, Acute Hospitals Policy Division, Department of Health
Elena Hamilton[19]	Senior Regulatory Manager, Mental Health Commission
Eilish Hardiman	CEO, Children's Health Ireland
Eva Boyle	Acting Head of Children's Services, Health Information Quality Authority
Gary Kiernan	Director of Regulation, Mental Health Commission (Co-Chair)
Kate Duggan	National Service Director, Tusla – Child and Family Agency
Kate Gillen	Social Work Specialist, Department of Children, Equality, Disability, Integration and Youth
Marita Kinsella[20]	Director, National Patient Safety Office (NPSO), Department of Health
Mary Nicholson	Senior Policy Officer, Children's Rights Alliance

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[18] Joined Advisory Group from November 2020. Celeste O'Callaghan represented the Department of Health at the first Advisory Group meeting on 21 October 2020.

[19] Left the Advisory Group in June 2021.

[20] Attended second Advisory Group meeting on 21 June 2021 on behalf of the NPSO.

Michael Murchan[21]	Assistant Principal Officer, Mental Health Unit, Department of Health
Michele Clarke	Chief Social Worker, Department of Children, Equality, Disability, Integration and Youth
Rachel Flynn	Director of Health Information and Standards, Health Information and Quality Authority (Chair)
Representative(s) of Children's Reference Group	Children's Reference Group
Susan Scally[22]	Principal Officer, Social Care Division, Department of Health

Children's Reference Group membership

Name	**Organisation**
Niamh O'Rourke	Head of Standards, Health Information and Quality Authority (Chair)
James Mohan	Children's Health Ireland
Joan Johnston	National Patient Forum
Mairie Cregan	Patients for Patient Safety Ireland
Mia Keaveney	Children's Health Ireland
Tammy Donaghy	Mental Health Commision
Tracey Holsgrove	Rehab Care
Suzanne O'Brien	Empowering People in Care (EPIC)

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[21] Joined Advisory Group from November 2020.
[22] Joined Advisory Group from November 2020.

Project Team, HIQA and the MHC

Linda Weir	Standards Manager, HIQA
Alison Connolly	Acting Head of Regulatory Practice and Standards, MHC
Davina Swan	Standards Development Lead, HIQA[23]
Deirdre Connolly	Standards Development Lead, HIQA[24]
Shauna McCarthy	Standards Development Officer, HIQA
Sarah Fitzgerald	Standards Development Officer, HIQA[25]
Carol McLoughlin	Standards Development Officer, HIQA[26]
Sophia Egan	Standards Development Officer, HIQA[27]
Cecil Worthington	Subject Matter Expert, HIQA

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[23] Davina Swan joined the Project Team from October 2020.
[24] Deirdre Connolly left the Project Team in December 2020.
[25] Sarah Fitzgerald joined the Project Team from September 2020 to April 2021.
[26] Carol McLoughlin left the Project Team in October 2020.
[27] Sophia Egan joined the Project Team from May 2021

Appendix 2 – Organisations that made submissions to the Scoping Consultation

(08 September - 23 September 2020)

- An Garda Síochána, Garda National Protective Services Bureau
- Barnardos
- Child and Adolescent Mental Health Service, North Tipperary
- Child and Adolescent Mental Health Service, Mid-West Community Health Care
- Children and Young People's Services Committees (CYPSC), Co-ordinators' National Network
- Children in Hospital Ireland
- Children's Rights Alliance
- Cope Foundation
- Core Youth Service
- CORU
- Department of Children, Equality, Disability, Integration and Youth
- Department of Health, Social Care Division
- Empowering People in Care (EPIC)
- Enable Ireland
- Fostering Ireland
- Fresh Start
- Health Information and Quality Authority, Children's Services Regulation Team
- Health Service Executive, National CAMHS Oversight
- Health Service Executive, National Mental Health Office
- Health Service Executive, Disability Services
- Inishowen Development Partnership
- Irish Aftercare Network
- Irish Association for Counselling & Psychotherapy
- Irish Association of Social Care Management (IASCM), a Special Interest Group (SIG) of Social Care Ireland
- Irish Association of Social Workers
- Irish College of General Practitioners
- Irish Foster Care Association
- Irish Nurses and Midwives Organisation
- Irish Wheelchair Association

- Jigsaw[28]
- National Disability Authority
- Rehab Group
- Spina Bifida Hydrocephalus Ireland
- St Patrick's Mental Health Services
- Tusla, Quality Assurance Directorate
- Tusla, Prevention, Partnership and Family Support Programme
- Tusla, Policy and Research Team
- Tusla, Senior Management Team
- Youth Advocates Programmes Ireland (YAP)[29]

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[28] Submission made in March 2021.
[29] Submission made in March 2021.

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