



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Draft National Quality Standards for Residential and Foster Care Services for Children and Young People

A Consultation Document  
20 January 2010



*Safer Better Care*



## About the Health Information and Quality Authority

The Health Information and Quality Authority (the Authority) is the independent Authority which has been established under the Health Act 2007 to drive continuous improvement in Ireland's health and social care services. The Authority was established as part of the Government's overall Health Service Reform Programme.

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

- » **Setting Standards for Health and Social Services** - *Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland (except mental health services).*
- » **Social Services Inspectorate** - *Registration and inspection of residential homes for children, older people and people with disabilities. Inspecting children detention schools and foster care services. Monitoring day and pre-school facilities <sup>1</sup>.*
- » **Monitoring Healthcare Quality** - *Monitoring standards of quality and safety in our health services and implementing continuous quality assurance programmes to promote improvements in quality and safety standards in health. As deemed necessary, undertaking investigations into suspected serious service failure in health care.*
- » **Health Technology Assessment** - *Ensuring the best outcome for the service user by evaluating the clinical and economic effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.*
- » **Health Information** - *Advising on the collection and sharing of information across the services, evaluating information and publishing information about the delivery and performance of Ireland's health and social care services.*

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1 Not all parts of the relevant legislation, the Health Act 2007, have been commenced. Those parts that apply to children's services are likely to be commenced in 2010.

The Authority's approach to the development of standards for health and social care services is informed by the following key principles:

- » openness and transparency, to ensure that the general public is informed of the development of standards and the decision making process
- » a focus on outcomes, to ensure that the implementation of standards will result in real, meaningful and tangible improvements in services for people
- » person-centredness, to ensure that all stakeholders, including service users and those who deliver health and social services, are involved in the development of standards
- » evidence-based practice, to ensure that the standards are underpinned by up to date, peer reviewed national and international research.

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# 1 Introduction

The vision of the *National Children's Strategy* (2000) is of:

“An Ireland where children are respected as young citizens with a valued contribution to make and a voice of their own: where all children are cherished and supported by family and the wider society, where they enjoy a fulfilling childhood and realise their potential”.

The *Agenda for Children's Services* (2007) commits policy-makers to achieving better outcomes for children. The publication of the *Draft National Quality Standards for Residential and Foster Care Services for Children and Young People* is part of a public commitment on the part of the Irish state to achieving a better future for children. This commitment can be seen in such developments as the launch of *Children First: National Guidelines for the Protection and Welfare of Children* (1999, and revised edition 2009), the launch of the *National Children's Strategy* (2000), the establishment of the Office of the Ombudsman for Children in 2002, and the publication by the Office of Minister for Children and Youth Affairs of the *Agenda for Children's Services* (2007).

The Authority recognises the importance of increasing the quality, safety and care for all children in Ireland but is most especially concerned with those children who are particularly vulnerable and find themselves living away from their families. Whether as a result of disability, a problem in the family or a criminal offence, these children require special consideration and protection.

This commitment draws its strength from a determination to draw a line under, and to learn the lessons of, the past described in the recently published *Report of the Commission to Inquire into Child Abuse* (2009) and *Commission of Investigation: Report into the Catholic Archdiocese of Dublin* (2009). This commitment puts the happiness, wellbeing and safety of children at the centre of policy making and provision.

When enacted, specific sections of the Health Act, 2007 will extend the Authority's existing remit for the protection of children. As the independent organisation with responsibility for driving quality and safety improvements in health and social care settings, the Authority will be given statutory responsibility for the registration and inspection of designated centres for children and young people.

Designated centres are residential services for children in the care of the Health Services Executive (HSE) and residential services for children with disabilities. Other children's services will be inspected by the Authority, though they will not have to be registered.

The services that will be registered and/or inspected include those provided by the HSE, those run by private companies and voluntary organisations and, in the case of children detention schools, those managed by the Irish Youth Justice Service (IYJS).

The following services will require to be registered in order to operate:

- » children's residential centres<sup>2</sup>
- » special care units<sup>3</sup> (subject to a proposed amendment to the legislation)
- » residential and residential respite centres for children with disabilities.
- » hostels for homeless children.

The following services will not have to be registered but will be subject to inspection:

- » foster care services
- » children detention schools<sup>4</sup>

The services to be registered and/or inspected do not include mental health facilities. In-patient mental health facilities are registered by the Mental Health Commission (MHC), in accordance with the Mental Health Act, 2001 and are inspected against standards contained in the Quality Framework for Mental Health Services in Ireland.

Similarly, services to be inspected and/or registered do not include hospitals and hospices where the children and young people being cared for are being treated for acute illnesses or provided with palliative care.

These draft standards, on which we are seeking public input and feedback, will be used in the registration and/or inspection of these services for children. They replace four separate sets of standards, each of which was designed for a particular service. The rationale for having a single set of standards is that the core principles apply to all children in all situations. That is, each child has the same rights and needs irrespective of whether he or she is using services because of a disability, a problem in the family or due to offending behaviour.

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- 2 Children's residential centres accommodate children and young people who are legally in the care of the HSE. Children and young people in residential centres, or availing of respite residential care by virtue of their disabilities, are not legally in the care of the HSE. From December 2010 this will also include separated children seeking asylum.
  - 3 Special care units detain young people where such detention is required to secure their safety and welfare.
  - 4 Children detention schools are inspected by agreement with the Minister for Justice, Equality and Law Reform.



The Authority is the independent statutory body, established under the Health Act 2007, with responsibility for setting standards for health and social care services and ensuring that these standards are being met. In addition to children's services, the Authority is responsible for the registration and inspection of residential services for older people and people with disabilities.

Since its establishment, the Authority has developed a number of sets of quality and safety standards including standards for residential services for older people and for residential services for adults with disabilities. The latter are awaiting approval from the Minister for Health and Children, while the registration and inspection of residential services for older people commenced on 1 July 2009.

“The rationale for having a single set of standards is that the core principles apply to all children in all situations”



## 2 Development of the Draft Standards

### 2.1 Standards advisory group

The *Draft National Quality Standards for Residential and Foster Care Services for Children and Young People* have been developed with the assistance of a standards advisory group, representing key stakeholders, that was established in 2009 by the Authority with the following terms of reference:

- 1** To advise the Authority in drawing up a set of national quality standards for services for children.
- 2** To ensure such standards:
  - » provide a reference point for the development and improvement of all services for children
  - » are fit for the purposes of registration and inspection of designated centres and for the inspection of non registered services
  - » take account of relevant legislation and regulations.
- 3** To advise on an appropriate public consultation process.
- 4** To use the feedback from the consultation process to inform the further development of the standards.
- 5** To advise on the final standards, in preparation for approval by the Board of the Authority, submission to the Minister for Health and Children and their subsequent publication.

The membership of the Standards Advisory Group is listed in Appendix 1.

### 2.2 Next steps

In order to gain feedback from key stakeholders and the public (including children and young people themselves) we will undertake a public consultation which will include listening to the views of children and young people affected by these standards.

Following the consultation, a statement of outcomes will be published and the findings used to inform the development of the national standards, which will then be launched later this year.

Subject to the enactment of the relevant legislation, the Authority's Social Services Inspectorate (SSI) will commence the registration and/or inspection of designated centres for children and young people, as appropriate.

## 3 Principles Informing the Standards

The draft national standards are based on ten key principles. The successful accomplishment of the outcomes described in each of the standards depends on the successful accomplishment of outcomes described in other standards. A standard should not be viewed in isolation. All of the standards need to be read and understood together. For example, good care is safe care. In considering what makes for a safe (or safer) service, members of the group advising the Authority highlighted issues such as ensuring children and young people have strong and trusting relationships with the adults in their lives (Standard 1, Standard 4).

The key principles informing the standards are:

### 3.1 The “Primacy Principle”

The “Primacy Principle” is fundamental to childcare practice. It is stated in Article 3 of the United Nations Convention on the Rights of the Child (UNCRC) in the following terms:

“In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be the primary consideration”.

The principle is stated in the Child Care Act, 1991 and reiterated in the recommendations of the *Report of the Commission to Inquire into Child Abuse (2009)*.

### 3.2 The Dependent Status of Children and Young People

This principle highlights that children and young people have special needs and rights arising from the fact of being dependent and are not yet fully mature people. This principle places a duty of care on adult carers to ensure that the best interests of children are secured. This is linked to the recommendation in the *Report of the Commission to Inquire into Child Abuse* that: “Children in care need a consistent care figure”. Children and young people need someone upon whom they can depend. Parents fulfil this role for the majority of children and young people. For those children and young people who are separated from their families, some other person has to assume this responsibility.

The degree to which adults act on behalf of children and young people is dependent on the age and stage of development of each individual child or young person. It also has to take account of the rights of children and young people, including their right to be involved in decisions made about them.

### 3.3 Children's Rights

The rights of children should be upheld and promoted. Of particular significance to these standards is the United Nations Convention on the Rights of the Child (UNCRC), 1989. Other human rights instruments have influenced the development of these standards, such as, the European Convention on Human Rights. A number of the criteria supporting these standards have been drawn directly from the *UN Guidelines for the Alternative Care of Children (2009)*.

### 3.4 The Fundamental Importance of the Family

These standards recognise that the best place for any child or young person to grow up is in his/her family. Though some children and young people have to live apart from their families, most continue to have, and to benefit from, close bonds of affection with their parents, siblings and extended families. These bonds should be nurtured and sustained in all but a small minority of situations where contact with a particular person or persons within the family network is not in the best interests of the child or young person.

All children and young people ought to be provided with an opportunity to grow up in a family. Where this cannot happen within their birth family, an alternative family ought to be found for them, while taking account of the wishes of those older children and adolescents who may not wish to join a new family.

### 3.5 The Principle of Minimum Intervention

Recognising the fundamental importance of the family, the principle of minimum intervention states that, where a family is having difficulty meeting the needs of the child or young person, intervention should be at the lowest level consistent with providing adequate assistance to the child or young person. This means that there must be good gatekeeping mechanisms in place to ensure that children and young people do not enter the care or juvenile justice system unnecessarily and that they do not move from open to restricted or secure settings, except in circumstances where it can be demonstrated that no other option is consistent with their safety and welfare.

### 3.6 Normalisation

In 1980, the Task Force on Child Care Services outlined the principle of normalisation stating that "children who need special help should also, as far as possible, have the same experience of growing up as is normal in their society".

Children and young people who grow up in the care system frequently report that they find it very difficult to deal with experiences that mark them out as different from their peers. While it may well be impossible to eliminate all of these, every effort should be made to eliminate those that are not absolutely necessary.

### **3.7 Quality of Life**

Children and young people who spend some or all of their childhood in foster care or residential services should, insofar as possible and given the adversities that they encounter and have encountered prior to admission, live happy and carefree lives. They should live in a place that feels like home, where they are treated with affection and have opportunities for fun. They should also experience respect for their personal dignity and privacy.

### **3.8 Preparation for Adulthood**

The principles of quality of life and normalisation are foundational in the preparation for adulthood. The best preparation for adulthood is a happy childhood where the child's needs are addressed in a holistic way. However, this principle takes account of the particular difficulties faced by children and young people who grow up, or spend a significant amount of time in, foster care or residential centres, and their need for particular assistance and continuing support in order to manage the transition from care or custody to independence.

### **3.9 Safety**

Children and young people who live in foster care and residential centres should be safe. They must not be subjected to any form of abuse, neglect, exploitation, intimidation, bullying or harassment. In addition, they must have confidence that their sense of safety and personal composure will not be undermined by unacceptable practices such as personalised criticism, inappropriate jokes, favouritism and subtle forms of ostracism.

### **3.10 Good Governance**

Residential and foster care services for children and young people should be well run. The standards require that services are organised and delivered in a manner that delivers good outcomes for the children and young people and makes best use of available resources. Service providers are responsible for ensuring that the services they provide meet the required standard. In order to do so, they must have coherent management structures with clear lines of accountability for their professional staff and managers. In addition, service providers should have mechanisms in place for monitoring and improving the quality of the service provided.

## 4 Purpose of the Standards

A set of quality standards has a number of functions. It provides a guide to service providers as to how to go about providing a quality service. It informs service users, their families and those charged with their care, what they can reasonably expect of services. Finally, standards are used in the registration and/or inspection of services. In applying the standards, account has to be taken of the context in which services are provided and of the situation of the children and young people who avail of these services. In particular, account has to be taken of the age and stage of development of the children and young people, their legal status and the type of service that they are receiving.

### 4.1 Age and stage of development of the children and young people

The application of these standards must take account of the age and stage of development of the children and young people.

Greater weight needs to be given to the dependent status of very young children as compared with older adolescents approaching adulthood. Older adolescents will be better able to advocate for themselves and greater weight has to be given to their views. By taking account of each child's and young person's stage of development and not just his/her age, allowance can be made for the fact that children, under normal circumstances, mature at different rates and what is appropriate for one ten-year-old is not necessarily appropriate for all. No matter how mature a child or young person is, however, he or she is still a dependent person and professionals, parents and foster parents have a duty to act in his/her best interests.

Some children and young people with disabilities may not be able to exercise their rights to the same degree as others. This may be due to difficulties in communication or intellectual impairments. Where these standards refer to the rights of children and young people, they should be read as requiring the involvement of the parents where the child or young person is not in a position to exercise these rights on his/her own behalf. In those situations where the parents are not in a position to provide the necessary support, service providers and professional staff should look to the wider family network and encourage the involvement of members of the extended family and/or independent advocates.

### 4.2 The legal status of the children and young people

Children and young people in children's residential centres, special care units and foster care are all in the care of the HSE which assumes the role of "corporate parent" for them. Children and young people with disabilities who avail of residential or respite residential services by virtue of their

disability are not legally in the care of the HSE and remain the responsibility of their parents. Many young people in children detention schools are not legally in HSE care either. The HSE has certain responsibilities in relation to those children and young people in its care, while for other children and young people, these responsibilities remain with their parents. These responsibilities are currently laid out in the Child Care Regulations, 1995. These may be amended or replaced by regulations developed under the Health Act, 2007.

### 4.3 Service type

Services differ according to the degree to which their purpose can be defined with a high degree of specificity. Short-term interventions tend to have highly specific and defined purposes. Long-term interventions have more generally defined purposes. For example, a young person is generally only placed in a special care unit for a short period of time in order to address particular issues, such as behaviour that is putting the young person or others at high risk of harm. The purpose of a long term foster placement can be defined in more general terms, as providing a home for a child or young person. The application of the standards needs to take account of these differences.

Special care units and children detention schools detain children and young people, thus limiting the exercise of rights such as freedom of movement and autonomy. This does not invalidate the principles underpinning the standards. Rather, it highlights the importance of special care units and children detention schools providing the young people placed in them the assistance that they require in order to overcome the difficulties that led to their detention.

The only limitations that should be put on the exercise of the rights of children and young people in detention are those that are justified by the nature of the service. Thus, for example, a young person placed in a special care unit may have been placed there, and remain there, contrary to his/her wishes. That does not provide a justification for not giving due weight to his/her wishes in relation to matters other than his/her placement in a special care unit.

The draft national standards emphasise the importance of services delivering on their stated purpose. They also emphasise the importance of providing children and young people with positive experiences, not merely as a means to an end, but because that is a good thing in itself.

The “primacy principle” should be seen as having overriding significance. It will sometimes be in the best interests of children to limit their freedom, such as when a young child is prevented from running in the path of oncoming traffic. More challenging are those situations in which an adolescent young person places himself/herself at risk by attempting to leave his/her placement without permission or when his/her behaviour places another child or young person at risk. Difficult though such situations can be, professional staff and foster carers have a duty of care to the young person to do all that is reasonable to prevent harm to all of the young people involved.

## 5 Summary of the Draft Standards

This section gives an overview of the standards, grouped into seven sections to reflect the dimensions of a child-centred quality service.

### Section 1: Quality of Life

Standard 1:	Happiness and Wellbeing: <i>The happiness and sense of wellbeing of each child and young person is encouraged and facilitated.</i>
Standard 2:	Autonomy and Independence: <i>Each child and young person is encouraged to be independent in a manner appropriate to his/her age and stage of development.</i>
Standard 3:	Privacy and Dignity: <i>The dignity and privacy of each child and young person is respected.</i>
Standard 4:	Important Relationships: <i>Each child and young person is supported and facilitated to maintain positive contact with family, friends and significant others.</i>
Standard 5:	Daily Life: <i>There is a structure to the daily life of each child and young person appropriate to his/her needs.</i>

### Section 2: Children's and Young People's Rights

Standard 6:	Information and Advocacy: <i>Each child and young person has access to information about his/her rights and to an advocate to help him/her to exercise these rights.</i>
Standard 7:	Consultation and Participation: <i>Each child and young person is encouraged and supported to participate in making decisions about his/her life.</i>
Standard 8:	Complaints: <i>Each child and young person who makes a complaint is listened to and reasonable action is taken to address his/her concern.</i>

### Section 3: Keeping Children and Young People Safe and Protected

Standard 9:	Safeguarding and Child Protection: <i>Each child and young person is protected from abuse.</i>
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## Section 4: Professional Staff and Foster Parents

Standard 10a:	Professional Staff: <i>Each child and young person in a residential centre receives sensitive and personalised care and support from professional staff who possess the appropriate personal qualities, qualifications and skills.</i>
Standard 10b:	Foster Parents: <i>Each child and young person in a foster home receives sensitive and personalised care and support from foster parents who possess the appropriate personal qualities, knowledge and skill.</i>

## Section 5: Education, Health and Social Development

Standard 11:	Care Planning and Review: <i>There is a planned approach to the care and upbringing of each child and young person that takes account of his/her needs, wishes and aspirations for the future.</i>
Standard 12:	Admission to Services: <i>Each child and young person is admitted to the service that is best placed to address his/her needs and interests as identified in the care plan.</i>
Standard 13:	Preparation for Adult Life and After Care Support : <i>Each child and young person is helped to prepare for adult living, assisted to manage the transition from care and supported to attain independence.</i>
Standard 14:	Meeting the Emotional and Behavioural Needs of Young People: <i>Each child and young person is provided with emotional support and, as appropriate, specialist intervention to address any particular needs assessed as requiring such intervention.</i>
Standard 15:	Promoting Good Health: <i>The health needs of each child and young person are assessed and addressed.</i>
Standard 16:	Promoting Educational Achievement: <i>The educational needs of each child and young person are assessed and addressed and he/she is given the supports required to attain his/her full potential.</i>

## Section 6: The Physical Environment

Standard 17:	The Living Environment: <i>The residential centre or foster home is homely, fit for purpose and adapted, as required, to the individual needs of each child and young person living in it.</i>
Standard 18:	Safety in the Residential Centre and Foster Home: <i>Safety in the living environment is ensured in a manner that is consistent with a good quality of life.</i>

## Section 7: Governance and Management

Standard 19:	Governance and Management: <i>The service is governed and managed to meet the needs of each child and young person and to achieve outcomes for him/her that are consistent with his/her care plan.</i>
Standard 20:	Purpose and Function: <i>There is a written statement of purpose and function that accurately describes the service that is provided and the manner of its provision.</i>
Standard 21:	Register and Records: <i>The care of each child and young person is supported by appropriate record-keeping policies and procedures.</i>

“The happiness and sense of wellbeing of each child and young person is encouraged and facilitated”



## 6 Registration and Inspection

As stated in the introduction, some of the services to which these standards apply will be registered and inspected, while other services will be inspected only.

### 6.1 Services that require to be registered

These are the services that fall within the definition of a designated centre in section 2 (1) of the Health Act, 2007. They are:

- » children's residential centres
- » special care units (subject to an amendment to legislation)
- » residential and residential respite centres for children with disabilities.

#### The Fit-person Entry Programme

A fit person is someone who is of good character and who has not been convicted of certain categories of criminal offences, such as, offences against the person, offences under the Child Care Act, 1991 or offences under the Health Act, 2007. The Health Act, 2007 allows the Chief Inspector of Social Services to assess the fitness of those involved in the provision and management of designated centres.

The Health Act, 2007 refers to the registered provider. If the service is owned privately, the registered provider is the owner. If the service is provided by a corporate body, such as the HSE or a voluntary organisation, the registered provider is the person nominated by the organisation to carry overall responsibility for the service on its behalf. This person must have sufficient authority to make decisions about the service, for example, to allocate extra resources where these are needed to implement inspection recommendations. The person in charge of the residential service is the person with responsibility for the day to day running of it. This is the person referred to in most services as the manager. These people must be fit persons, as defined by the Health Act, 2007.

The Authority is developing a Fit-person Entry Programme for registered providers and persons in charge. All new and re-registering providers will be required to undertake this programme. The aim of the programme is to provide information on legislation, regulations, standards and best practice, and to assess the capacity of the providers and managers to understand and apply these to the residential service.

## Regulations

Some standards will be linked to regulations developed by the Department of Health and Children. Regulations are based on primary legislation and are designed to give effect to it. A regulation, in essence, spells out the detail of what the legislation intends.

## Inspection

The Authority's Social Services Inspectorate will carry out inspections to ensure that the services comply with the standards and regulations. The inspections will be carried out by inspectors who have a professional qualification in health or social care and training in inspection methodology.

An inspection typically consists of three elements:

- » analysis of records and documentation
- » interviews with individuals, families, professionals involved with the service and with those who provide and work in the service
- » observation of practice
- » hostels for homeless children.

The report of an inspection contains findings and recommendations. Findings are always supported by evidence. Service providers will be given an opportunity to see reports and correct any factual inaccuracies in them before they are published. Recommendations are directed to service providers and set out actions to be taken to bring the service into compliance with the national standards and regulations. Inspection reports are public documents and will be published on the Authority's website ([www.hiqa.ie](http://www.hiqa.ie)).

The service provider will be required to produce an action plan to address the recommendations of the inspection report within a given timeframe. Inspectors will monitor the implementation of this plan and will work in cooperation with service providers to bring services into compliance with regulations and standards.

The Health Act, 2007 confers on the Chief Inspector of Social Services a range of enforcement powers in relation to designated centres. The Chief Inspector can refuse to register a centre, she can place conditions on its registration or she can cancel its registration. It will be an offence to fail to comply with a condition of registration and service providers can be prosecuted for breaches of the Health Act, 2007. There is provision in the Health Act, 2007 for emergency procedures to close a designated centre. These powers of the Chief Inspector will be used only exceptionally, after careful deliberation, and with the overall aim of ensuring the safety and welfare of the individuals living in the centre.

Each designated centre will be registered for up to three years and an inspection will be carried out as part of the registration process. Other inspections will take place within the registration period. There will be announced and unannounced inspections and some may be triggered by information suggesting that the centre is not in compliance with standards and regulations.

Registered providers are expected to ensure that the centres for which they are responsible comply with all of the standards. However, it is recognised that some standards may not be applied to all services immediately. For example, older premises are unlikely to be expected to immediately conform to the same standards in relation to the physical environment as newly built premises. These matters will be determined following the completion of a Regulatory Impact Assessment (RIA) that will be undertaken by the Department of Health and Children. This will assess the cost and other implications of implementing the standards and regulations.

## 6.2 Services that will be inspected only

Some services for children in care will be registered and inspected and others will be inspected but not registered. Services which will be inspected and not registered do not fall within the definition of a designated centre under the Act. They are:

- » foster care services
- » children detention schools

These services will be inspected against the same standards as the designated centres and reports of these inspections will be sent to the Minister for Children and Youth Affairs. Where inspectors come across situations where these services are not in compliance with the standards, they will make recommendations for improvements to the service provider. The service provider will be expected to put a plan in place setting out how these recommendations will be implemented.

The Authority could recommend to the Minister for Children and Youth Affairs that a service which is not in compliance with standards should close. This would only occur in a situation where there was a significant risk to the safety and welfare of the children and young people.

## 7 The Draft Standards and Criteria

### 7.1 Order of Standards

The draft national standards are grouped into seven sections to reflect the dimensions of a child-centred quality service. They are intended to be considered together. They are not set out in order of priority.

### 7.2 Standards and Criteria

The standards are made up of standard statements and criteria. For ease of use, the criteria are grouped under themes relevant to the standards.

The standard statements describe the desired outcomes for children and young people. The standards are accompanied by an outcome statement which sets out the desired outcome as experienced by the child or young person using the service. It is descriptive of the standard.

The criteria are the supporting statements that set out how a service may be judged, and how it may be determined whether the standard is being met or not. The criteria should be seen as indicative, rather than prescriptive. Inspection against these standards and criteria will take account of the need of service providers to balance competing demands and priorities and to operate within allocated resources.

### 7.3 Residential Centres

Where these standards refer to residential centres they should be taken to refer to all of the residential services referred to earlier. The term includes:

- » children's residential centres
- » special care units
- » residential and respite residential centres for children with disabilities
- » children detention schools
- » hostels for homeless children.

## Section 1: Quality of Life

### Standard 1: Happiness and Wellbeing

**The happiness and sense of wellbeing of each child and young person is encouraged and facilitated.**

#### Outcome:

Each child and young person understands that his/her happiness is a matter of concern to those involved in his/her care.

#### Criteria

- 1.1** Services are provided in a manner that maximises the opportunities for each child or young person to make or sustain stable and long lasting relationships of trust with others.
- 1.2** Each child or young person experiences a sense of belonging to his/her placement.
- 1.3** Each child or young person feels safe and secure in his/her placement.
- 1.4** Each child or young person has a trusted adult to talk to in his/her placement and has a clear understanding of what information must be shared with other professionals.
- 1.5** Each child or young person has a clear understanding of his/her past, through, for example, life story work, and of his/her likely future.
- 1.6** Each child or young person is consulted about, and participates in, decisions about his/her care.
- 1.7** Services are based on a model of care that gives priority to providing opportunities for positive experiences.
- 1.8** Each child or young person enjoys a close and supportive relationship with an adult carer/s who sets appropriate limits as a means of ensuring the safety, happiness and well being of each child or young person.
- 1.9** The positive attachments each child or young person has made before admission are promoted and maintained.
- 1.10** Each child or young person has opportunities for new experiences, to discover and develop his/her talents, and to acquire the skills needed for adulthood and independence.
- 1.11** Each child or young person has opportunities for play, leisure and recreation.
- 1.12** Each child or young person receives a reasonable amount of pocket money.
- 1.13** Professional staff and foster parents demonstrate their respect for each child or young person by listening to him/her and giving careful consideration to his/her point of view, and by taking account of his/her culture and religion.

## Standard 2: Autonomy and Independence

**Each child and young person is encouraged to be independent, in a manner appropriate to his/her age and stage of development.**

### Outcome:

Each child and young person receives encouragement and support to assert age appropriate independence.

### Criteria

- 2.1** Each child and young person is encouraged to exercise choice across a range of daily activities such as buying clothes, saving and spending money, and hobbies.
- 2.2** Each child or young person is given responsibilities, appropriate to his/her age and stage of development.
- 2.3** The area of responsibility entrusted to each child and young person increases with age and maturity.
- 2.4** Each child or young person is encouraged and enabled to develop his/her abilities, aptitudes, skills and interests.
- 2.5** Each child or young person is supported and facilitated to observe the religious practices of his/her family and to give appropriate expression to his/her cultural, ethnic and sexual identity.
- 2.6** Each child or young person is supported and encouraged to understand and to deal with all forms of discrimination.
- 2.7** Each child or young person's achievements are acknowledged and celebrated.
- 2.8** There are clear limits and boundaries that provide each child and young person with a safe base from which to explore his or her world and to take developmentally appropriate risks.

“Each child or young person's achievements are acknowledged and celebrated”





## Standard 3: Privacy and Dignity

**The dignity and privacy of each child and young person is respected and promoted.**

### Outcome:

Each child or young person experiences being respected.

### Criteria

- 3.1** Professional staff and foster parents uphold the privacy and dignity of each child or young person through respecting confidentiality and maintaining appropriate boundaries.
- 3.2** Information about each child and young person is treated as confidential and only shared with third parties on a need to know basis.
- 3.3** Each child or young person has a bedroom to himself/herself unless he/she wishes to share and it is safe and appropriate for him/her to do so.
- 3.4** Each child or young person has access to accurate, relevant and comprehensive information about his/her background and history.
- 3.5** The importance of particular items of significance to each child or young person is recognised and he/she is encouraged and facilitated to retain precious keepsakes.
- 3.6** Personal possessions are respected.
- 3.7** Each child or young person has age-appropriate opportunities to be alone.
- 3.8** Each child or young person receives visitors in private, taking account of safeguarding and security issues and of the particular care setting.
- 3.9** The privacy of each child or young person's personal communications through media such as email, mobile phone and text messaging is appropriate to each child or young person's age, understanding and stage of development and takes account of safeguarding and security issues and the particular care setting.
- 3.10** Any limits to the privacy of each child or young person that have to be imposed for reasons of security in special care units or children detention schools are clearly explained to each child and young person, his/her parents and the other professionals involved in his/her care.

## Standard 4: Important Relationships

**Each child and young person is supported and facilitated to maintain positive contact with family, friends and significant others.**

### Outcome:

The important relationships in the lives of each child and young person are maintained and supported.

### Criteria

- 4.1** The family of each child or young person participates in his/her care, unless there are clearly documented and regularly reviewed reasons why this cannot happen.
- 4.2** Each child or young person is consulted about the important people in his/her life and steps are taken to maintain these relationships unless there are clearly documented reasons not to do so.
- 4.3** Each child or young person is placed close to his/her family, where possible and appropriate.
- 4.4** Siblings are placed together or have opportunities for informal, unstructured contact with each other, where this is not possible and/or appropriate.
- 4.5** Each child or young person's school, social, community and professional networks are maintained.
- 4.6** Parents and/or significant family members are kept informed of, and participate in, key events in the life of each child or young person.
- 4.7** Each child or young person is encouraged and facilitated to use a variety of media to maintain contact with family and friends such as post, phone, text, photographs and email, where appropriate, taking account of safeguarding issues and the particular care setting.



## Standard 5: Daily Life

**There is a structure to the daily life of each child and young person appropriate to his/her needs.**

### Outcome:

Each child or young person's daily life is organised into predictable and flexible routines.

### Criteria

- 5.1** Each child or young person derives a sense of safety and security through regularity and predictability in daily routines.
- 5.2** The routines of the foster home or non-specialist residential centre reflect those that a child or young person might experience in a typical family home.
- 5.3** The routines vary to accommodate each child or young person's needs and interests.
- 5.4** The preferences of each child or young person, his/her dietary requirements and cultural and religious beliefs, are taken into account.
- 5.5** There are opportunities for visitors, friends and family members to join in meals or other activities from time to time.
- 5.6** Each child or young person has opportunities to participate in activities in the community and to develop his/her skills and interests.
- 5.7** Weekends provide a break from weekday routines.
- 5.8** Special occasions are marked and celebrated.

“Each child or young person is placed close to his/her family, where possible and appropriate”



## Section 2: Children's and Young People's Rights

### Standard 6: Information and Advocacy

**Each child and young person has access to information about his/her rights and to an advocate to help him/her to exercise these rights.**

#### Outcome:

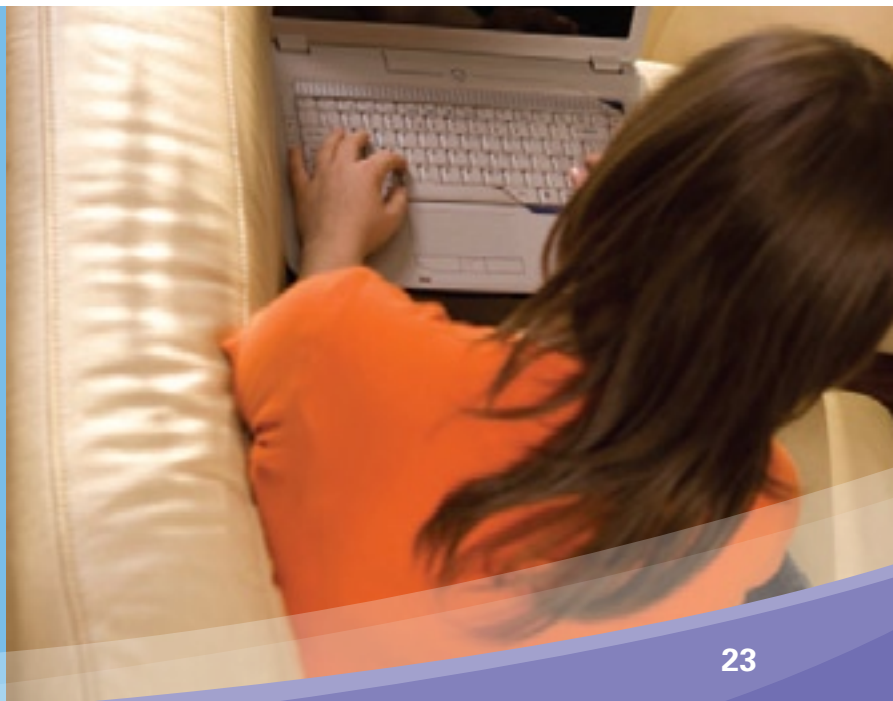
Each child and young person is given information and support to ensure that he/ she can effectively exercise his/her rights.

#### Criteria

- 6.1** All information provided to each child or young person is in an accessible format suited to his/her communication needs.
- 6.2** Each child and young person can access information through a variety of media including newspapers, television or radio and the internet.
- 6.3** Each child and young person and his/her family are given information about services available to them.
- 6.4** Each child and young person has easy access to a trusted adult (parent, key worker, social worker, foster parent or other) who provides information in a manner he/she can understand and who acts as his/her advocate.
- 6.5** The advocate for each child or young person takes account of his/her needs and age and stage of development, as well as his/her wishes.
- 6.6** The advocate encourages and supports each child or young person to express his/her own views and, when appropriate, represents them on behalf of the child or young person.
- 6.7** Each child or young person is given realistic, age appropriate explanations of his/her circumstances.
- 6.8** Each child or young person can access records held by the service provider that relate to him/her. He/she is assisted to correct any inaccuracies in the information held on file and is given appropriate support when accessing sensitive information.
- 6.9** Recording in centres and foster homes is done, wherever possible and appropriate, in collaboration with each child or young person.

- 6.10** Each child or young person can access external sources of information and advocacy such as the Irish Association of Young People in Care (IAYPIC) and the Office of the Ombudsman for Children (OCO).
- 6.11** Service providers ensure that each child or young person in receipt of their services has accurate information about his/her rights as outlined in these standards, namely his/her right to:
- » fair access to services
  - » be treated fairly in the residential centre or foster home
  - » access information about these or other rights
  - » access advocacy services
  - » be consulted and to participate in the decisions making about his/her care
  - » have his/her views heard and acted on, and to make complaints, and
  - » have his/her interests considered as the primary consideration in all decisions made about him/her and his/her care.
- 6.12** The care plan for each child and young person specifically addresses the need for information and advocacy.
- 6.13** Arrangements are made to ensure that the views of each child and young person are adequately represented in court proceedings.
- 6.14** Each child and young person participates in the care planning and review processes. The format of these processes and the timing of meetings take account of the needs and preferences of the child or young person involved.

“All information provided to each child or young person is in an accessible format suited to his/her communication needs”



## Standard 7: Consultation and Participation

**Each child and young person is encouraged and supported to participate in making decisions about his/her life.**

### Outcome:

Each child and young person feels informed and involved in the decisions made about his/her life and care.

### Criteria

- 7.1** Each child or young person has opportunities to participate in, and contribute to, daily life in the residential centre or foster home in an age and developmentally appropriate manner.
- 7.2** The views of each child and young person are listened to with care and respect by foster parents and professional staff. They are taken into account in all decisions about his/her life and care in accordance with his/her age, stage of development and individual needs.
- 7.3** Each child and young person is given time to consider key issues with a trusted adult before a final decision is made. Realistic options are presented and it is understood, and accepted, that each child or young person can and will change his/her mind.
- 7.4** Wherever possible, each child and young person is given opportunities to try out new options before a final decision has to be made.
- 7.5** The views of each child and young person regarding the care he/she is receiving are actively and regularly sought.
- 7.6** The social worker for the child or young person ensures that his/her views are heard and are taken into account at decision making meetings, for example, care plan reviews and family welfare conferences.

“The views of each child and young person are listened to with care and respect by foster parents and professional staff”



## Standard 8: Complaints

**Each child and young person who makes a complaint is listened to and reasonable action is taken to address his/her concern.**

### Outcome:

Each child and young person is confident that he/she will be listened to and steps will be taken when he/she tells the foster parent or professional staff about things with which he/she is not happy.

### Criteria

- 8.1** There is a culture of openness, transparency and continuous improvement that welcomes feedback, the raising of issues and the making of suggestions and complaints by each child and young person and his/her family. These are seen as a valuable source of information and are used to make improvements in the service provided.
- 8.2** Each child and young person understands that he/she can speak in confidence to a foster parent or professional staff. Any limitations to confidentiality are clearly outlined in advance.
- 8.3** Each child and young person understands that there will be no adverse consequences for raising an issue of concern, whether informally or through the formal complaints procedure.
- 8.4** Each child and young person has access to an advocate (see Standard 6) to assist him or her in raising an issue of concern even if he/she does not wish to go through the formal procedure.
- 8.5** Foster parents and professional staff understand that their responsibility to hear the concerns of each child or young person in their care takes precedence over loyalty to colleagues.
- 8.6** The particular difficulties faced by each child or young person with disabilities in making complaints or raising concerns are understood and suitable arrangements are made to address these.
- 8.7** Issues of concern to each child and young person and his/her family are addressed immediately at local level and without recourse to the formal complaints procedure, unless the complainant wishes otherwise.
- 8.8** There is a procedure for the making of formal complaints. This procedure is consistent with relevant legislation, regulations and HSE or IYJS policy and procedures, and takes account of best practice guidelines.

- 8.9** Information on the complaints procedure is available to each child and young person and his/her family, in an accessible and age-appropriate format and outlines how:
- » to make a complaint and to whom
  - » to access an advocate/advocacy service
  - » long the process will take
  - » the person making a complaint will receive feedback
  - » the person making the complaint can appeal a decision if he/ she is unhappy with the outcome
  - » measures required for improvement are put in place.
- 8.10** Each child and young person is given information about how to take his/her complaint outside of the service for resolution, for example, by contacting the HSE/IYJS or the Ombudsman for Children.
- 8.11** Foster parents and professional staff are trained to understand behaviour that indicates an issue of concern or complaint that a child or young person cannot communicate by other means, and to respond to this behaviour in the same way as issues of concern and complaints raised by other means.
- 8.12** A complaints log is maintained by the service provider that includes details of investigations and any action taken. The complaints log is used for continuous monitoring of complaints.
- 8.13** Foster parents and professional staff are aware of their responsibility to hear and deal appropriately with issues raised by each child or young person.

“The complaints log is used for continuous monitoring of complaints”





## Section 3: Keeping Children and Young People Safe and Protected

### Standard 9: Safeguarding and Child Protection

Each child and young person is protected from abuse.

Outcome:

Each child and young person experiences his/her placement as a safe place.

Criteria

#### Promoting Safety

- 9.1** Each child and young person has ready access to a trusted adult in whom he or she can confide.
- 9.2** Careful consideration is given to the views, wishes and concerns of each child and young person, and appropriate action is taken when required.
- 9.3** Each child and young person has information about, and can access:
- » his/her family and friends
  - » his/her social worker, probation officer or other professional involved in his/her care or treatment
  - » external sources of information and advocacy, such as, the Irish Association of Young People in Care
  - » child protection services
  - » the Social Services Inspectorate
  - » the Ombudsman for Children.
- 9.4** Family, friends, advocates and professionals involved in the care or treatment of each child or young person are facilitated to communicate with and visit him/her in his/her placement, consistent with safe care practices and with consideration of the needs of service providers and foster parents.
- 9.5** Each child and young person is assisted to acquire knowledge and skills to avoid dangerous situations and deal with threats to his/her safety.

- 9.6** Each child and young person is encouraged to take age and developmentally appropriate responsibility for the safety and welfare of other children and young people by, for example, acting as their mentor and/or encouraging them to seek adult assistance when their own safety is in jeopardy.
- 9.7** Each child and young person's capacity to protect himself/herself is developed through the encouragement of responsible risk taking.
- 9.8** Each child and young person has a variety of means through which to raise concerns and a variety of people to whom he or she can go to for assistance.
- 9.9** There is a robust system in place for the external monitoring of standards of care, with particular reference to safety and protection from abuse.

### Ensuring Protection

- 9.10** Each child and young person has a care plan that addresses the issue of protection from abuse and identifies:
- » the adults in whom he or she can confide and/or receive assistance
  - » the assistance and supports to be provided in preparation for leaving care and after care, acknowledging this as a time of particular vulnerability,
  - » strategies for management of particular difficulties faced by the child or young person, such as, behavioural problems, self harm, and unauthorised absences.
- 9.11** Each child and young person is protected by safe care practices with regard to:
- » recruitment, selection, training, assignment and supervision of volunteers, staff or carers
  - » the provision of intimate and personal care to those who require it
  - » the duty of each member of staff or foster parent to report any past or current child protection concerns, including those that relate to colleagues and employers
  - » having private access to family and external professionals.
- 9.12** All professional staff and foster parents receive induction and in service training, advice and support to assist them in:
- » preventing, detecting and reporting abuse
  - » understanding the nature of abuse in institutional settings

- » understanding the particular vulnerability of children with disabilities to abuse, with particular reference to those with communication difficulties
  - » understanding and responding positively to inappropriate behaviour
  - » understanding, preventing and responding to peer abuse and bullying.
- 9.13** Each child and young person is protected by clear policies and guidelines for professional staff and foster parents on acceptable and unacceptable approaches to behaviour management.
- 9.14** No child or young person receives any therapeutic intervention that does not form part of his or her care plan.
- 9.15** There is a code of conduct that defines appropriate and inappropriate contact between children and young people and professional staff and/or foster parents.
- 9.16** The families of each child and young person are given information about the service's approach to the protection of children and young people from abuse and the person to contact if they have any concerns.
- 9.17** Child protection concerns are dealt with in an effective manner, in accordance with policies and procedures that comply with relevant legislation, *Children First, National Guidelines for the Protection and Welfare of Children*, other national guidelines, the recommendations of relevant reports and best practice initiatives.
- 9.18** Where a concern arises for the safety of a child or young person reasonable and proportionate interim measures are taken to ensure the safety of all of the children and young people in advance of the outcome of any assessment or investigation of the matter.
- 9.19** Where there is a concern that a child or young person may have been abused the:
- » child or young person is offered counselling and support
  - » family and professionals involved in the child or young person's care and treatment are informed
  - » child or young person and, as appropriate, family are kept informed of the progress and outcome of any assessment or investigation of the matter.
- 9.20** All significant events are notified to the external monitoring officer<sup>5</sup> and, as appropriate, the supervising social worker or probation officer. Significant incidents include:

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5 Monitoring of children's residential centres is required under the Child Care (Placement of Children in Residential Care) Regulations 1995, Part III, Article 17

- » child protection concerns
- » incidents of self harm
- » incidents where a child or young person is absent and at risk
- » use of single separation/ seclusion
- » any form of physical intervention
- » use of medication to control or manage behaviour
- » significant injuries to a child or young person (no matter how caused)
- » formal complaints.

- 9.21** All notifiable incidents are discussed with the child or young person.
- 9.22** All deaths and serious incidents involving children and young people are reported in accordance with legislative requirements and national guidelines<sup>6</sup>.
- 9.23** There are clearly defined procedures, understood by all, for the resolution of allegations of abuse by professional staff and foster parents. These procedures prioritise the safety of children and young people, take account of their need for early resolution of such matters, and ensure that those against whom such allegations are made are treated fairly.
- 9.24** As appropriate to the service provided, and the needs of the children and young people being cared for, there are specific measures taken to provide protection from abduction, trafficking, sale and all other forms of exploitation.

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6 Health Information and Quality Authority (forthcoming): *Guidance for the Review of Serious Incidents, including Deaths of Children in Care*.

## Section 4: Professional Staff and Foster Parents

### Standard 10 (a): Professional Staff

**Each child and young person in a residential centre receives sensitive and personalised care and support from professional staff who possess the appropriate personal qualities, qualifications and skills.**

#### Outcome:

Each child and young person in a residential centre is cared for and supported by qualified staff, who are sensitive to his/her individual needs.

#### Criteria

- 10.1 (a)** All staff are respectful in their dealings with each child and young person at all times.
- 10.2 (a)** All professional staff have essential skills to communicate effectively with each child and young person and maintain adequate records. Training is provided for those working with children and young people with particular communication needs.
- 10.3 (a)** Professional staff are open, transparent and accountable in their dealings with each child and young person.
- 10.4 (a)** Professional staff prioritise being available to each child and young person over other demands on their time and assure each child and young person that they are available when needed.
- 10.5 (a)** Professional staff provide encouragement, support and practical assistance to each child and young person to further their education, interests and goals.
- 10.6 (a)** Professional staff encourage each child and young person to address them by name and not by reference to their role or status.
- 10.7 (a)** Professional staff observe appropriate boundaries in their dealings with each other to ensure that each child and young person understands that ties of loyalty will not interfere with their capacity to hear what a child or young person has to say about another staff member.
- 10.8 (a)** Professional staff with key working responsibilities ensure that, consistent with security considerations, each child or young person for whom they have responsibility is aware of their work rota, informs him/her of any changes to it and ensures that he/she gets individual attention in accordance with his/her needs and wishes.

## Staffing Levels and Qualifications

- 10.9 (a)** The manager of a residential centre holds an appropriate professional qualification and has post qualification experience and training in management.
- 10.10 (a)** Professional staff are appropriately trained and qualified.
- 10.11 (a)** The numbers and skill mix of the staff team in residential centres is determined by reference to the assessed needs of the children and young people resident in the service, the implementation of their care plans, and, the size, layout and purpose of the residential centre.
- 10.12 (a)** There are sufficient professional staff available to ensure the safe care of each child and young person in residential centres and to ensure their safe egress in the event of fire.

## Selection of Staff

- 10.13 (a)** All new employees, agency staff and volunteers are subject to criminal record checks. References are sought and verified before a prospective employee commences work in the residential centre. Confirmation is obtained of their identity, qualifications and, as appropriate, registration with the relevant professional body.
- 10.14 (a)** All professional staff have written job descriptions and a copy of their terms and conditions of employment prior to taking up post.

## Supervision and Support of Staff

- 10.15 (a)** There is a structured staff induction and continuous professional development programme to ensure that those working with children and young people develop and/or retain competence in all areas including:
- » communicating and consulting with children and young people
  - » meeting the changing needs of the children and young people
  - » fulfilling the aims and philosophy and implementing the policies and procedures of the service
  - » understanding their responsibility for the safety and welfare of the children and young people.
- 10.16 (a)** New staff serve a period of probation during which they are required to demonstrate their suitability for the role and willingness to discharge their responsibilities.
- 10.17 (a)** All staff receive professional supervision on a regular basis appropriate to their role and records are kept of this. Supervision involves the staff member accounting for his/her work and provides opportunities for reflection and learning. Where the need for extra supervision and support is identified, this is provided.

- 10.18 (a)** All staff understand and adhere to key policies and procedures including:
- » safe care
  - » complaints
  - » medication management
  - » managing behaviour
  - » provision of intimate and personal care
  - » lifting and moving children and young people with disabilities
  - » child protection
  - » anti-bullying policies and
  - » working with families.
- 10.19 (a)** Professional staff adhere to standards, regulations and legislation in relation to services for children and young people.
- 10.20 (a)** All staff understand their statutory duty to comply with Children First guidelines.
- 10.21 (a)** There is a written code of conduct for all staff. In addition to this, professional staff adhere to the codes of conduct of their own professional body/association and/or regulatory body.
- 10.22 (a)** Details of the professional staff on duty on any given day are available to the children and young people in residential centres, taking account of security issues. Changes to them are kept to a minimum and children and young people are informed of these changes.
- 10.23 (a)** Service providers promote continuity of care and support and the maintenance of appropriate relationships through:
- » attending to the general welfare of professional staff (e.g. Employees Assistance Schemes)
  - » taking steps to support professional staff and ensure their safety
  - » ensuring sufficient staffing levels to avoid the use of agency workers
  - » continuing professional development (e.g. training)
  - » providing opportunities for staff to move between services to follow children and young people who have formed an attachment to them.
- 10.24 (a)** There are exit interviews with professional staff who leave the service to identify factors associated with staff turnover.

## Standard 10 (b): Foster Parents

**Each child and young person in a foster home receives sensitive and personalised care and support from foster parents who possess the appropriate personal qualities, knowledge and skills.**

### Outcome:

Each child and young person in a foster home is cared for and supported by foster parents, who are sensitive to his/her individual needs.

### Criteria

- 10.1 (b)** Foster parents are at all times respectful in their dealings with each child and young person.
- 10.2 (b)** Foster parents have the skills to communicate effectively with each child and young person placed with them.
- 10.3 (b)** Foster parents are open, transparent and accountable in their dealings with each child and young person.
- 10.4 (b)** Foster parents ensure that each child and young person placed with them understands that they are available to them when needed.
- 10.5 (b)** Foster parents provide encouragement, support and practical assistance to each child and young person to further his/her education, interests and goals.
- 10.6 (b)** Foster carers observe appropriate boundaries in their dealings with each child and young person placed with them.

### Assessment and Approval of Foster Parents

- 10.7 (b)** All foster parents, relative and non relative, are assessed and approved in accordance with statutory requirements.
- 10.8 (b)** A child or young person is only placed with foster parents who have been assessed and approved unless placed with unapproved foster parents in situations where:
  - » there are clearly articulated reasons why this is the most appropriate option and these are recorded in the case file
  - » the assessment and approval requirements are clearly explained to the foster parents and they agree to comply with these requirements
  - » the payment of the full fostering allowance is made dependent on the completion of the process
  - » the process of assessment and approval is completed within 16 weeks of placement.



- 10.9 (b)** Where a child or young person is placed with unapproved foster parents in an emergency, references and Garda clearance are sought for all adults living in the household as soon as practicable.
- 10.10 (b)** There is a contract with foster parents in respect of each child or young person placed with them. The contract outlines the support to be provided to the foster parents and the expectations of them, including their participation in training and reviews.
- 10.11 (b)** No more than two children are placed with any foster parent unless special conditions apply, such as, placement of a group of siblings together.

### Supervision, Training and Support of Foster Parents

- 10.12 (b)** A suitably qualified professional, known as a link worker, is assigned to approved foster parents, to supervise their work and provide them with information, advice and support.
- 10.13 (b)** The link worker visits the foster parents on a regular basis and is available to them, for consultation and advice, outside of normal working hours.
- 10.14 (b)** Foster parents undergo initial and ongoing training.
- 10.15 (b)** The ongoing training needs of foster parents are discussed and determined through discussion with the foster parents, their link worker and the social worker for any child or young person placed with them.

### Review of Foster Parents

- 10.16 (b)** The approval status of foster parents is reviewed regularly in accordance with the policy of the service provider but not less than one year after the first placement has been made, and at three yearly intervals after that.
- 10.17(b)** Garda clearance is updated for each review.

“No more than two children are placed with any foster parent unless special conditions apply”



## Section 5: Education, Health and Social Development

### Standard 11: Care Planning and Review

**There is a planned approach to the care and upbringing of each child or young person that takes account of his/her needs, wishes and aspirations for the future.**

#### Outcome:

Each child and young person experiences his/her care as directed towards meeting his/her needs and encouraging him/her to fulfil his/her potential.

#### Criteria

#### Content of Care Plans

- 11.1** The care plan sets out the assessed needs and aspirations of each child and young person and, as appropriate to his/her age and stage of development, the aspirations that his/her family or guardian has for him/her.
- 11.2** The care plan outlines the role of the family in each child's or young person's care and the support services to be provided to the family to facilitate this.
- 11.3** The care plan addresses each child's and young person's need for a stable and permanent home and for a sense of belonging and identity.
- 11.4** The care plan sets out the steps to be taken to maintain and enhance each:
  - » child's and young person's positive attachments
  - » child's and young person's relationships with his/her siblings
  - » child's and young person's membership of his/her community
  - » child's and young person's cultural, linguistic and religious identity
  - » asylum seeking child's and young person's need for clarity in relation to his/her citizenship status.
- 11.5** The care plan takes account of the assessed needs of each child and young person and addresses his/her:
  - » health
  - » education
  - » emotional well-being

- » contact with family and friends
  - » preparation for leaving care
  - » offending behaviour (young people in Children Detention Schools)
  - » any other needs of the child or young person and indicates how these needs are to be met.
- 11.6** The care plan addresses any risks to the safety or welfare of the child or young person and indicates the strategies to address these, such as, supervision of access visits and individual crisis management plans.
- 11.7** The care plan names a key worker for each child and young person.
- 11.8** The care plan outlines the roles and responsibilities of the foster parents and professionals involved in the care and/or treatment of the child or young person. Professionals demonstrate flexibility in ensuring that needs are not left unmet due to narrowly defined roles.
- 11.9** There is continuity in the plans made for the care of each child and young person. Decisions made and the rationale for them are clearly documented.

### Participation in Care Planning

- 11.10** The care planning and review processes are conducted in a manner that ensures the maximum participation of each child and young person and his/her family.
- 11.11** In accordance with his/her age and stage of development, the wishes of each child and young person are reflected in the timing of care planning and review meetings and the sharing of information at these meeting.
- 11.12** Each child and young person can access a copy of his/her care plan. In accordance with his/her age, stage of development and wishes, arrangements are made for its safe storage by professional staff or foster parents.
- 11.13** The key worker of the child or young person or his/her foster parent/s has a copy of the care plan.

### Timing and Review of Care Plans

- 11.14** The care plan is developed before or as soon as practicable after each child's or young person's placement. In the case of an emergency or unanticipated placement, the care plan is developed within seven working days of placement.
- 11.15** The care plan is formally reviewed within eight weeks of placement and every six months after that, or more frequently, in accordance with regulatory requirements and/or the needs of each child and young person.

- 11.16** The care plan review considers:
- » any changes to the needs of the child or young person or to his/her wishes and aspirations
  - » any changes to the circumstances of the child or young person or to his/her placement
  - » whether the child or young person's needs would be best met by return to parental care, by adoption or by moving to an alternative long term placement
  - » whether the care plan requires to be amended in any other way.
- 11.17** An emergency care plan review meeting is convened when there is a threat of placement breakdown. The review considers whether the child or young person's best interests are served by continuing in the current placement and what additional supports can be put in place to ensure this. If the placement is to end, the review determines how this is to be done. A contingency plan is developed to ensure that the child or young person is not without a suitable placement at any point.

### Role of the Social Worker

- 11.18** Each child or young person in the care of the HSE has an allocated social worker.
- 11.19** The social worker for each child and young person ensures that the care plan is prepared, reviewed and implemented in accordance with statutory requirements.
- 11.20** The social worker ensures that professional colleagues involved in the care and/or treatment of each child or young person contribute to the development of the care plan.
- 11.21** The social worker maintains regular contact with each child and young person, his/her family, keyworker and residential manager or foster carer/s and link worker and visits the child in his/her placement as outlined in the care plan but not less than required by regulation.
- 11.22** The social worker of a child or young person in care maintains regular contact if the child or young person is placed in a children detention school in order to ensure continuity of care and of care planning.
- 11.23** The social worker maintains an accurate record of each child's or young person's life in the centre or foster home. It is compiled, stored and retained in accordance with statutory requirements. It contains copies of all care plans and minutes of care plan review meetings.

## Standard 12: Admission to Services

**Each child and young person is admitted to the service that is best placed to address his/her needs and interests as identified in the care plan.**

### Outcome:

Each child and young person understands how his/her placement contributes to his/her overall welfare.

### Criteria

- 12.1** Each child and young person and, where appropriate, his/her parents are given accurate information about placement options that are consistent with the care plan and their preferences are accommodated wherever possible.
- 12.2** Suitable arrangements are made to ensure that each child and young person's admission to the new placement is managed smoothly and in accordance with his or her capacity to assimilate new experiences and understand information.
- 12.3** Each child and young person has an opportunity to visit the proposed placement prior to placement.
- 12.4** Before admission to the new placement, at a time suited to his/her needs, each child and young person is given information, in a format suitable to his/her communication needs, about:
- » the residential centre or the foster home and the foster care service
  - » the roles and responsibilities of the foster parents and/or the professional staff
  - » the expectations of him/ her
  - » his/her rights as outlined in these standards (see 6.11)
  - » the procedure for making complaints
  - » how to make contact with his/her social worker (for children and young people in the care of the HSE).

In the case of emergency admissions this information is shared as soon as practicable.

- 12.5** Clear explanations are offered, and repeated as required, to a child or young person placed in a service against his/her wishes, whether a place of detention or other.
- 12.6** No interim or emergency placement of each child or young person lasts more than six weeks (28 days in a special care unit) without a clearly documented decision to continue with the placement.

- 12.7** There is a written agreement between the person making the referral and the service provider, drawn up with reference to the care plan and in consultation with each child and young person and, where appropriate, his/her family, which sets out the care that is to be provided to the child/young person.
- 12.8** Each child and young person leaves the foster home or the residential centre in accordance with his/her care plan and only when he or she is ready to return home, live independently or the next placement is available. He/she is fully supported through the transition process.
- 12.9** Where appropriate, each child and young person is provided with continuing care into adulthood which includes the option of periodic return to the residential centre or foster home.
- 12.10** A young parent living in a residential centre or foster home receives services, care and support, appropriate to his/her needs and development as a young person and additional support to discharge his/her responsibilities as a parent.

### Standard 13: Preparation for adult life and after care support

**Each child and young person is helped to prepare for adult living, assisted to manage the transition from care, and supported to attain independence.**

#### Outcome:

Each young person experiences the transition to after care and adulthood as a series of graduated steps that are negotiated with assistance from trusted adults, timed in accordance with his/her wishes and abilities, with additional time for adjustment at various stages if required.

#### Criteria

- 13.1** Each child and young person is helped to prepare for adulthood and has opportunities to learn life skills, take developmentally appropriate risks and assume increasing levels of responsibility as he/ she grows older.
- 13.2** Each young person who ceases to be in the care of the HSE on attaining the age of 18 continues to live in his/her placement unless his/her care plan indicates otherwise. Each young person who moves to independent accommodation has opportunities to return to his/her placement for seasonal celebrations, special occasions or when a break from the responsibilities of adulthood is required. Foster parents are given the support necessary to provide this service.

- 13.3** Each child and young person who leaves his/her placement is prepared for this in ways that are appropriate to his/ her age, stage of development, understanding and maturity. The preparation reflects whether the plan is for him/ her to return to his/her family, to live independently or to move to another placement.
- 13.4** Young people preparing for independent living are helped to acquire essential skills, such as, budgeting and routine home maintenance.
- 13.5** The management of transitions, such as leaving care or moving to a new placement, forms part of the overall care plan for each child and young person. The plan identifies:
- » the skills the young person needs and how he/she is to acquire them
  - » a person to assist the child or young person in preparing to move and to provide support after the child or young person has left care and/or his/ her current placement
  - » the informal networks that the child or young person can draw on for support after he/she has left care. As appropriate, the child or young person is assisted to re-establish contact with extended family and friends.
- 13.6** The plan for each young person leaving care identifies:
- » the young person's primary place of residence
  - » the health, medical, financial, housing and any specialist services that will be required and how these are to be accessed
  - » the assistance available in the event of an emergency.
- 13.7** The after care plan for a young parent identifies the supports to be provided to address the needs of the young person, and the additional supports to be provided to help him/her care for his/her children.
- 13.8** The after care plans for young people with learning difficulties, mental health and/or addiction problems identify the services to be provided to them and the arrangements to be made for management of their medication.
- 13.9** Each young person leaving care is given encouragement and financial assistance to access education or vocational training.
- 13.10** The supports and assistance to young people leaving care are available until the age of 23 or longer, as appropriate to the individual's needs and circumstances. The supports continue to be available if the young person declines to engage with the services for a period of time.

## Standard 14: Meeting the Emotional and Behavioural Needs of Children and Young People

**Each child and young person is provided with emotional support and, as appropriate, specialist intervention to address any particular needs assessed as requiring such intervention.**

### Outcome:

Each child and young person with emotional or behavioural difficulties receives understanding and support to manage these difficulties.

### Criteria

#### Emotional and Therapeutic Support

- 14.1** Professional staff and foster parents are aware of, and respond to, the emotional and psychological needs of each child and young person.
- 14.2** Each child and young person is helped to deal with, and appropriately express, feelings of anger, hurt and rejection.
- 14.3** Professional staff and foster parents have access to specialist advice and consultation, as appropriate, to inform their responses to the emotional and psychological needs of children and young people.
- 14.4** Each child and young person has early access to any specialist services he/she requires.
- 14.5** Specialist and/or therapeutic interventions are implemented in accordance with national guidelines<sup>7</sup> and agency policy.
- 14.6** Specialist and/or therapeutic interventions are implemented with the informed consent of each child and young person, or the person acting on his or her behalf.
- 14.7** Specialist and/or therapeutic interventions are implemented and reviewed as part of the care planning process.

#### Behavioural Support

- 14.8** Each child and young person is guided and directed to behave in a manner that is respectful of the rights of others and meets social and cultural expectations.

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7 Children's Act Advisory Board (2009): *Best Practice Guidelines for the Use and Implementation of Therapeutic Interventions for Children and Young People in Out of Home Care.*



- 14.9** An assessment of each child and young person's needs is made on admission to the service. Professional staff and foster parents are given all relevant information required to assist them in supporting the child or young person to manage his/her behaviour.
- 14.10** Each child and young person is minded by professional staff or foster parents who take charge of situations where the child or young person is not in control of his/her own behaviour.
- 14.11** The approach to management of behaviour is tailored to meet the needs of each individual child and young person and is appropriate to his/her age and stage of development.
- 14.12** The approach to management of behaviour of older children and adolescents involves discussion, negotiation and agreement. It aims to assist the young people to understand, and take responsibility for, their own behaviour, its impact and consequences.
- 14.13** Professional staff and foster parents respond positively to inappropriate behaviour by providing emotional support and affirming behavioural norms.
- 14.14** Professional staff and foster parents anticipate situations likely to be experienced as difficult for the child or young person to deal with and put contingency plans in place.
- 14.15** Professional staff and foster parents consult with former carers, parents and family members in order to learn how best to support each child or young person to manage his/her behaviour.
- 14.16** Where sanctions are used they are reasonable, moderate and age appropriate.
- 14.17** As soon as it becomes apparent that a child or young person is experiencing continuing difficulty in managing his/her behaviour, an appropriate intervention plan is agreed and implemented by the members of the care planning group. The intervention is reviewed as part of the care planning and review process.
- 14.18** Professional staff and foster parents have access to extra support when looking after children and young people who present with particularly difficult to manage behaviour. Such support includes:
- » interventions designed to promote good communication between adult and child or young person
  - » guidelines for appropriate responses to particular situations
  - » access to advice/ consultation outside of normal working hours
  - » regular respite breaks for foster parents.
- 14.19** Each child and young person is consulted, in a manner consistent with their age and stage of development, about rules, boundaries and the use of sanctions.

- 14.20** The approach to management of behaviour, use of sanctions and restrictive procedures is monitored by the Health Service Executive / Irish Youth Justice Service.

### Behaviour that Poses a Risk to Safety

- 14.21** Residential centres have a policy for dealing with situations that involve a risk to safety. It takes account of, and is formulated in strict adherence to, international human rights instruments, domestic legislation, regulation, national policy and best practice guidelines<sup>8</sup>.
- 14.22** A requirement to adhere to the service provider's policy on dealing with situations that involve a risk to safety is included in the code of conduct for professional staff of residential centres.
- 14.23** No restrictive procedure<sup>9</sup> is used to manage a child or young person's behaviour unless:
- » it is being used only to ensure the safety of the child or young person or another person
  - » the procedure chosen is one that is expressly permitted in the service provider's policy and it is carried out in strict accordance with that policy
  - » there is clearly documented evidence that less restrictive alternatives have been tried and are not effective
  - » it is subject to a review attended by the professionals involved in the care and/or treatment of the child or young person
  - » if used on more than a single occasion, there is a written plan with goals and timelines to reduce and/or discontinue its use
  - » the child or young person is advised of his/her right to seek advice, including the advice of a legal representative/ independent advocate, in relation to the matter
  - » the intervention is recorded
  - » the intervention is notified to the Social Services Inspectorate within three working days<sup>10</sup>.

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8 Special Residential Services Board (2006): *Best Practice Guidelines in the Use of Physical Restraint*.

9 Restrictive procedures include the following: use of physical restraint, single separation, or administration of PRN medication (as required) to control behaviour. It does not include situations where a child or young person is asked to take some time out in an unlocked room or where the front door of a centre or home is locked at night to prevent a child or young person from leaving without permission.

10 Subject to further consideration.

- 14.24** Professional staff and foster parents take reasonable and proportionate measures to prevent a child or young person leaving the placement without permission. These measures take into account the child or young person's age and stage of development and the degree of risk involved in leaving the placement.
- 14.25** Professional staff and foster parents follow an agreed procedure for notification of a child or young person's unauthorised absence.

## Standard 15: Promoting Good Health

**The health needs of each child and young person are assessed and addressed.**

### Outcome:

Each child and young person lives in a healthy environment where all aspects of his/her health and wellbeing are promoted, his/her health needs identified and services are provided to meet these needs.

### Criteria

- 15.1** There is a comprehensive medical record for each child and young person that follows him/her if and when he/she moves placement or leaves the foster home or residential centre.
- 15.2** Each child and young person's care plan has a section on health which assigns responsibility to a named adult or adults (professional staff or foster parent/s) for ensuring that the:
- » child or young person's medical history is accurate and up to date
  - » care plan details any specific treatments or therapies needed to ensure the child or young person enjoys good physical, sexual, emotional and mental health, and how these are to be obtained
  - » child or young person has regular medical and dental check ups
  - » child or young person knows who he or she can go to for information, advice and support concerning his/her health, sexuality and emotional well being
  - » child and young person and, as appropriate, the child or young person's parents or significant others participate in discussions and decisions about health related issues.
- 15.3** The foster parents or professional staff help each child and young person to live a healthy life style by providing a nutritious and balanced diet, encouraging the child or young person to take regular exercise and by providing age appropriate information and advice on health related issues.

- 15.4** Each child and young person continues to attend the family GP. Where a change is required the wishes of the children and families are ascertained and facilitated and their medical histories are transferred.
- 15.5** Each child or young person has prompt access to the full range of health and welfare services in the community, including, where required, mental health and addiction services.
- 15.6** Each child and young person with particular health needs or a disability including physical or sensory impairment is provided with appropriate support and help.
- 15.7** Where a child or young person requires a mental health service it is provided in the most appropriate setting for that child or young person.
- 15.8** Each child's or young person's social worker ensures there are good links between the health professionals involved in the care and treatment of children and young people. The assessment and planning processes are used to bring direction, integration and coordination where children are undergoing multiple and diverse medical interventions.
- 15.9** There is a medication management policy and procedures that complies with legislative and regulatory requirements and best practice guidelines.
- 15.10** Each young person aged 16 and over consents to medical examination and treatment and there are procedures in place to ensure that consent to medical treatment for those under 16 can be obtained in a timely manner.
- 15.11** Each child and young person is given accurate information about their health needs and medical history and that of their families, in accordance with his/her age, stage of development and individual needs.
- 15.12** Information about each child's or young person's health needs is shared with those, such as professional staff and foster parents, who need to know this information in order to take proper care of the child or young person. It is explained to each child and young person and those receiving the information that it is only to be shared with those who need to know this information.

“Each child or young person has prompt access to the full range of health and welfare services in the community”



## Standard 16: Promoting Educational Achievement

**The educational needs of each child and young person are assessed and addressed and he/she is given the supports required to attain his/her full educational potential.**

### Outcome:

Each child and young person is encouraged and supported to maximise his/her skills and abilities.

### Criteria

- 16.1** Appropriate and achievable educational attainment targets are agreed for and with each child and young person as part of the development of his/her care plan, and the supports necessary for their achievement are put in place.
- 16.2** Each child and young person's care plan has a section on education which assigns responsibility to a named adult or adults (professional staff or foster parent/s) for:
- » making sure the child or young person attends school
  - » providing the child or young person with facilities that are conducive to study, learning and doing homework
  - » giving the child or young person help with homework, school, college or course work
  - » maintaining regular contact with the child or young person's school or course for updates on educational progress
  - » monitoring the child or young person's progress and ensuring that any difficulties identified by the child or young person or his/her school or course are addressed
  - » attending parent-teacher meetings and open days.
- 16.3** Each child and young person with a disability has a specific education plan, as required under the Education of Persons with Special Education Needs (EPSEN) Act<sup>11</sup>.
- 16.4** Each child and young person is encouraged to obtain recognised educational qualifications that will provide opportunities for further education and/or assist him/her in securing employment in the future.
- 16.5** Comprehensive records are maintained of each child's or young person's educational history including schools attended, reports obtained, certificates awarded, assessment reports and any remedial assistance provided.

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11 The EPSEN Act currently applies to children with disabilities under the age of 6. From 2010 it will apply to all children with disabilities up to the age of 18.

- 16.6** Information on each child's or young person's educational experience and social circumstances is shared with schools to enable them to offer appropriate help and support. It is explained to the child or young person and those receiving the information that it is shared only with those who need it.
- 16.7** Particular attention is paid to ensuring that each child and young person is literate and numerate and age appropriate assistance is provided to those who experience difficulties in this area.
- 16.8** Each child and young person is given additional support and appropriate assistance when managing transitions such as changing school or entering higher level education.
- 16.9** The members of the professional network involved in the care of each child and young person work together to ensure that he or she is not excluded from school. Appropriate liaison is maintained with the National Education Welfare Board.
- 16.10** Each child and young person is given opportunities to develop social and life skills and is encouraged and facilitated to develop hobbies and interests.
- 16.11** Young people approaching school leaving age are actively encouraged to participate in third level education or vocational training programmes as appropriate to their abilities, interests and aspirations.
- 16.12** Residential centres for children and young people have an education policy which sets out how it promotes and supports educational attainment.
- 16.13** The service provider links with education authorities and local education providers in order to ensure that the particular needs of children and young people in care and/or detention are assessed and addressed.

“The foster home or residential centre conveys a message of welcome and comfort”



## Section 6: The Physical Environment

### Standard 17: The Living Environment

**The residential centre or foster home is homely, fit for purpose and adapted, as required, to the individual needs of each child and young person living in it.**

#### Outcome:

Each child and young person lives in a comfortable and homely environment.

#### Criteria

- 17.1** The foster home or residential centre conveys a message of welcome and comfort.
- 17.2** Furnishings and facilities are domestic in nature and sufficient for the number of children and young people.
- 17.3** Each child and young person has access to appropriate and accessible indoor and outdoor recreational areas.
- 17.4** Each child and young person has a room to himself/herself unless he/she wishes otherwise and sharing is appropriate to his/her needs.
- 17.5** Photographs of the children and young people are on display to record key events in their lives in the foster home or residential centre.
- 17.6** Each child and young person is involved in decisions about furnishings and decoration.
- 17.7** As appropriate to his/her age and stage of development, and taking account of safety considerations, each child and young person participates in cooking, cleaning and other domestic chores in the foster home or residential centre in order to promote identification with it and to assist in developing life skills.
- 17.8** All bedrooms are equipped with storage for personal belongings and furniture appropriate to the individual's needs, wishes and interests.
- 17.9** The physical environment is adapted to the needs of each child and young person with a disability/ies living there.
- 17.10** The physical environment is equipped with assistive technologies, aids and appliances, appropriate to the needs of each child and young person with a disability/ies living there.
- 17.11** Special care units and children detention schools provide for the safe detention of young people.

## Standard 18: Safety in the Residential Centre and Foster Home

**Safety in the living environment is ensured in a manner that is consistent with a good quality of life.**

### Outcome:

Each child and young person learns about safety.

### Criteria

- 18.1** Each child and young person is helped to identify and deal with routine safety hazards in the home.
- 18.2** Each child and young person is taught routine home maintenance skills.
- 18.3** Each child and young person is encouraged to take responsibility for his/her own safety and that of others, appropriate to his/her age and stage of development.
- 18.4** The person in charge of a residential centre ensures that the centre complies with health and safety legislation.
- 18.5** The staff of residential centres participate in a range of health and safety training programmes, as appropriate to the nature of the service. These include:
  - » fire prevention and fire drills
  - » food hygiene
  - » identifying and dealing with safety hazards
  - » helping the children to learn about personal safety.
- 18.6** All vehicles used to transport children and young people are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and insured.
- 18.7** The physical environment is kept in good decorative order and repairs are carried out promptly.
- 18.8** The physical environment is maintained to a high standard of hygiene and is adequately lit, heated and ventilated.



## Section 7: Governance and Management

### Standard 19: Governance and Management

The service is governed and managed to meet the needs of each child and young person and achieve outcomes for him/her that are consistent with his/her care plan.

#### Outcome:

Each child and young person is provided with a well managed service that provides good value for money and makes best use of available resources.

#### Criteria

#### Governance and Strategic Management

- 19.1** The service is governed to provide a service that is:
- » **child centred;** respectful of and responsive to the rights, needs, preferences and values of children and young people and their families
  - » **safe;** protecting the safety and welfare of the children and young people who use the services and taking steps to ameliorate the adversities the children and young people face
  - » **effective;** drawing on available evidence to achieve the best possible outcomes for the children and young people who use services
  - » **efficient and sustainable;** achieving the best possible outcomes within available resources
  - » **accessible and equitable;** allocating services fairly, based on individual assessed need.
- 19.2** The service provider gathers information in a systematic way in order to:
- » give an account of use of resources and delivery of the objectives agreed with the funding agencies
  - » meet any statutory requirements
  - » anticipate and respond to changing needs.

- 19.3** The service provider monitors the operation of the service. This is done in accordance with applicable statutory and/or regulatory requirements where these apply. Monitoring visits take place at intervals of no less than three months. Reports of such visits are submitted to the service provider and to SSI.
- 19.4** The service provider evaluates the quality of the service at least annually and action is taken to bring about improvements. Evaluations take account of a range of available information including:
- » inspection reports
  - » monitoring reports
  - » investigations of complaints
  - » child protection notifications and assessments
  - » exit interviews conducted with children and young people, foster parents and staff of the service.
- 19.5** The service provider ensures that each child and young person experiences stability and continuity of care by promoting staff and foster parent retention and by avoiding organisational changes and personnel redeployments that impact negatively on the children and young people.
- 19.6** The service provider regularly evaluates the suitability of staff and foster parents, and their capacity to meet the needs of the children and young people.
- 19.7** The service provider has a policy on “whistle blowing” and ensures that there are adequate mechanisms to support staff to report concerns about poor practice.
- 19.8** The service provider takes out adequate insurance in accordance with legislative requirements and sound business practice.
- 19.9** The service provider ensures that there are policies and procedures in place to ensure that staff act in accordance with service requirements. The policies and procedures:
- » comply with the requirements of applicable legislation, regulations and these standards
  - » are developed with input from the children and young people who use the service, foster parents and staff
  - » are indexed and compiled into a policy manual
  - » are dated when issued, reviewed or revised
  - » are systematically reviewed at least every three years.

## Governance of Designated Centres

- 19.10** The centre is registered in accordance with legislative and statutory requirements.
- 19.11** The registered provider, the person in charge and all other persons involved in the management of the centre are fit persons, as defined in legislation and regulations.
- 19.12** The Chief Inspector is notified in writing of any change to the registered provider or person in charge of the centre, prior to or at the time of the change.

## Operational Management

- 19.13** There is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities.
- 19.14** Managers ensure that services are delivered effectively in accordance with legislative and regulatory requirements and in compliance with these standards.
- 19.15** Managers ensure that services are:
- » allocated in an equitable manner, through the application of standardised assessments
  - » flexible and adapted to the particular needs of each individual child and young person
  - » subject to continuing evaluation by managers with the active participation of each child and young person, foster parents and staff of the service.
- 19.16** The person in charge of a residential centre is competent, holds an appropriate qualification in health or social care and has sufficient practice and management experience to manage the centre and meet its stated purpose, aims and objectives.
- 19.17** The person in charge of the residential centre is appropriately supervised.
- 19.18** The person in charge of the residential centre ensures each child and young person and his/her family understands the staffing arrangements, including the reporting structures.

## Standard 20: Purpose and Function

**There is a written statement of purpose and function that accurately describes the service that is provided and the manner of its provision.**

### Outcome:

Each child and young person, foster parents and staff are clear about the service's purpose, what it can offer and how the child or young person will be cared for.

### Criteria

- 20.1** The statement of purpose and function includes:
- » the aims, objectives and ethos of the service
  - » the number of places and level of need that can be accommodated
  - » the services and facilities provided
  - » a list of key policies that inform practice.
- 20.2** The day-to-day operation of the service reflects the statement of purpose and function.
- 20.3** The statement of purpose is available to each child and young person and their families and to those who wish to refer children and young people to the service. The statement is kept under review and updated when necessary.

“Any information about children and young people is treated as confidential”



## Standard 21: Register and Records

**The care of each child and young person is supported by appropriate record-keeping policies and procedures**

### Outcome:

Each child and young person has an up-to-date, comprehensive case file, recording their history and progress, which will contribute to an understanding of his/her life events.

### Criteria

- 21.1** Any information about children and young people is treated as confidential and held securely in accordance with legislative, regulatory and best practice requirements.
- 21.2** There are guidelines for foster parents and staff of residential centres on:
- » what needs to be recorded
  - » the purposes of different types of recording, for example, recording for accountability, recording to ensure the child or young person has a coherent sense of his/her life, and recording to ensure the child or young person gets appropriate medical interventions
  - » how to record
  - » sharing of records with children and young people
  - » storage of records.
- 21.3** Records required for the effective and efficient running of the service are up to date and accurate at all times.
- 21.4** A register is maintained of all children and young people in the service. The register (electronic or hard copy) includes the following information in respect of each child and young person:
- » personal details
  - » date of admission to the service
  - » name and contact details of family members and/or friend/s
  - » name and contact details of each child's or young person's GP
  - » where the child or young person has left the service, the date on which he/she left, the circumstance leading to his/her departure and the address to which he/she moved.

- 21.5** Each child and young person has a file that includes:
- » a copy of his/her independent assessment of need and/or other assessment,
  - » a copy of his/her care plan
  - » arrangements for access to his/her family and/or significant others
  - » any specific guidelines for the care of the child or young person, such as behaviour support and personal care
  - » a copy of the agreement with the registered provider, where applicable
  - » a medical history
  - » a record of any drugs and medicines administered
  - » a record of any significant incident involving the child or young person
  - » a record of any occasion on which any exceptional measure was used to manage his/her behaviour
  - » a record of any formal complaint made by the child or young person or his/her family and the outcome of the investigation
  - » the child and young person's personal preferences including his/her preferred communication method
  - » the records of any allied health or social care professionals.
- 21.6** There is a policy for the storage, retention and destruction of records in compliance with the Data Protection Act 1988 and 2003.
- 21.7** Each child and young person has access to any information about him/her held by the registered provider in accordance with the Data Protection Act 1988 and 2003 and Freedom of Information Act 1997 and 2003. He/she has opportunities to help maintain his/her personal records.

“A register is maintained of all children and young people in the service”



## 8 References

Child Care Act 1991. The Stationery Office, Dublin.

Children’s Act Advisory Board (2009): Best Practice Guidelines for the Use and Implementation of Therapeutic Interventions for Children and Young People in Out of Home Care

Commission of Investigation (2009) Report into the Archdiocese of Dublin

Council of Europe (1950): The European Convention on Human Rights

Council of Europe (2008): Draft Report on the Notion of “Good Governance”. Strasbourg

Data Protection Act 1988 and 2003. The Stationery Office. Dublin

Department of Education and Skills (2006): Care Matters: Transforming the Lives of Children and Young People in Care. HMSO, London.

Department of Health and Children (1999): Children First: National Guidelines for the Welfare and Protection and of Children. The Stationery Office, Dublin.

Department of Health and Children: National Standards for Children’s Residential Centres. The Stationery Office, Dublin.

Department of Health and Children: National Standards for Special Care Units. The Stationery Office, Dublin.

Department of Health and Children (2003): National Standards for Foster Care. The Stationery Office, Dublin.

Disability Act 2005. The Stationery Office. Dublin.

Education for Persons with Special Educational Needs (EPSEN) Act, 2004  
The Stationery Office, Dublin.

Health Information and Quality Authority (forthcoming): Guidance for the Review of Serious Incidents, including Deaths of Children in Care. Cork.

Health Act 2007. The Stationery Office. Dublin.

Joyce C and Quinn E (2009): Policies on Unaccompanied Minors in Ireland, ESRI, Dublin

Irish Youth Justice Service (2008) Standards and Criteria for Children Detention Schools. Dublin: Department of Justice Equality and Law Reform.

Kelleher P (2000): Left Out On Their Own. Oak Tree Press, Cork.

Morgan, R. and Lindsay, M. (2006), *Young Persons Views on Leaving Care*. CSCI, London.

Office of the Minister for Children and Youth Affairs (2007): *The Agenda for Children's Services: A Policy Handbook*. The Department of Health and Children, Dublin.

Office of the Minister for Children and Youth Affairs (2009). *Report of the Commission to Inquire into Child Abuse Report – Implementation Plan*. The Stationery Office, Dublin.

OFSTED (2007): *Narrowing the Gap: The Inspection of Children's Services*. OSSTED, London.

OFSTED (2009): *Life in Children's Homes: A report of children's experience by the Children's Rights Director for England*. OFSTED, London.

Social Services Inspectorate (2006): *The Management of Behaviour: Key Lessons from the Inspection of High Support Units*. Available on [www.hiqa.ie](http://www.hiqa.ie).

SOS-Kinderdorf International (2007), *Quality4Children Standards for out-of-home child care in Europe - an initiative by FICE, IFCO and SOS Children's Villages*. SOS-Kinderdorf International, Innsbruck, Austria.

Special Residential Services Board (2006): *Best Practice Guidelines in the Use of Physical Restraint*. Available on [www.hiqa.ie](http://www.hiqa.ie).

Stein, M (2009): *Quality Matters in Children's Services: Messages from Research*. Jessica Kingsley, UK.

United Nations (1989): *Convention on the Rights of the Child*

United Nations (2009): *Guidelines for the Alternative Care of Children*



## 9 Glossary of Terms

**Abuse:** A single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to the individual or violates his/her human or civil rights.

**Advocacy:** A process of empowerment of the child or young person which can take different forms. It includes helping children and young people to say what they want, secure their rights, represent their interests or obtain the services they need. Children and young people can be helped to advocate for themselves or others can advocate for them, their friends and relations, peers and those who have had similar experiences, and/or by trained volunteers and professionals.

**Advocate:** A person, who may be a relative or friend but who is independent of any aspect of the service or any of the statutory agencies involved in purchasing or providing the service, who acts on behalf of, and in the interests of, the child or young person.

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

**Care plan:** A plan, generated from an assessment, setting out the child or young person's goals and needs and how it is proposed to address them.

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

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

**Emergency admission:** An admission to a residential service that is unplanned, usually precipitated by a crisis.

**Garda vetting:** The practice whereby information is obtained from An Garda Síochána as to whether or not a prospective or existing service provider, foster parent, employee or volunteer has a criminal conviction.

**Governance:** The function of determining the services' direction, setting objectives and developing policy to guide the service in achieving its stated purpose.

**Key worker:** The key worker is a designated person assigned to a child or young person who regularly relates directly with him/her and co-ordinates his /her care.

**Physical restraint:** Any physical intervention or mechanical device that restricts the freedom of movement of the child or young person.

**Policy:** A written operational statement of intent intended to guide staff/ foster parent actions in particular circumstances.

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

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

**Person in charge\*:** The person whose name is entered on the register as being in charge of or managing the residential service.

**Register\*:** The register of residential services established under Part 7, section 41, of the Health Act 2007. In order to be entered on the register, the residential service must be in compliance with regulations.

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

**Recommendation:** A recommendation is made in an inspection report and outlines an action required to bring a residential service into compliance with regulations, standards or a condition of registration.

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

**Risk:** The chance or possibility of danger, loss or injury.

**Risk management:** The culture, processes and structures that are directed towards identifying and minimising actual or potential risk.

**Single separation:** The practice of removing a child or young to a locked room or space as a means of managing behaviour.

**Social Services Inspectorate:** The Social Services Inspectorate, within the Health Information and Quality Authority, headed by the Chief Inspector for Social Services who holds the statutory responsibility for the registration and inspection of designated centres as outlined in Part 7, section 40, of the Health Act 2007.

**Standards and criteria:** A standard is a measure by which quality is judged. It sets out a desired outcome for service users. The criteria are the supporting statements that indicate how a service may be judged to meet the standard.

\* Definitions that are subject to Regulation

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

<b>Deirdre Carroll</b>	Inclusion Ireland
<b>Kathleen Chambers</b>	Young Persons Representative, nominated by Irish Association of Young People in Care
<b>Deirdre Connolly</b>	Focus Ireland
<b>Suzanne Connolly</b>	Barnardos
<b>Mánus de Barra</b>	Office of the Ombudsman for Children
<b>Andy Denton</b>	Health Service Executive
<b>Ineke Durville</b>	Irish Association of Social Workers
<b>Jennifer Gargan</b>	Irish Association of Young People in Care
<b>Paul Harrison</b>	Health Service Executive
<b>Joanne Kelleher</b>	National Federation of Voluntary Bodies
<b>Barbara Kellett</b>	Not for Profit Business Association
<b>Aidan Maguire</b>	Health Service Executive
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<b>Deirdre Mc Teigue</b>	Irish Foster Care Association
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