



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Health Information
and Standards

Background document to support
the development of National
Standards for Children's
Residential Centres
September 2017

Safer Better Care

About the Health Information and Quality Authority

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

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

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

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

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Introduction

Background to the standards

The Health Information and Quality Authority (HIQA) recognises the importance of increasing the quality and safety of care for all children, especially children who are particularly vulnerable and are living away from their families. HIQA has developed draft national standards for children's residential centres to ensure that children living in children's residential centres are provided with child-centred, safe and effective care and support. The draft standards have been informed by the evidence presented in this document. When published, the *National Standards for Children's Residential Centres* will provide residential centres with a framework for best practice in providing safe, high-quality care for children in residential care across Ireland.

When children are unable to live with their families they are placed in foster care or residential care. When children are in residential care, the Child and Family Agency (Tusla), the dedicated State agency responsible for improving wellbeing and outcomes for children, undertakes a parenting role on behalf of the State. Children living in residential care have the right to be safe, to receive child-centred care and support, and to have access to the services and supports they need to maximise their wellbeing and development. Children's residential centres need to be mindful of the developmental needs of children and strive to meet each child's individual needs, while also recognising that these needs will change as each child grows and develops. Children should be treated with dignity and respect at all times, should be supported to participate in decision-making and their views should be considered when making decisions that affect them. Children's residential centres should be homely and reflect an ordinary family home. Residential centres should foster the positive development of all the children who live there.

HIQA aims to promote progressive improvements in the care and support provided to children living in residential care. HIQA is the statutory body established under the Health Act 2007 (as amended) with responsibility for setting standards for health and social care services and ensuring that the standards are being met. At present, all children's residential services are inspected against the *National Standards for Children's Residential Centres* (2001), which are based on the 1995 Child Care Regulations (The Placement of Children in Children's Residential Centres) and the 1996 Child Care Regulations (The Standards in Children's Residential Centres).

Under the current legislative framework, children's residential centres run by Tusla are inspected by HIQA and services run by private or voluntary organisations are registered and inspected by Tusla. The Department of Children and Youth Affairs are currently drafting new regulations which will give HIQA responsibility for the registration and inspection of all children's residential centres.

The transfer of the registration and inspection of all children's residential centres to HIQA is included in Recommendation 1 of *The Ombudsman for Children's Own Volition investigation into the HSE's (now Tusla) registration and monitoring service for private and voluntary children's residential centres* (2015). This investigation found a clear gap in the approach to inspections of these centres between HIQA and Tusla, and recommended that the inspection of these centres and their registration should transfer to HIQA without delay. The transfer was also recommended in Action 39 in the *Ryan Report Implementation Plan (2009)* and Recommendation 8 in the *Ombudsman for Children's Report to the UN Committee on the Rights of the Child* (2015).

Standards development process

A review of international and national literature was undertaken and used to inform the development of the draft standards. This review took account of published research, reviews and investigations in addition to national standards, frameworks, strategies and guidance documents currently in place both in Ireland and in other countries.

The draft standards were developed using HIQA's standards framework. Figure 1 illustrates the eight themes under which the draft standards are presented. The four themes on the upper half of the circle relate to the dimensions of safety and quality in a service, while the four on the lower portion of the circle relate to the key areas of a service's capacity and capability.

Figure 1 Standards Framework:



The four dimensions of quality and safety are:

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

Delivering improvements within these quality dimensions depends on service providers having capacity and capability in four key areas, as follows:

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

The findings from the documents reviewed were grouped by these themes and informed the content of the standards and features within the individual themes. In some instances, more information was available in relation to some themes than others. Where information was not readily available, or deficiencies within specific themes were identified, expert opinion and advice was sought through extensive engagement with stakeholders. HIQA also employed the following methods of engagement:

- HIQA convened an Advisory Group made up of a diverse range of interested and informed parties, including young people with care experience, children's advocacy groups, social care representatives, representatives from Tusla, the Department of Children and Youth Affairs and the Health service Executive (HSE).
- HIQA conducted a series of focus groups with children living in residential centres, parents of children living in residential centres and staff who work with children in residential care. HIQA conducted 16 focus groups in four locations nationally, meeting with 142 participants to discuss their experience of children's residential care and obtain their opinions as to what national standards for children's residential centres should address.

In addition to this, HIQA is undertaking a six-week public consultation process beginning 21 September 2017 and concluding 02 November 2017. Visit www.hiqa.ie

to find out how to take part. All submissions received as part of this process will be reviewed and considered when the draft standards are further revised.

Structure of this report

This document sets out the findings of the research undertaken to inform the development of the National Standards for Children's Residential Centres. It includes:

- **Chapter 2** an overview of the Irish context including existing standards, the legislative framework and reports, guidance and policy framework documents in relation to children's residential care.
- **Chapter 3:** a review of standards, guidance, frameworks and policy documents that are in place internationally.
- **Chapter 4:** the findings of a systematic literature review undertaken to identify and document recently published evidence in relation to standards in children's residential care.

All documents were reviewed and assessed for inclusion in the evidence base to inform the development of the *Draft National Standards for Children's Residential Centres*.

Chapter 2: Summary of the Irish context

2. Overview

This chapter provides the Irish context for the National Standards for Children's Residential Centres in Ireland at the time of drafting the standards. In developing these standards, HIQA's project team took account of the legislative framework, existing national standards and guidance documents (including guidance documents for children), investigations and reviews of serious incidents, and various reports, guidance and policy framework documents relevant to children's residential care in Ireland. A high level summary of each document is included in this chapter.

2.1 Legislative framework

The legislative framework, which governs and regulates children's residential centres include the following pieces of legislation:

- The Child Care Act 1991
- The Health Act 2007
- The Child and Family Agency Act 2013

The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Adults) Act 2012⁽¹⁾ is also of relevance. Under this Act, it is a criminal offence to withhold information from An Garda Síochána (Ireland's National Police Service) in relation to serious, specified offences committed against a child or vulnerable adult.⁽²⁾ The Act requires that any individual, who has evidence that a person has committed a serious offence against a child or vulnerable adult, must provide An Garda Síochána with such information so that the Gardai can investigate the alleged crime.

At the time of publishing this report, the Department of Children and Youth Affairs is also in the process of drafting the following regulations:

- Health Act 2007 (Care and Welfare of Children in Children's Residential Centres) Regulations
- Health Act 2007 (Registration of Designated Centres – Children's Residential Centres) Regulations

2.1.1 The Child Care Act 1991

Under the Child Care Act 1991⁽³⁾, the Child and Family Agency (Tusla) can place a child in residential care. The Act also puts the obligation on Tusla to provide adequate numbers of places in residential centres for children in care. The Act places statutory duties on the HSE as a service provider to identify children at risk, to provide childcare and family support services, and to promote the welfare of children who are not receiving adequate care and protection. Underpinned by the basic principle that the welfare of the child is of paramount importance, the Act obliges the HSE to give due consideration to the wishes of the child and to have regard to the principle that it is generally in the best interests of a child to be brought up in their own family.

In addition to this, the Act also provides for a guardian ad litem service to be offered to children who are the subject of legal proceedings. On 17 January 2017, the Government approved the publication of a General Scheme of the Child Care (Amendment) Bill 2017 and its referral to the Joint Oireachtas Committee on Children and Youth Affairs for pre-legislative scrutiny. The main purpose of the General Scheme is to replace the existing provision in Section 26 of the Child Care Act 1991 with more extensive provisions relating to guardians ad litem. The overall objective is to ensure that the guardian ad litem service can be provided to benefit the greatest number of children and young people, so that their voices can be heard in child care proceedings and that this service will be high quality and sustainable into the future.

2.1.2 The Health Act 2007

The Health Act 2007⁽⁴⁾ makes provision for the reform of the regulation of health and social care services in Ireland, providing for the establishment of the Health Information and Quality Authority (HIQA). It also established a registration and inspection system for residential services for children in need of care and protection. In addition to this, the Health Act 2007 also allows HIQA to set standards in relation to services provided by the Child and Family Agency (Tusla) under the Child Care Act 1991.

To date, HIQA has been responsible for inspecting statutory children residential services managed by Tusla. All private and voluntary children's residential services were inspected and registered by Tusla. However, when the relevant parts of the Health Act 2007 are commenced, HIQA will have responsibility for registering and inspecting all children's residential services (statutory and non-statutory). These amendments to the Health Act 2007 propose to repeal certain sections of the Child

Care Act 1991, so that elements of the previous Regulations (The Placement of Children in Residential Care, Regulations 1995 and The Standards in Children's Residential Centres, Regulation 1996) would no longer have the force of law. When these amendments take effect, the distinction between non-statutory centres and statutory centres (section 8) will be abolished, and a children's residential centre will come under the definition of a 'designated centre' in the Health Act 2007.

2.1.3 The Child and Family Agency Act, 2013

The Child and Family Agency (Tusla) was formally established on 1 January 2014, following the enactment of the Child and Family Agency Act 2013.⁽⁵⁾ Tusla is responsible for improving wellbeing and outcomes for children and has the responsibility for the following range of services:

- Child Welfare and Protection Services, including family support services
- Family Resource Centres and associated national programmes
- Early years (pre-school) Inspection Services
- Educational Welfare responsibilities including School completion programmes and Home School Liaison
- Domestic, sexual and gender based violence services
- Services related to the psychological welfare of children.

Tusla also has a statutory responsibility to provide alternative care services* under the provisions the Child Care Act 1991, the Children Act 2001 and the Child Care (Amendment) Act 2007. Accordingly, Tusla will only take children and young people into care when it has formed the view that, at least for the time being, their health, development or wellbeing cannot otherwise be ensured. Children who require admission to care are accommodated through placement in foster care, placement with relatives, or residential care.

In addition to this, Tusla also has a responsibility to provide aftercare services, adoption processes, as well as providing services for children who are homeless or who are separated children seeking asylum. Tusla should also be informed each time a person has reasonable grounds for concern that a child may have been, is being or is at risk of being abused or neglected.

* Alternative care services include foster care, residential care, special care and aftercare.

2.2 Relevant standards in Ireland

This section sets out national standards, currently in place, that are of relevance to children's residential centres.

2.2.1 National Standards for Children's Residential Centres (2001)⁽⁶⁾

In 2001, the Department of Health and Children (now the Department of Children and Youth Affairs) and the Social Services Inspectorate (now part of HIQA) in conjunction with representatives of the Health Boards (now the Health Service Executive [HSE]) developed these national standards⁽⁶⁾ for the inspection of children's residential centres, both statutory and non-statutory. These national standards and the inspection of children's residential centres are informed by the Child Care Act 1991 and the Child (Residential Care) Regulations (1995 and 1996). The following areas are covered by these national standards:

- purpose and function
- management and staffing
- monitoring
- children's rights
- planning for children and young people
- care of young people
- safeguarding and child protection
- education
- health
- premises and safety issues.

An easy-to-read version of the national standards was also developed for children and young people; *The National Standards for Residential Care – for Young People, Department of Health and Children (2004)*⁽⁷⁾ and *The National Standards for Residential Care – for Children, Department of Health and Children (2004)*.⁽⁸⁾

2.2.2 The National Standards for the Protection and Welfare of Children (2012)

These National Standards⁽⁹⁾ were developed by HIQA to support continuous improvements in the care and protection of children who are receiving child protection and welfare services from Tusla[†] They provide a framework for the

[†] At the time the Standards were developed they applied to HSE Child and Family Services, subsequently replaced by Tusla.

development of child-centred services in Ireland that protect children and promote their welfare.

The legislative framework, which currently governs services for the protection and welfare of children, includes the Child Care Act 1991 and the Health Act 2007. Additional legislation also includes *Children First: National Guidance for the Protection and Welfare of Children* (Children First)⁽¹⁰⁾ legislation and the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Bill 2012.

The National Standards are based on key principles which guide services on how to protect children and promote their welfare. The principles are to:

1. Implement *Children First*⁽¹⁰⁾ in all services to protect children and promote their welfare.
2. Protect children from the risk of harm.
3. Listen to the needs of children and take account of their views.
4. Promote and improve children's wellbeing.
5. Focus on positive outcomes for children.
6. Provide effective governance arrangements with clear leadership, management and lines of accountability.
7. Deliver services to children based on evidence and good practice.

HIQA currently monitors Tusla's child protection and welfare services to measure their compliance with the National Standards for the Protection and Welfare of Children⁽⁹⁾ and its implementation of *Children First: National Guidance for the Protection and Welfare of Children* (2011).⁽¹⁰⁾

2.3 The roles of HIQA and Tusla

This section provides an overview of the inspection and monitoring programmes for children's residential centres in the Health Information and Quality Authority (HIQA) and the Child and Family Agency (Tusla) and documents the findings from a number of inspections of children's residential centres.

2.3.1 Overview of HIQA's monitoring programme

HIQA has engaged in a monitoring programme of statutory children's residential centres since 2012. HIQA monitors children's residential centres using an evidence-based approach aimed at helping service providers to implement and comply with the *National Standards for Children's Residential Centres* (2001)⁽¹¹⁾ and the Child Care (Placement of Children in Residential Care) Regulations 1995.⁽¹²⁾

HIQA currently monitors the 35 statutory children's residential centres in Ireland. The purpose of the monitoring programme is set to provide assurances to the public that service providers are meeting the national standards and are making quality improvements to ensure the protection of children and the promotion of their welfare.

To aid service providers in the monitoring programme, HIQA developed a guidance document in 2017⁽¹³⁾ on the monitoring programme for the children's services it regulates. The document was developed for all services relating to children including children's residential services. This document is a revised version of the 2014 guidance for providers on the monitoring programme for regulated services for children.⁽¹⁴⁾ It highlights the approaches used in the monitoring programme, such as thematic inspections.

Thematic inspections relate to a particular issue and aim to raise the quality of children's services under a predetermined theme or themes. Three annual overview reports of inspection findings from 2012,⁽¹⁵⁾ 2014⁽¹⁶⁾ and 2015⁽¹⁷⁾ show consistent areas of compliance against the standards and regulations and also highlight areas where improvements are needed within services. Children with behavioural issues often pose a challenge for residential services and managing such behavioural issues remains a required improvement in certain residential centres.

Similar to HIQA's monitoring programme of registering and inspecting statutory children's residential services, Tusla also have responsibility to monitor a number of voluntary and private children's residential centres. Tusla currently register 83 private residential centres and 26 voluntary residential centres, using a monitoring process. They also register and inspect private and voluntary residential centres and report findings of compliance against both the *National Standards for Children's Residential Centres* (2001) and the Child Care (Placement of Children in Residential Care) Regulations 1995 to safeguard young people's wellbeing and interests in residential care.

2.3.2 Overview reports of children's inspection activity findings

This section provides an overview of HIQA's inspection reports on children's services in 2012, 2014, and 2015. These reports represent inspection findings across all children's services such as foster care, child protection and welfare services, special care units, designated centres for children with disabilities and detention centres; however, this document will focus on the findings in relation to children's residential centres. Findings from each overview report are discussed in-depth, including areas of compliance met by centres and areas where improvements are required.

2.3.3 Overview of findings of 2012 children's inspection activity: foster care and children's residential services

The 2012 children's overview report presented findings from inspections of 33 residential centres for vulnerable children, mostly aged between 12 and 18 years.⁽¹⁵⁾ Monitoring of compliance in 2012 was measured against the *National Standards for Children's Residential Centres* (2001).⁽⁶⁾

Overall the 2012 report⁽¹⁵⁾ found that services had demonstrated that they were meeting many of the standards and high-compliance rates were found across areas such as consulting with children; maintaining contact with families; providing food and cooking facilities; respecting culture, region and gender; maintaining the register of the children living in the centres; and maintaining children's educational needs and health.

However, the report⁽¹⁵⁾ also identified 'considerable challenges for children's residential services and that improvements were still required'. Non-compliance was found across areas relating to management and governance in the report⁽¹⁵⁾ it was recommended that a proactive national strategy should be developed by the HSE. The system was found to be under significant pressure in certain aspects, and in some instances, these pressures were placing children at risk.⁽¹⁵⁾ For instance, the report⁽¹⁵⁾ identified a number of centres that were experiencing issues in the area of managing behaviour that challenges, with evidence that children were engaging in significant risk-taking behaviour across centres where risk assessments or crisis intervention plans were not in place. In addition, the 2012 report also identified that a number of centres also lacked staff training and knowledge in areas such as child protection and fire prevention, highlighting that improvements were required within both areas.

In conclusion, it was hoped that the aggregated findings and analysis contained within the report⁽¹⁵⁾ would allow the HSE to 'address deficits, make changes at a corporate level and address common themes which emerged during 2012, in order to improve the quality and safety of residential services provided to children'.

2.3.4 Annual report of the regulatory activity of the Health Information and Quality Authority: Children's Services 2014

This report summarises the overall findings from inspections of 22 children's residential centres, including one high support unit, carried out in 2014.⁽¹⁶⁾ HIQA inspectors undertook 10 thematic inspections to examine the quality of residential services when they work with children with behaviour that challenges. These inspections were measured against the *National Standards for Children's Residential Centres* (2001) and Child Care (Placement of Children in Residential Care) Regulations 1995. In addition to the standards and regulations, inspectors also consulted with two other important documents which apply to all children's services: the United Nations (UN) Convention on the Rights of the Child (1990) and *Children First: National Guidance for the Protection and Welfare of Children* (2011).

2014 inspection findings were presented under three themes:

- Child-centred Services
- Safe and Effective Services
- Governance, Leadership and Management.

The 2014 report⁽¹⁶⁾ identified high rates of compliance across the themes Child-centred Services and Safe and Effective Services. In many of the centres, inspectors found that the quality of child-centred practices was high. Children were aware of their rights and information about their rights was readily available. Children participated in care planning meetings, were consulted about the running of centres and supported in accessing records and making complaints if there were unhappy. Practice in relation to managing, recording and resolving complaints was generally of a high standard.⁽¹⁶⁾ In addition, it was also noted that 'the majority of children were in full-time education and supported to achieve their educational potential' and 'they also had up-to-date care plans that guided and informed their lives' within the service.

However, the report⁽¹⁶⁾ also raised a number of concerns from inspections carried out. These included the unequal provision of aftercare services, a lack of behavioural management programmes and in some cases 'children were admitted to centres even though their needs exceeded the capability of the staff team'. The report also

identified other challenges across centres such as insufficient leadership, a lack of behavioural management, infrequent supervision of staff members and inadequate policies. In response to these findings, the report⁽¹⁶⁾ concluded that the Child and Family Agency (Tusla) intended to manage residential services nationally, through a national director of children's residential services in 2015. It was hoped that this would provide 'a needs-led responsive service' for the children living in state-provided care.

2.3.5 Annual overview report on the inspection and regulation of children's services 2015

During 2015, inspectors carried out 23 inspections of children's residential centres, 10 of which were thematic inspections, again looking at:

- Child-centred Services
- Safe and Effective Services
- Leadership, Governance and Management.

The annual overview report presents the findings of these 10 inspections.⁽¹⁷⁾ In this report,⁽¹⁷⁾ high rates of compliance were identified across all three themes. Many of the inspections found that 'the overall quality of the care provided was good' and 'there was evidence of opportunities being created in centres for children to reflect on their behaviours'. Compliance was also found in relation to Safe and Effective Services, specifically with staff showing evidence of 'good working relationships with social workers with systems in place to report child protection and welfare concerns to social work departments'. A number of centres also found to have a 'model of care or an approach that guided staff in their work with children'.

However, of particular concern in the report⁽¹⁷⁾ was that 'the lack of centres meeting the safeguarding and child protection requirements', while other centres 'did not have a system in place to audit or review significant incidents involving children'. In addition to this, it was also found that 'none of the centres inspected met the standard related to management (Standard 2 of the 2001 national standards)⁽⁶⁾ and some centres inspected did not have a 'particular approach' or model of care' to follow, in order to guide staff working with children'.

In conclusion, the report⁽¹⁷⁾ outlined a number of areas for Tusla to address under the three themes of Child-centred Services; Safe and Effective Services; and Leadership, Governance and Management with an aim to help bring about improvements in the care and support provided to children in state-provided services.

2.3.6 Overview of the Child and Family Agency (Tusla)

The Child and Family Agency (Tusla) is the dedicated state agency responsible for improving wellbeing and outcomes for children. Tusla operates under the Child and Family Agency Act 2013. Under this Act, Tusla's remit includes the following:

- supporting and promoting the development, welfare and protection of children, and the effective functioning of families,
- offering care and protection for children in circumstances where their parents have not been able to, or are unlikely to, provide the care that a child needs. In order to discharge these responsibilities, the Agency is required to maintain and develop the services needed in order to deliver these supports to children and families, and provide certain services for the psychological welfare of children and their families,
- responsibility for ensuring that every child in the State attends school or otherwise receives an education, and for providing education welfare services to support and monitor children's attendance, participation and retention in education,
- ensuring that the best interests of the child guides all decisions affecting individual children,
- commissioning services relating to the provision of child and family services.

Under the Child Care (Placement of Children in Residential Care) Regulations 1995, Tusla has functions in monitoring voluntary and private children's residential centres. They also register and inspect residential centres under their inspectorate service, which was created under legislation set out by the Child Care Act 1991.⁽¹⁸⁾

2.3.7 Tusla's monitoring programme

Tusla's monitoring programme is measured against the Child Care (Placement of Children in Residential Care) Regulations 1995 and the *National Standards for Children's Residential Centres* (2001). Under the 1995 regulations, the task of monitoring compliance falls with the monitoring officer.⁽¹⁹⁾ The monitoring officer measures levels of compliance with child care regulations under the following headings:

- Care practices and operational policies
- Staffing

- Accommodation
- Education
- Access arrangements
- Healthcare
- Religion
- Provision of food and cooking facilities
- Fire precautions
- Safety precautions
- Insurance
- Notification of significant events
- Records.

As stated in the regulations, the monitoring officer is required to visit centres from 'time to time'. The monitoring officer also assesses compliance against Standard 3 of the *National Standards for Children's Residential Centres (2001)*. The aim of the monitoring process is to support best practice and the provision of the highest standards of care, and to promote the rights and welfare of young people as paramount at all times.⁽¹⁹⁾ Standards of care are assessed through gathering information. Such information can be received through interviews and meetings with the centre's management, staff members and young people, analysing case files and centre records and contact with guardians, social workers and other professionals involved in the service.

2.3.8 Tusla's inspection process

The inspectorate service of Tusla⁽²⁰⁾ registers and inspects children's residential services that are managed by voluntary organisations and those in the private sector. The inspection process is carried out to safeguard the wellbeing and interests of children and young people living in residential centres. The *National Standards for Children's Residential Centres (2001)* provide the framework against which inspections are carried out and set the criteria against which a centre's structures and care practices are examined.

Registration of a children's residential centre is decided based on an inspection assessment against the standards and regulations and on the perceived ability of the centre to meet the requirements of the standards and regulations on an ongoing basis. In cases of repeated failures to meet and maintain the standards, or where the wellbeing of young people is at immediate risk, the centre can be removed from the register and closed.

Reports are developed based on inspection findings. Each report details an analysis of findings for each of the 10 standards. In order to comply with the standards, the centre’s management is responsible for addressing any actions identified as required in an inspection report. The centre’s management are required to complete a detailed response and timetable of the actions they propose to take in response to the findings of their report. All action plans, and their implementation, are assessed by Tusla inspectors.

2.4 Reports, guidance and policy documents

An overview of reports, guidance and policy documents relevant to the care and support provided in children’s residential centres is outlined in this section.

2.4.1 Children First: National Guidance for the Protection and Welfare of Children

The *Children First: National Guidance for the Protection and Welfare of Children* (Children First)⁽¹⁰⁾ was published by the Department of Children and Youth Affairs in 2011. The main aim of Children First is to assist people in identifying and reporting child abuse and neglect and how to deal effectively with concerns.

The key principles underpinning this guidance include:

- The welfare of the child is of paramount importance and early intervention and support should be available particularly to children who are vulnerable.
- The rights and needs of the parents and family must be respected but the welfare of the child comes first.
- Children have the right to be heard, listened to and taken seriously.
- Parents have the right to respect and should be consulted in all matters concerning their family.
- Factors to be considered when protecting the child include their age, race, gender, stage of development, religion, culture, circumstances and race.
- The criminal dimension of age action should not be ignored.
- Children should only be separated from parents when all other means of protecting them has been exhausted.
- Children should only be separated from their parents/carers when all other means of protecting them have been exhausted and reunion should be considered when planning the child’s future.

The prevention, detection and treatment of child abuse requires a coordinated multidisciplinary approach, effective management and training of personnel working with children.

Consistent with the principles of *Children First*, every organisation (both public and private) that is providing services for children or in regular direct contact with children should:

- ensure best practice in the recruitment of staff and volunteers including Garda (police) vetting, taking up references, good human resources (HR) practices in interviewing, induction training, probation and ongoing supervision and management; ensure that staff members or volunteers are aware of how to recognise signs of child abuse or neglect;
- ensure each member of staff is aware of how to recognise signs of child abuse or neglect;
- develop guidance and procedures for staff and or volunteers who may have reasonable grounds for concern about the safety and welfare of children involved in the organisation, it is the responsibility of each organisation to ensure such guidance and assurances are in place and identify a designated person to act as a liaison with outside agencies and a resource person to any staff member or volunteer who has child protection concerns.

The document provides definitions of each type of abuse; neglect, emotional abuse, physical abuse and sexual abuse, as well as guidelines for recognising abuse. The guidance recognises that some children are more vulnerable than others such as those separated from their parents or guardians, and who depend on others for their care and protection. It highlights that abuse can take different forms, for example it can be in the form of deprivation of basic rights, harsh disciplinary regimes or the inappropriate use of medicines or physical restraints.

The guidance also outlines the standard reporting procedures to be used in passing information on child protection concerns to the statutory authorities. The importance of a coordinated response from all professionals and organisations involved with a child and or their parents is also highlighted. A chapter entitled 'Special Considerations' provides additional guidance on children who may be especially vulnerable, who may have been abused or neglected, or who are at risk of abuse or neglect. These include children in residential settings; children in the care of the State under the Child Care Act 1991 in foster care, in residential care, in relative care; children who are homeless; children with disabilities; separated children seeking asylum and children being trafficked.

All those involved in caring for children in residential settings, including those caring for children in educational and recreational settings, outside of the home must be alert to the possibility of abuse by other children, visitors and members of staff. Policies and procedures aimed at preventing abuse must be in place. There must be clear written procedures on how to deal with suspected abuse. These must be accessible to children and staff. When a child has been abused by another child in a residential setting, child protection procedures should be applied to both the abuser and the victim. The following recommendations are set out:

▪ **In order to safeguard children in residential settings, the following measures should also be in place for children:**

- a complaints system should be in place and children should be told about it and how to use it if they need to;
- children should have easy access to a telephone where they can speak privately;
- children should be made aware of telephone helpline numbers and approved visitors from outside the residence should be available to see the children.

▪ **The possibility of abuse by visitors must be recognised and protected against.** If such abuse occurs, it should normally be dealt with in the same way as other incidents of suspected abuse. Children and staff must be able to report their concerns if there is abuse or neglect by residential staff. There should be clear written guidance on reporting suspected abuse or neglect. The need to be vigilant and to report concerns should be reinforced through training and supervision.

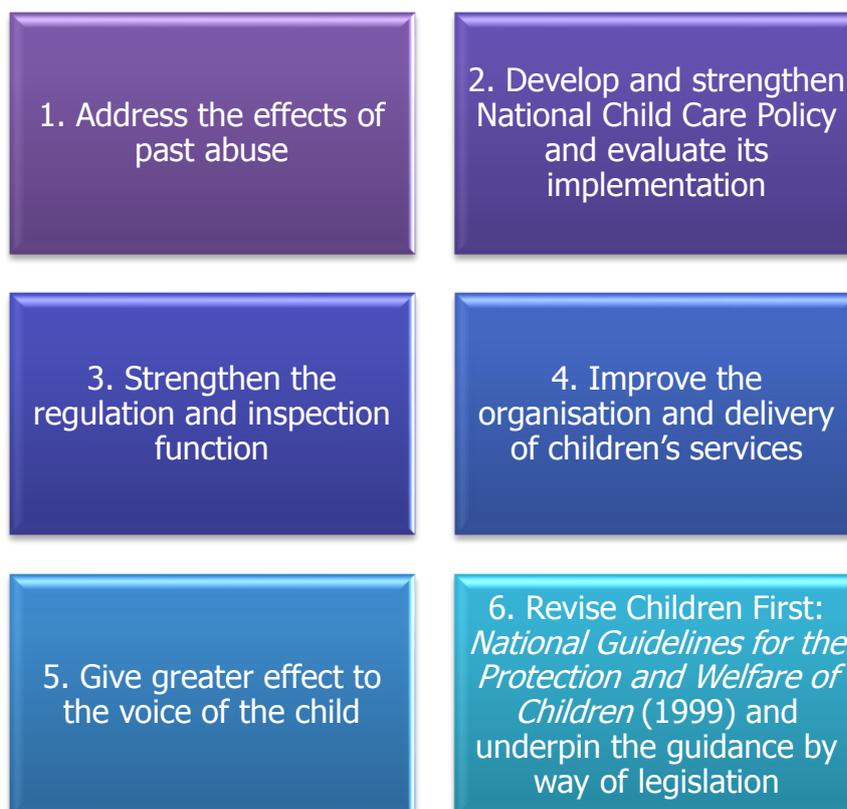
▪ **Children and staff need to be reassured that raising concerns is important.** Management should respond to all reports of a concern quickly and appropriately, and ensure that the most effective action is taken. A written record of the report should be confirmed with the person who reported the concern. There should be clear procedures on what the child or member of staff should do if they feel that inappropriate or insufficient action has been taken.

▪ **Interdisciplinary and interagency cooperation** is essential in order to promote the welfare of children. This is an essential element in the professional task of protecting children from abuse. All agencies involved with children should participate in interagency training programmes. Training in child protection and welfare is also needed for residential care staff, foster carers and family support workers. Social work teams in the HSE are

encouraged to support the development of interagency and multidisciplinary training for all staff engaged in child protection work and to provide places on their training courses for non-HSE staff.

2.4.2 Report of the Commission to Inquire into Child Abuse (Ryan Report)⁽²¹⁾ 2009 and Implementation Plan⁽²²⁾

In 2009, the Report of the Commission to Inquire into Child Abuse Implementation Plan⁽²²⁾ was published following a 10-year inquiry. In this report, the Commission collated the litany of terrible wrongs inflicted on children who were placed by the State in residential institutions run by religious orders in the past. The report precipitated a review of the current organisation and delivery of child welfare and protection services nationally. The Ryan Report⁽²¹⁾ set out 20 recommendations which focused on government departments and institutions responsible for services in the period in question. Following the Ryan Report, the government set out an Implementation Plan in July 2009, outlining a very necessary programme of actions for the various State bodies involved in the provision and oversight of services for children. In this Implementation Plan, a comprehensive set of 99 actions were set out to address the series of 20 recommendations of the Ryan report and these were grouped thematically into six categories and are designed to:



In relation to children in the care of the State, this report provides an overview of children in care, detention and at risk. It also presents various recommendations, and current positions and actions required to be taken for these recommendations. One such recommendation set out in the Implementation Plan was that under the Health Act, HIQA will undertake independent inspections of all children’s residential centres and foster care.

The Implementation Plan recognised that similar recommendations contained in the Ryan Report were also contained in previous reviews, inquiry and inspection reports. However, despite best efforts and various service improvements, some children continue to be failed by the services made available to them. The Implementation Plan states that in order to implement the recommendations, the following are required:

- leadership that places children as central to all actions;
- good governance of organisations;
- sufficient staff and foster placements, with adequate skills, competencies and other resources;
- availability of a multidisciplinary team for children in high support and special care, and in detention;
- agencies working together as ‘corporate parents’ to provide ‘wraparound’ services for children and young people in care.

In addition to this, implementation of the actions as outlined in the government’s Implementation Plan was overseen by a high-level group known as the Ryan Implementation Monitoring Group. Comprised of a number of key representatives and chaired by the Minister for Children and Youth Affairs, this group developed four progress reports which were presented to the government annually and subsequently laid before the Oireachtas. The most recent report is the *Ryan Report Implementation Plan - Fourth Progress Report (2014)*.⁽²³⁾ This report acknowledges the significant progress made in relation to child welfare and protection over the lifetime of the Implementation Plan. In summary, 94 of the 99 actions were completed or implementation was ongoing at the time of the 2014 progress report being published. The details of the next steps in relation to the five actions not yet completed are also outlined in the report.

Overall, the Ryan Implementation Monitoring Group acknowledged that significant progress had been made in the five years since the publication of the Ryan Report and that the work of the group has helped to foster a culture of openness and cross-departmental and agency working towards listening to children, acting to prevent abuse and supporting victims.

2.4.3 Own Volition investigation into the HSE's (now Tusla – the Child and Family Agency) registration, inspection and monitoring service for private and voluntary children's residential centres 2015

The role of the Ombudsman for Children's Office is to provide an independent and impartial complaints handling service. Under the Ombudsman for Children Act 2002 and the Ombudsman Amendment Act 2012, the Ombudsman may investigate the administrative actions of a reviewable agency, school or voluntary hospital where it appears that the action has or may have adversely affected a child. Complaints are also received directly from children, young people or from adults on a child's behalf.

In 2013, the Ombudsman for Children undertook an investigation into the registration, monitoring and inspection of voluntary and private residential centres for children in the care of the State. At the time the report was published report,⁽²⁴⁾ HIQA was responsible for the inspection of statutory children's residential centres. The HSE registered and inspected non-statutory children's residential centres. Since its establishment in January 2014, Tusla has taken over the role of registering and inspecting non-statutory children's residential centres.

The Ombudsman for Children's Office's investigation report provides an overview of Tusla's process and structure for conducting registration, inspection and monitoring of services for non-statutory children's residential centres, and highlights the lack of a standardised approach in these functions across the different regions.

One of the main issues identified in this report was that centres were re-registering despite inspections revealing that the centres had not met the standards and regulations. As such, the monitoring process was not working. Other issues included the lack of policy on access to inspection reports, the time periods between registration and inspection, the gap between the national and local policies on monitoring and implementation, and the lack of consistency in monitoring approaches across regions. It was also reported that Tusla lacked a sufficient level of independence in relation to inspection, as it was also responsible for the planning, commissioning and procurement of these services.

The Ombudsman for Children's Office found that Tusla's administrative actions in relation to registration, inspection and monitoring of non-statutory children's residential centres comes within the scope of Section 8 of the Ombudsman for Children Act 2002, that is to say;

Section 8 (a): the actions of the Department has or may have adversely affected a child,

Section 8 (b) (vi): the actions of the Department has been based on an undesirable administrative practice and (vii) contrary to fair and sound administration.

The investigation also highlighted issues with the use of the 10 standards from the *National Standards for Children's Residential Centres* (2001)⁽¹¹⁾ as a template for inspection reports. This included:

- The registration of centres is governed by the Child Care Act and the associated regulations. Centres are expected to comply with Regulations 5 to 16 and failure to register a centre must be based on these regulations only.
- The National Standards contain standards and criteria, some of which are beyond the control of proprietors and managers of private and voluntary centres. In particular, the standard on monitoring and some of the criteria relating to Planning for Children in Care – these are care plans, reviews of care plans and the social work role. It would not be possible to refuse registration or discontinue registration if these standards and criteria were not met as registration is based solely on the regulations.
- Registration reports should focus on the requirements of the legislation and regulations.

Based on the findings of the investigation, the Ombudsman for Children's Office concluded that the inspection of non-statutory children's residential centres carried out by Tusla did not provide sufficient level of independence in relation to inspection, as they are responsible for the planning, commissioning and procurement of these services. In addition to this, it was advised that the responsibility of this function should be transferred to HIQA. Given the issues identified through this investigation and the importance of ensuring that all children in the care of the State receive the same standard of care and inspection, the Ombudsman for Children's Office also highlighted the importance that the transfer of these functions to HIQA is progressed without delay.

However, in advance of the transfer occurring, the government made a decision in 2010 to alter plans for HIQA to take over as the independent inspectors of children's residential centres and this was included in the annual report of the Implementation Plan,⁽²³⁾ as presented before the Oireachtas. The government prioritised the independent oversight of child protection services and residential services for children with disabilities in advance of commencing legislation to allow for HIQA to regulate all residential services.

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

In April 2015, the Ombudsman for Children's Office published an independent report⁽²⁵⁾ to the UN Committee on the Rights of the Child and his experiences to date since Ireland ratified the UN Convention on the Rights of the Child (UNCRC) in 1992. This report was primarily informed by the statutory investigations undertaken by the Ombudsman for Children's Office. It reflects the trends emerging from the complaints made to Ombudsman by, or on behalf of, children. It also refers to the advice given by the Ombudsman to government on legislative changes affecting children and the Ombudsman's direct engagement with children and young people. In addition, this report contains excerpts from a complementary publication entitled *A Word from the Wise*, which sets out the stories behind seven cases that have been examined or investigated by the Ombudsman for Children's Office and that highlight systemic issues affecting children in Ireland.

Among the issues raised in the Ombudsman for Children's report are education; embedding a culture of children's participation and children's right to be heard in relevant legislation; homelessness among children; child protection; mental health services for children; and direct provision. Recommendations were made in the areas of:

- Children's rights
- HIQA's inspection mandate
- Children in care of the state
- Aftercare services.

Children's rights

This report recommends that the State should ratify all the major human rights instruments and other instruments that the UN has recommended that States

become party to. Although Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020 contains a commitment to ensure that Ireland's laws, policy and practice are compliant with the principles and provisions with the UNCRC and its Optional Protocols, the policy framework does not contain concrete commitments that would secure greater alignment between Irish legislation and the Convention. In 2011, the Ombudsman for Children's Office published a children's rights analysis on a reflective sample of its investigations. The findings of this analysis indicated a lack of awareness among public bodies of children's rights as recognised by international instruments. It recognised a failure by public bodies to rigorously apply the best interest principle and to ensure that children's views are appropriately considered in the context of decision-making; and deficits in awareness as regards to the impact of decision-making on children and how quickly harm can be done to children. Accordingly, the analysis highlighted the need to prioritise children's rights training for all relevant public bodies, including professionals working with children and those making decisions that impact on children, either directly or indirectly.

HIQA's inspection mandate

- **Recommendations 7 and 8:** the State should implement the outstanding recommendations contained in the Ombudsman for Children's review of the operation of the Ombudsman for Children Act 2002 which provides for the independent inspection by HIQA of all residential children's services, foster care services, as well as residential and respite services for children with disabilities.

Children in care of the State

A significant proportion of complaints examined by the Ombudsman for Children's Office are made by or on behalf of children in the care of the State. A number of recommendations were made in this report relating to children and young people in alternative care.

- **Recommendation 34:** the State must ensure that the systemic deficits highlighted by the Ombudsman for Children's Office's investigations into Ireland's services for children in alternative care are fully addressed.
- **Recommendation 35:** the State should develop its special care services further in order to prevent the need for placing children outside their jurisdiction.

- **Recommendation 37:** the State should ensure that the forthcoming legislation on aftercare broadens the relevant eligibility criteria, particularly with respect to young people who have experienced homelessness and received services under section 5 of the Child Care Act 1991.
- **Recommendation 38:** the State should develop a dedicated cross-sectoral action plan for the education of children in care, which recognises and addresses the additional challenges facing this group of young people. This is in response to the Ombudsman for Children's Office's 2013 published research on the education of children in care in Ireland. One of the findings of the study was that there needs to be an explicit public policy commitment to promoting educational opportunities – as regards access, participation and attainment in education – for children in care.

2.4.5 Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020

In 2014, the Department of Children and Youth Affairs launched *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020*.⁽²⁶⁾ This policy framework builds on the previous National Children's Strategy, *Our Children – Their Lives* (2000-2010), which was the first statement by the government that outlined the requirement for a coherent and common approach for children's lives across all policy areas. The purpose of the 2014 – 2020 framework is to coordinate government policy by achieving five national outcomes and to identify areas that have the potential to improve these outcomes for children and young people (aged 0-24 years).

The five outcomes include that children and young people:



The framework identifies six transformational goals that have the potential to improve outcomes and transform the effectiveness of existing policies, services and resources:



The framework highlights that high-quality and effective services include services that are outcome-focused and are informed by evidence; address multiple aspects of need; are of sufficient intensity to be effective; are built on strengths and empower families; and work with the child or young person as an individual and as part of a family and a community. High-quality and effective services must be rooted in and work in partnership with the community, have a strong commitment to participation and actively engage with children, young people and families. High-quality and effective services must be delivered by well-trained and supported staff and volunteers; have effective quality assurance systems; have strong leadership and appropriate organisational structures, culture and clear strategic direction; and have interagency working and active collaboration and communication.

One of the government commitments in working towards this goal is to support the independent inspection of children’s residential centres and public reporting by bodies such as HIQA and Tusla to ensure compliance with the *National Standards for*

Children's Residential Centres (2001), such as child protection, foster care, residential care, disability, detention schools and preschools. In addition to this, the government also supports the monitoring and full implementation of all national standards in relation to children (child and family services, health and disabilities services, early years, education and youth work).

The framework recognises that some children and young people experience transitions between services as destabilising, and vulnerable children can be placed at further risk during times of transition. Therefore one of the goals of the framework is 'to support effective transitions'. Planning for and providing coordinated support at key moments of transition can help ensure better outcomes, in particular for vulnerable children such as those with special needs, a disability or who have experienced care or detention. Under this outcome, the government commits to putting stronger focus on effective transitions, particularly within education, health, child welfare and social justice services. They state a commitment to ensuring all young people leaving care, detention, residential or residential disability settings are adequately supported to transition to stable independent living, further education, training, or employment through the development and implementation of a quality aftercare plan and through the development of protocols on accessing housing, education and training. The governmental bodies responsible for this include the Department of Children and Youth Affairs, Tusla, the Department of Health, the HSE and the Department of Environment, Community and Local Government.

2.4.6 The National Youth Strategy 2015-2020

The National Youth Strategy⁽²⁷⁾ was published in 2015 by the Department of Children and Youth Affairs. The National Youth Strategy aims to enable all young people to achieve their maximum potential by respecting their rights and hearing their voices, while protecting and supporting them as they develop from childhood to adulthood. The strategy is informed by evidence and focused on outcomes. It takes account of the social and economic factors that influence young people during this period and the important role that parents, families, friends, other adults and communities play in young people's lives. It is informed by national and European policy developments, as well as by the results of a national consultation with young people, those who work with them, and other stakeholders. The strategy recognises the importance of strong engagement by, and collaboration between, statutory bodies and agencies and non-governmental organisations in the pursuit of better outcomes for young people.

The strategy shows how government, State agencies and other stakeholders are already working towards achieving these objectives. The strategy identifies 50 priority actions for 2015 to 2017 to address the needs of young people aged 10 to 24 years under each of the five outcomes in *Better Outcomes, Brighter Futures*.

Focusing specifically on outcomes relating to these draft National Standards, outcome 3 of *Better Outcomes, Brighter Futures* states that children must be safe and protected from harm. In relation to this outcome, the National Youth Strategy intends that young people, particularly vulnerable and marginalised young people, are supported to feel safe at home, in school, in their communities and online, and are supported to speak out when feeling unsafe or vulnerable. Other objectives include that young people have safe places and spaces where they can socialise and develop, and that young people must be supported at critical transition points, such as moving from care or the justice system to independent living.

Key priority actions to assist in achieving these objectives include:

- supporting parents and families raising young people through parenting education programmes, online and helpline services, targeted supports and interventions;
- supporting compliance with the current child protection guidance and the Child First Act including embedding mandatory reporting in work practices and publication of child safeguarding statements by providers of relevant services as required under the legislation;
- supporting compliance with *National Standards for Residential Centres for Children and Adults with Disabilities*;
- and promoting a stronger role for youth services in supporting young people, as they transition from statutory support services (including care arrangements and residential services) into independent living.

2.4.7 National Strategy on Children and Young People’s Participation in Decision Making 2015-2020

The *National Strategy on Children and Young People’s Participation in Decision-Making 2015-2020*⁽²⁸⁾ was published in 2015 by the Department of Children and Youth Affairs. Under the goal of ‘Listening to and involving children and young people’ in *Better Outcomes, Brighter Futures*, government committed to the development and implementation of a National Strategy on Children and Young People’s Participation in Decision Making.

The *National Strategy on Children and Young People's Participation in Decision Making* aims to ensure that children and young people have a voice in their individual and collective everyday lives across the five national outcome areas of *Better Outcomes, Brighter Futures*. This strategy is guided and influenced by the United Nations (UN) Convention on the Rights of the Child and the EU Charter of Fundamental Rights. The key points of this strategy include:

- recognising that children and young people have the right to participate in decisions that affect their lives,
- ensuring the protection and welfare of children in accordance with *Children First: National Guidance for the Protection and Welfare of Children*,
- the collection of data,
- monitoring and evaluating children and young people's participation initiatives,
- and developing and improving mechanisms to ensure the participation of vulnerable children and young people who are seldom heard in decision-making (that is to say, those living in the care of the State and those whose families are in receipt of targeted services, such as family support or child protection and welfare services).

The strategy lists a number of objectives under the heading of 'Creating a Supportive Environment for Participation' including that children and young people will have a voice in decisions that affect their health and wellbeing, such as decisions on the health and social services delivered to them. This is of particular relevance to the development of National Standards for Children's Residential Centres. This strategy sets out measures to ensure that the most vulnerable children are listened to, asked the right questions and better protected with actions that emphasise the importance of staff training and support, and the establishment of reference panels of children in care.

Key strategies relating to HIQA include:

- commencing work on a children's forum to facilitate consultation on how HIQA carries out its work and to ascertain the issues that matter most to children,
- and to carry out inspections of and publish results on residential and foster care services for children and young people to establish if services promote a child-centred approach which recognises their right to be listened to and to participate in decisions made about them.

These strategies take into account age, maturity and best interests in line with the National Standards for Children's Residential Services (2001), National Foster Care Standards, Child Care (Placement of Children in Residential Care) Regulations 1995 and Child Care (Placement of Children with Relative) Regulations 1995.

2.4.8 Listen To Our Voices Hearing Children and Young People in the Care of the State⁽²⁹⁾

During 2010, the Office of the Minister for Children and Youth Affairs conducted a consultation process with children living in the care of the State. This was recommended by the Government Implementation Plan of July 2009 in response to the Report of the Commission to Inquire into Child Abuse (the Ryan Report of May 2009) which stated that 'children in care should be able to communicate concerns without fear'. The consultations engaged with children and young people receiving long-term, non-episodic care under the Child Care Act 1991 or the Children Act 2001; this included children in foster care, residential care, detention schools and St. Patrick's Institution[‡], as well as with separated children seeking asylum, children with disabilities and young people who had recently left the care system.

A total of 211 children and young people participated in 15 consultations held in Cork, Dublin, Galway, Sligo and Meath. The views of children and young people in the care of the State, in detention and in residential services for children with a disability were sought on the issues that matter to them, exploring existing mechanisms for children and young people to express their views and to make recommendations on what future structures need to be established for children and young people's voices to be heard.

The questions asked to ascertain the views of young people in care were:

- 1.** What are the most important issues for young people in care?
- 2.** What services and supports are in place for young people in care and, of those, what works well and what does not work well?
- 3.** What recommendations do young people have on the way the systems and supports should work and on ways that young people in care should have their voices heard?

Participant responses to the question 'What are the most important issues for young people in care?' included:

[‡]St Patrick's Institution was closed in April 2017 and 17 year olds are now committed by the Courts to the Children Detention Campus at Oberstown instead of St Patrick's Institution.

- the complexity and importance of regular access to birth parents and siblings;
- being treated as 'one of the family' in foster care;
- the importance of assessment and vetting of foster families, as well as their compulsory training;
- the lack of information available to young people in care, particularly on aftercare services, which are not consistent in all locations;
- the impact of disruption and multiplicity of placements of young people;
- the importance of having even one person or agency who will listen or 'be there' to support a young person in care;
- issues of confidentiality, privacy, constant record keeping;
- and the difficulty in gaining consent for relatively normal activities.

The recommendations made by participants for the future (specific for children in residential care) included:

- The need to have regular meetings for children in care to meet, learn from and support each other.
- The establishment of an official forum for young people in care with a separate forum specifically for young people seeking asylum.
- The establishment of a dedicated phone line for children in care.
- The need for a 'mentor' to be available to every young person in care and counselling services to be more widely available and affordable.
- The re-examinations of the care plan system.
- The importance of having fewer adults attend the care plan review meetings and young people in care have a say in who attends these meetings.
- The review of social work practices and an examination into why younger children report their experiences with social workers in a more positive light than older participants.
- More manageable caseloads for social workers review of the training the social worker receives and a more regular evaluation of the social worker's performance.

- Young people must have greater input into the level and type of access they want to have with their birth families.
- All young people in care should be provided more information on how the care system and the detention system work and information should be provided on family background in an age-appropriate manner.
- Information should also be provided on the aftercare system and at a younger age and the aftercare services should be consistent in all areas.
- Reasonable access to birth family should be facilitated.
- Practices around confidentiality and privacy of information should be re-assessed as well as practices on constant record keeping.

2.4.9 State of the Nation's Children Report

The State of the Nation's Children Report⁽³⁰⁾ was published by the Department of Children and Youth Affairs in 2016. It is the sixth such report that has been published since 2006 and provides a comprehensive picture of children's lives in Ireland by presenting key information in areas such as health and education as well as social, emotional, behavioural and self-reported happiness outcomes. It also tracks changes over time and benchmarks progress in Ireland relative to other countries.

The report found that the number of children who were in the care of Tusla (the Child and Family Agency) has increased by approximately 3.6% between 2011 and 2015. In 2015, 6,384 children were in the care of Tusla; 64% lived with foster families, 28% were in foster care with relatives, 5% were in residential care and 2% were in other care placements. In 2015, there was a slightly higher rate of boys (52%) than girls in the care of Tusla.

In 2016, the capital provision for Tusla included providing for the continued roll out of the National Child Care Information System (NCCIS) - a system which operates as the central national database supporting the provision of child welfare and protection services. The system has been piloted in Tusla's Mid-West region (North Tipperary, Clare and Limerick) and Tusla was also provided with the requested level of capital funding for 2017 to continue the roll out of the system nationally in all areas between now and the end of 2018. Access to the NCCIS system will ensure that every social work department has a user-friendly technology solution to record the case history of every child who is the subject of a child protection or welfare concern, from the point of initial referral to case closure. Over time, commissioned research and the roll-out

of the NCCIS, will also improve the data and information required for a comprehensive assessment of adequacy of all services provided by Tusla.

2.4.10 Tusla Children's Charter (2017)

Tusla launched a children's charter in 2017⁽³¹⁾ which sets out what children can expect from Tusla services and how they can expect to be treated by Tusla staff. The charter is available in two versions, one for children and another for young people, and both versions contain the same content but are worded differently to appeal to specific age groups. The charter was produced in consultation with children and in line with the recommendations of Tusla's *Toward the development of a participation strategy for children and young people* (2015).⁽³²⁾ The charter outlines the expectations of children regarding Tusla staff, articulated in the form of a number of short statements.

In this charter, children wanted Tusla workers to:

- Involve them in making plans and decisions.
- Treat them and their families with respect.
- Think about the good and bad things in their lives and their futures.
- Talk to them in private and where they are comfortable.
- Think about their mental health.
- Help keep them safe and away from harm.
- Be positive, friendly and caring.
- Do activities they enjoy with them.
- Get them help and information from other services.
- Give them information they can understand.
- Give them time to trust each other.
- Give their family help and advice to care for them.
- Only share information with others when they have to.
- Listen and talk to them.

The charter also contains a short section outlining the commitments Tusla workers will make in order to meet the expectations of children.

According to the text of the charter, Tusla workers will:

- Be suitable for their job.
- Respect children and put their best interests first.
- Listen to and involve children in plans and decisions.
- Give clear information about who they are, what they do, what will happen and when things will happen.
- Understand children and their situation.
- Build positive, caring and trusting relationships with young people.
- Meet children where they are comfortable and have privacy.
- Help families to care for children.
- Respect children’s privacy and confidentiality as far as possible.
- Get children other services when needed.
- Be realistic and honest about what Tusla can do.

2.4.11 Child Protection and Welfare Strategy 2017 – 2022

This document⁽³³⁾ outlines Tusla’s strategic vision for providing appropriate, proportionate and timely responses to children at risk and in need of support in Ireland. The new strategy was derived from a review of Tusla’s core responsibilities under legislation, including the Child Care Act 1991 and Children First Act 2015. The strategy was also informed by government policy, particularly *Better Outcomes, Brighter Futures: The national policy framework for children and young people, 2014 – 2020*⁽²⁶⁾ and *Children First: National Guidance for the Protection and Welfare of Children*.⁽¹⁰⁾ Tusla stated that it produced the strategy to renew its commitment to meeting its statutory obligations and embed the revised best-practice principles of *Children First* in its practice.

Tusla’s strategic objectives are organised according to six interrelated ‘cogs’ which are intended to transform how they protect children:

- 1. National approach to practice** – The new 'Signs of Safety' approach puts children and families at the centre of assessment and decision-making. The approach will be strength-based, evidence-based and outcome-focused.
- 2. Clear responsive pathways** – Thresholds for child protection interventions will be defined. Increased analysis and judgment will improve consistency in determining appropriate pathways for children and families to ensure they receive proportionate and timely care.
- 3. Positive learning environment** – Learning pathways and tools to be developed in order to embed system-wide learning environment across the entire organisation.
- 4. Proactive relationships with partners** – Relationships must be actively built and maintained at every level of the organisation, and must include relationships with children, families and their extended networks.
- 5. Empowering our people** – Structures and processes must be established to support staff judgment and decision-making. Reforming organisational culture will support a national approach to practice and development of career pathways for staff.
- 6. Defined, measurable outcomes** – Meaningful measures will be developed to assess progress towards child protection and welfare objectives. Outcomes for children, families, staff and the organisation will be examined.

Tusla's vision for the future is summed up as follows: 'To provide an appropriate, proportionate, timely response to children 'at risk/in need', sharing responsibility and control with families and communities through co-created solutions and interagency collaboration.' The document concludes with a summary of the 10 *Children First* principles and a timeline for implementing the new strategy.

2.4.12 Leaving and Aftercare Services: National Policy and Procedure Document (2011)⁽³⁴⁾

The implementation of an effective leaving and aftercare policy strengthens the position of the young person leaving care, supports their transition to independence and reduces the possibility of homelessness and social exclusion.

The legislative framework for developing services for leaving care is contained in the Child Care Act 1991, specifically section 45. Section 45 permits the HSE to support the young person up to the age of 21 of where the young person is involved in an

education course up until they have finished such course. Section 45 places a statutory duty on the HSE to form a view on each person leaving care as to ‘whether there is a need for assistance’. The Youth Homelessness Strategy 2001, The Ryan Report 2009, and the Draft National Quality Standards for Residential and Foster Care Services 2010 have informed this policy document. These documents provide protocols, actions and criteria on aftercare provision.

It is important that service delivery works within an agreed, standardised framework that clearly defines the eligibility of access to the aftercare services, the nature and level of the services availability, the terms and conditions for the allocation of financial supports, arrangement for the closing of aftercare supports, and specific guidelines to cover particular aspects of aftercare; such as travel needs, college fees, and so on. The rationale behind this document includes that there had previously been a lack of national policy and procedures related to aftercare provision. In keeping with the role of a ‘good parent’, the HSE commits to maintaining support to care leavers through the delivery of programmes which enable young people to adequately prepare for leaving care up until 21 years of age. Better outcomes are promoted by the HSE, these can be defined and measured as:

- The young people in care have developed necessary life and social skills.
- The young people have developed resilience to cope with adversity that many may experience after leaving care.
- The young people are encouraged and supported in training, employment and continuing further education.
- The young people are established with suitable accommodation which provides both stability and integration within a community.
- The young people have appropriate support networks.

The HSE aims to achieve these outcomes through the delivery of preparation, leaving and aftercare support for each young person aged 16 years and above. Young people’s needs will be assessed and a leaving care plan will be developed and reviewed regularly. Each young person should be assigned a designated aftercare staff member. Statutory, voluntary and community agencies should work in partnership to meet the assessed needs of the young person. The support available to each young person must be maximised, and attachments with significant people in

their lives must be preserved. The young person must also be highly involved in developing their own leaving and aftercare plan.

2.4.13 Draft Alternative Care Strategy (2017)

In 2017, Tusla prepared a draft Alternative Care Strategy.⁽³⁵⁾ The draft Alternative Care Strategy outlines Tusla's strategy on services for children and young people who require care away from home and their family of origin. This includes residential care but also foster care, guardianship or adoption. The strategy sets out the framework, principles and values within which Tusla will carry out its work in these services. The strategy is underpinned by a 'guiding belief' that children and young people do best if they have a permanent place to live, even in a setting outside of the family home where this is required. The strategy further outlines how Tusla will ensure that it has adequate types, quality and range of staff to deliver on its vision and support children and young people. The strategy outlines six broad 'transformational goals', derived from the National Scoping Strategy (2016), which apply to alternative care:



The draft strategy states that the interests of children and young people are paramount and supersede the rights of adults. Tusla commits to always taking children seriously, listening to them, and addressing mistakes of the past. The strategy was produced following a review of relevant literature and consultation with carers, social workers and children.

The draft strategy concludes by outlining the plans for implementing and measuring the outcomes in the alternative care strategy. A broad outline of potential outcomes and systems for recording them is provided. Some suggested outcome measures for

aftercare include employment, engagement in education, justice involvement and homelessness.

2.4.14 Every Child a Home: A review of the implementation of the Youth Homelessness Strategy (2013)

The Youth Homelessness Strategy for children under 18 years of age was published in 2001 'to reduce and if possible eliminate youth homelessness through preventative strategies and where a child becomes homeless to ensure that they benefit from a comprehensive range of services aimed at re-integrating them into their community as quickly as possible'.⁽³⁶⁾ In 2013, the Department of Children and Youth Affairs published a report⁽³⁷⁾ presenting the findings from a high-level review of the implementation of this strategy. The purpose of the review was to establish whether the strategy has been successful, and to make recommendations on a new implementation framework.

Overall, the review found that the strategy had made a significant contribution to addressing the problem of youth homelessness. There was widespread agreement that the strategy had successfully facilitated considerable improvements in accommodation options and services to support children experiencing homelessness. Investment in child protection and welfare services, fostering, family support and youth services appeared to have made a positive impact on the experience of children presenting as homeless or at risk of homelessness. However, the effectiveness of the strategy was significantly hampered by a poor definition of youth homelessness in the initial strategy and inadequate information systems for monitoring youth homelessness, a problem compounded by the inadequate definition. These have also hampered the planning and management of services. The review also highlighted the need for interagency working to be improved.

A number of recommendations emerged from this review of the Youth Homelessness Strategy. They are grouped under a number of themes in order to facilitate their implementation and provide a route map for the way forward.

Recommendations reflect a very significant desire from stakeholders to see:

- 1 •A comprehensive and integrated multi-agency approach to meeting the needs of vulnerable or at-risk children which recognises the factors contributing to children and young people being out-of-home and at risk of homelessness, and addresses them with timely, effective and acceptable service responses.
- 2 •An emphasis on prevention and early intervention, which facilitates an early exit from homelessness where it does occur.
- 3 •Flexible responses in terms of accommodation and a flexible approach by services to meeting local needs.
- 4 •A planned and coherent transition into productive adulthood for children and a managed transition into adult services if required.
- 5 •That those young people over 18 years of age known to be particularly vulnerable to homelessness, because of having a history of being in residential or short-term foster care, receive high-quality aftercare support.
- 6 •Information and decision support systems that enable policy-makers, service planners and providers to monitor and evaluate activity, examine trends and adapt practice and policy accordingly.
- 7 •A change of descriptor from 'homelessness' to 'out-of-home', which more accurately reflects the range of situations children may be in, so that in future we refer to children and young people as being out-of-home or at risk of being out-of-home.

2.5 Guidance documents for children

A number of guidance documents have been developed specifically for children in alternative care settings. An overview of these documents is provided in the sections that follow.

2.5.1 Your Guide to Living in Residential Care, HSE (2009)

The Health Service Executive (HSE) published *Policies and Procedures for Residential Care in Dublin North East* in November 2009. The purpose of the document was to ensure that where young people cannot live at home or in another family arrangement that the HSE will provide a safe and nurturing environment for them to live in. This manual of standardised policies and procedures was developed to ensure the efficiency and effectiveness of individual residential centres and the service sector as a whole, and was intended for use by all staff members working in both statutory and non-statutory children's residential centres in the HSE Dublin North East region. This manual covers topics such as staff code of practice; individual care of young people; management of behaviour; child protection; health and wellbeing; significant events; leaving care; staff recruitment, training and support; report writing, record keeping and sharing of information; and household and transport issues.

In accordance with the HSE's policy to discuss new developments with the people who use their services, a consultation was undertaken with young people living in residential care. The consultation identified the need to produce a young person's version of the document, *Your Guide to Living in Residential Care*.⁽³⁸⁾ The guide aimed to help young people living in care understand how staff provide care for them in residential centres and why they work in a particular way to ensure that young people's needs are met and that they achieve their full potential. The guide covers basic information about care; health and wellbeing; keeping young people safe; the staff; involving young people in their care; and leaving the care of the centre. At the time of publication, a copy of the guide was issued to the 128 young people in residential care in the Dublin North East region.

2.5.2 Pathways – an aftercare guide for young people preparing to leave care (2012)

Pathways – an aftercare guide for young people preparing to leave care⁽³⁹⁾ was developed jointly by Focus Ireland, EPIC (Empowering Young People in Care) and Empower Ireland in 2012. The guide was created for young people who are preparing to leave care and was developed in consultation with young people who have left care. The guide also had input from key professionals from a number of

agencies that work with young care leavers to achieve and sustain independence. The *Pathways* guide contains a number of full and detailed sections in the following key areas:



2.5.3 Families with Children in Care - A guide to your rights, The Limerick Family Advocacy Service (2014)

The Limerick Family Advocacy Service, that supports parents with children in care throughout Clare, Limerick and North Tipperary, compiled a guide⁽⁴⁰⁾ with valued input from parents who have children in care and Health Service Executive (HSE) staff in these areas, as well as the National Adult Literacy Agency (NALA). The guide was developed to provide clear information for families who have children in the care of the HSE under key areas such as: voluntary care, statutory care, court orders, my parental rights, help provided by solicitors, the role of the HSE, those who care my child in care, decision made about my child and getting these changed, keeping in touch with your child, what happens when my child comes home and money matters.

The guide also provides answers to a number of important questions that parents with a child in care may have:

- What your rights are if you have children in care,
- What you can and cannot do in relation to your child in care,
- Who can help you,
- What kind of help different people can give you,
- What is the role of the advocacy worker, the social worker, the foster carers and other people involved with your child.

In addition to this, the guide provides clarification around the structure of the HSE social work services and its work, as well as providing an explanation on the role of and support provided by the various advocacy services available to families.

2.6 Inquiries, reviews and investigation reports in the area of child welfare and protection and independent reviews of serious incidents, including child death

This section sets out the background, key findings and subsequent recommendations made in a number of inquiries, reviews and investigation reports regarding the child welfare and protection system in Ireland. It also provides an overview of independent reviews of serious incidents, including deaths of children and the National Review Panel in Ireland. The findings from these documents have been used

to inform the development of the draft National Standards for Children's Residential Centres.

2.6.1 Roscommon Child Care Case – Report of the Inquiry Team to the Health Service Executive, 2010

This report⁽⁴¹⁾ outlines the HSE investigation into the events surrounding the Roscommon Childcare Case. At the centre of this case were six children and young people, along with their parents Mr A and Mrs A. In 2009 Mrs A, a mother of six children, was sentenced in Roscommon Circuit Court to seven years in prison following a conviction for incest, neglect and ill treatment. In 2010 Mr A was sentenced to 14 years in prison for rape and sexual assault.

An independent investigation was set up by the HSE into the management of this case from a care perspective. This inquiry focused on the period of time between the birth of the first child in the family in 1989 and when the children were taken into the care of the HSE in October 2004, under the Child Care Act 1991. The inquiry took place in 2009, almost five years after the children came into care in 2004. The inquiry report noted that the former Western Health Board had been involved with the family since 1996 and from this time concerns in relation to the family were consistently recorded in the Western Health Board's files. The terms of reference of the inquiry were to:

1. examine the entire management of the case from a care perspective,
2. identify any shortcomings or deficits to the care management process,
3. make a report on the findings and any learning arising from the investigation.

The Roscommon Inquiry Team found that the services involved failed to respond to the needs of the children in an appropriate and timely manner. A number of inter-related factors that contributed to this failure were identified, including:

- **The absence of the child's voice:** the six children's voices at the centre of this case were not recorded in case records, not represented at case conferences and other meetings, and were not heard during court proceedings. There was an overall lack of meaningful engagement with the children directly and an over-reliance on parental accounts to establish their wellbeing.
- **A local rationality, or reasoning in the HSE West (Western Health Board):** services over-valued the use of family support work in situations where child protection should have been an overriding concern.

- **Ineffective assessment processes:** staff failed to adequately recognise the risk indicators that arose in relation to the children, which ultimately prevented more decisive and appropriate action being taken to respond to their needs.
- **Ineffective interdisciplinary working:** services failed to recognise the full extent of the children's suffering. Staff did not have a clear understanding of the involvement and roles of other professionals with the family.
- **Faulty decision-making:** despite insufficient evidence, vague terms were used and similar decisions were often repeated despite not resulting in favourable outcomes.
- **Weak management systems:** management within the series was weak with seldom and or varied attendance of key staff at case conferences,[§] haphazard social work processes and procedures, insufficient record management and failings in responsibilities to staff health, safety and welfare.
- **Failure to learn from previous case reviews:** learnings and recommendations highlighting areas for improvement in dealing with neglect and child abuse were not incorporated into professional development of staff and there was no evidence of a learning culture in HSE West.
- **Inadequate opportunities for training and professional development and poor knowledge of the relevant child care legislation:** this was especially in relation to responsibilities regarding the Child Care Act 1991, no systematic effort to embed Children First guidelines, no targeted staff training on matters pertinent to this case, and at times a lack of protection of the privacy of the children under the Child Care Act 1991 in relation to court procedures, media coverage and victim impact statements.

As a result of these findings, the Roscommon Inquiry Team made a number of recommendations in the context of this particular case and the wider agenda for vulnerable children and families.

These are organised in the following areas:

- **HSE organisational change** – in relation to child welfare & protection services, especially in the areas of systems and personnel;

[§]The purpose of the case conference as outlined in Children First is as follows: 'when decisions of a serious nature are being considered which require the input of a number of professionals from different disciplines and agencies'. The case conference provides a place for individual cases to be considered in depth and plans made and the attendance and participation of experienced senior professionals could only enhance the decisions reached and ensure that decisions are implemented.

- **Policy change** – in areas such as hearing the voice of the child and the use of the Child Care Act 1991 during the court process, guidance regarding the use of victim impact statements and the privacy of children in care as well as quality assuring the Child Welfare and Protection System;
- **Practice** – greater clarity regarding the role of front-line staff, not just that of the social worker, to ensure that the child's welfare is protected where there are concerns. The need for a national common assessment framework, correct home visits procedures, correct management of chronic neglect cases, concerns of relatives and others as per Children's First, and improved working with parents who seek to divert the attention of staff from the wellbeing of children as well as the use of attachment theory during supervisions;
- **Service development** – including the equitable distribution of HSE resources based on assessed needs, a local targeted family support service, full involvement of services where there is an issue of child wellbeing, such as Speech & Language Department, review of Home Management Services where chronic neglect is an identified issue and a specialised Child Sexual Abuse Unit or Team in each HSE region.
- **Management** – including staff management, informed decision-making and correct actions taken as well as staffing and continuous professional development to ensure the delivery of comprehensive child welfare and protection services

The report concluded that if there had been better insight and understanding of the condition and the needs of the children over an extended period of time, the hope that this family could function in a positive way would have given way to serious concerns years earlier than it did, and the children would have been offered protection at an earlier point.

The inquiry team recognised the inherent and difficult challenges of child welfare and protection work and it was apparent that clear gaps existed in the system that the children of family A fell through. The report concluded that there were opportunities to learn from the circumstances of this case and that this report could inform and assist all those working in child welfare and protection work, leading to better services and protection for children suffering neglect and abuse.

2.6.2 Guidance for the Health Service Executive for the Review of Serious Incidents including Deaths of Children in Care (2010)

The Health Information and Quality Authority (HIQA) produced guidance⁽⁴²⁾ in response to recommendations in the Department of Health and Children's implementation plan of the Report of the Commission to Inquire into Child Abuse, (the Ryan Report).⁽⁴³⁾ The report recommended that HIQA should develop guidance for the HSE for the review of serious incidents, including deaths of children in the care of the State. At the time the guidance was being developed, Ireland had no national standard or systematic way of completing reviews of serious incidents. The findings of published reports and the lack of transparency concerning internal review reports were found to have shaken public confidence in the review process.

The guidance document provides the HSE with a standardised, national, transparent and independently monitored system for reviewing serious incidents,^{**} including deaths of children in care in Ireland. These reviews are completed by the HSE because it has certain statutory obligations for the protection and welfare of children. The guidance outlines the purpose of national review, the national review panel and team and the review process. It also addresses the timing of reviews, benchmarks for individual reviews, publication and external reporting and monitoring of the review process.

2.6.3 Report of the Independent Child Death Review Group (ICDRG), Department of Children and Youth Affairs (2012)

In 2010 the Minister for Children and Youth Affairs announced the establishment of the Independent Child Death Review Group, following calls for investigations into the number and circumstances of children who had died while in the care of, or were known to, the HSE. The aim of the review was to help bring about the necessary reforms to restore transparency to the child welfare and protection system; to enable the learning and recommendations from these cases to be shared in the interests of children and families, professionals and the wider public; and to bring about a system that adequately meets the needs of the children it aims to serve.

As part of the review, the Independent Child Death Review Group examined files relating to the deaths of 196 children from 1 January 2000 to 30 April 2010, who were:

^{**}A death or a potentially life-threatening injury or serious and permanent impairment of health, wellbeing or development.

1. **in care** (of the HSE) within the meaning of the Child Care Act 1991 at the time of their death; (36 deaths in total – 19 deaths from natural causes and 17 from non-natural causes).
2. **in receipt of aftercare** within the meaning of Section 45 of the Child Care Act 1991 at the time of their death; (32 deaths in total – 5 deaths from natural causes and 27 from non-natural causes).
3. **known to the child protection services**, within the meaning of the HIQA guidance to the HSE⁽⁴⁴⁾ of 20 January 2010 at the time of their death; (128 deaths in total – 60 deaths from natural causes and 68 from non-natural causes).

The subsequent report⁽⁴⁵⁾ provides an overview of the child care system in Ireland, together with a summary of the good practice and causes for concerns that emerged in the course of the review. These concerns have informed both the learning identified from the review and the recommendations put forward by the Independent Child Death Review Group.

While the review revealed some good practices in the area of child protection and welfare, the Review Group was very concerned that overall, there were high numbers of issues within the child protection system. Along with a lack of adherence to the legislation and regulations in place at the time of the report, there was evidence of serious problems with resources, facilities and the general ethos of the care system, and evidence that vulnerable children were being let down by the system with responsibility to protect them, ensure their safety and put their needs first. Many of the concerns raised were due to systematic failures. It was evident that proper procedures needed to be put in place and adhered to, once a child comes into contact with the HSE.

The recommendations include:

- The creation of a Child Death Review Unit.
- A change in the culture in the system whereby each and every person working within the system takes responsibility for their role in promoting the welfare of children and in ensuring their protection.
- Early intervention where concerns or referrals are made to the HSE.

- Putting in place a care plan for a child as soon as possible to ensure that care and support is planned in a responsive manner.
- Regular communication between the social work department and families.
- Allocation of a specific social worker to a child to ensure consistency, relationship-building and coordinating the care and support required from other agencies or services.
- Identifying appropriate placements based on the risk assessment and resulting care plan, informed by the needs of the child.
- Promoting interagency communication, cooperation and support.

2.6.4 The National Review Panel

The National Review Panel is commissioned by the Child and Family Agency (Tusla) but remains independent in relation to its function. Set up in 2010 as part of an implementation plan associated with the 2009 *Report of the Commission to Inquire into Child Abuse (Ryan Report)*,⁽⁴³⁾ the National Review Panel investigates serious incidents including the death of children in care. The panel conducts comprehensive reviews on serious incidents and produces reports based on factual evidence.

The overarching objective of the National Review Panel is to promote learning and best practice from its review of cases. The Panel aims to assist the child welfare and protection system in improving its services and minimising the possibility of similar serious incidents and or deaths of children using their services. The Panel consists of appropriately skilled professionals from a range of disciplines who are engaged for their professional expertise. It reviews serious incidents involving children known to child welfare and protection services run by Tusla. They review:

- all deaths of children in care, including deaths by natural causes,
- all deaths of children known to Tusla child protection services,
- deaths of young adults (up to 21 years of age) who were in the care of Tusla in the period immediately prior to their 18th birthday or were in receipt of aftercare services,
- where a case of suspected or confirmed abuse involves the death of, or a serious incident to, a child known to Tusla or a Tusla-funded service,

- and, serious incidents involving children in care or children known to the HSE Child Protection Services.

In 2014, Tusla developed a guidance document⁽⁴⁶⁾ to aid both Tusla and the National Review Panel in reviewing serious incidents, including deaths of children in care. The document details the background of the National Review Panel and provides a clear outline of the reviewing process.

Following the review process, reports are developed. Points of learning are identified through conducting reviews and are aimed at improving the quality of services provided to children and families.

2.6.5. National Review Panel reports

The National Review Panel prepares individual reports, overview reports and annual reports, each of which identifies ways to improve services for vulnerable children through lessons learned and ensuring recommendations are incorporated into children's services.

The National Review Panel published three separate reports in 2016 investigating the cases of three young people who were in receipt of care, or known to child protection services, who lost their lives to suicide.^(47,48,49) Despite highlighting in each report that neither action or inaction by HSE services contributed to the deaths, a number of concerns in relation to the provision of services were raised. The report highlights where improvements are necessary for the safe care and support of children in receipt of services.

Recommendations include:

- a review of the process of how applications for care are dealt with including reviewing the excessive waiting period before being offered a place.
- a policy in relation to the education of children in care that addresses the additional challenges faced by many of these children.
- making information available to all relevant personnel of the death of a child or young person with whom they have worked with in the previous two years.
- consideration at a national level to developing an appropriate professional response to young people at risk of harm from their own behaviour when such behaviour is either noted by or reported to a professional.

The National Review Panel published three overview reports throughout 2015^(50,51) and 2016⁽⁵²⁾ in relation to reviews conducted on the deaths of children known to child protection services. Each report presents detail on the deaths of children across a number of child care services. Findings from all of the reviews are highlighted in each report and areas for improvement across services are identified. Each report also outlines key recommendations to ensure learning across all child care services. While two of the overview reports outline that the deaths of children were due to natural causes,^(50,52) they highlight where certain services, including services that may be provided within children's residential centres, need improvement. Areas of concern identified include:

- a lack of information sharing between services;
- a lack of interagency communication and coordination of services;
- a lack of compliance with child in care regulations, specifically in relation to each child having an allocated social worker;
- challenges in finding placements to meet children's complex needs.

2.7 Summary of Irish evidence

This Chapter has outlined the findings and recommendations of Irish literature pertaining to children's residential care, which were examined and considered in developing draft national standards for children's residential centres. Many examples of good practice were identified regarding children's residential care in Ireland. A number of recommendations that would bring about improvements in children's services were also identified. This evidence has been reviewed and has informed the development of the draft national standards for children's residential centres.

Chapter 3 International review

3.0 Overview of international review

This chapter provides an overview of the standards, frameworks, guidance and policy documents that are available for children's residential care internationally. The jurisdictions reviewed include:

- United Kingdom
 - Northern Ireland
 - England
 - Wales
 - Scotland
- New Zealand
- Australia
- Canada
- United States of America.

These jurisdictions were chosen following a desktop review which identified relevant developments in children's residential care in terms of standards, strategies and policies. Each individual jurisdiction is explored in detail throughout Chapter 3.

3.1 United Kingdom

This section provides a high-level overview of relevant children's residential centres^{††} standards, guidance and policy documents within the United Kingdom (UK). These documents support service providers to safeguard children who are living in children's residential care in the UK and highlight what is needed to provide high-quality care to these children.

In Northern Ireland, the Regulation and Quality Improvement Authority (RQIA) is responsible for registering and inspecting children's residential centres. These inspections are carried out against standards such as the *Minimum Standards for Children's Homes (2014)*⁽⁵³⁾ and the *Leaving Care Services in Northern Ireland Standards (2012)*.⁽⁵⁴⁾

The Office for Standards in Education, Children's Services and Skills (Ofsted) inspect and regulate services that care for children and young people in England. They inspect children's residential centres to assess the quality of care being provided

^{††} Note children's residential centres are called 'children's homes' in the United Kingdom but are referred to as children's residential centres in this document for consistency.

against the 2015 Children's Homes (England) Regulations.⁽⁵⁵⁾ The Regulations include child-centred quality standards and set out requirements that children's residential centres must meet.

In 2013, the National Institute for Health and Care Excellence (NICE) developed quality standards for the health and wellbeing of children and young people in care.⁽⁵⁶⁾ These standards are not regulated against, but are used by service providers at a local and national level within the UK to improve the care and support provided to children in care.

In Wales, the *National Minimum Standards for Children's Homes* (2002)⁽⁵⁷⁾ are intended for the provider and staff of the centre. These standards promote a child-centred approach and aim to ensure a culture of supporting individual needs. The Care and Social Services Inspectorate Wales (CSSIW) is responsible for ensuring compliance with these standards.

This section also presents an overview of relevant Scottish standards. *The National Care Standards: Care homes for children and young people* (2005)⁽⁵⁸⁾ were designed from the point of view of the child or young person. The document is also for service providers and ensures that both the child and the service provider are familiar with what is expected of a children's residential centre, from arriving at the residential centre to the provision of aftercare services when leaving care. The standards are monitored by the Care Commission. The Care Commission registers and inspects children's residential centres and monitors the quality of services provided.

3.1.1 Northern Ireland

In Northern Ireland, children's residential centres are registered and inspected by the Regulation and Quality Improvement Authority (RQIA). RQIA acts as the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care services. RQIA inspects all children's residential centres at least twice a year, carrying out both unannounced and announced inspections. RQIA inspections are measured against standards such as the *Minimum Standards for Children's Homes* (2014)⁽⁵³⁾ and *Leaving Care Services in Northern Ireland Standards* (2012).⁽⁵⁴⁾

Their inspections are also underpinned by the following:

- The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003⁽⁵⁹⁾
- The Children (Northern Ireland) Order 1995⁽⁶⁰⁾

- The Children's Homes Regulations (Northern Ireland) 2005⁽⁶¹⁾
- The Children (leaving Care) Regulations (Northern Ireland) 2005.⁽⁶²⁾

The *Minimum Standards for Children's Homes*⁽⁵³⁾ present 22 quality standards for children's residential centres to comply with. The standards place children at the centre of care, where effective leadership enables staff to build on relationships with children in order to positively support each and every child. The *Leaving Care Services in Northern Ireland Standards*⁽⁵⁴⁾ highlight that each child should be supported into adulthood and into aftercare services through appropriate care planning transitioning. This allows each child to avail of necessary services such as mental health services or disability services.

In 2016 the Department of Health, Social Services and Public Safety Northern Ireland developed a policy document called *Co-operating to Safeguard Children and Young People 2016*⁽⁶³⁾ which emphasised the need for effective communication across all services involved in children's residential centres. This document highlights the importance of interagency communication across services, specifically in children's residential care, where social care workers and staff need support from Health and Social Care Trusts^{††} to ensure quality care. Quality care should be ensured throughout the child's journey in residential care including aftercare services.

2.1.1.1 Minimum Standards for Children's Homes (2014)

In 2014 the Department of Health, Social Services and Public Safety Northern Ireland revised a minimum set of standards⁽⁵³⁾ aimed at improving the quality and consistency of care for children and young people living in children's residential centres or having short breaks from the family home. These standards apply to all residential childcare services registered with RQIA including voluntary, independent or statutory sectors. The key principle within the standards is that the child should be placed at the centre of care. Meaningful engagement with children and young people is frequently referred to throughout the document allowing the standards to be sensitive to the particular needs of children and young people in residential care. In total, there are 22 standards with each standard followed by a set of criteria. In some instances, examples of evidence are provided to show how the criteria of the standard should be met. In most cases, RQIA will expect to see all these examples being met as a minimum indicator of achieving the standard. Where there is no evidence set out, all the criteria must be met.

^{††}Health and Social Care Trusts manage and administer hospitals, health centres, residential homes, day centres and other health and social care facilities and they provide a wide range of health and social care services to the community.

Overview of standards

Each overarching standard statement within the document covers the services necessary to ensure quality and safety in children's residential centres. The standards advocate for a number of values and principles that management, staff and volunteers should ensure to maintain a caring environment for each child. The following values should be embedded and demonstrated in practice:

- Dignity and respect
- Independence
- Rights
- Equality and diversity
- Choice
- Fulfilment
- Safety
- Privacy
- Confidentiality

Content of standards

The standards recognise that children have rights and a rights-based approach is adopted throughout. They also recognise the importance of culture and the quality of care created in the centre by staff. This can be demonstrated in the practice adopted and evidenced in improved outcomes for children.

Effective leadership enables relationships between staff and children to form. This relationship is crucial in building children's self-confidence and emotional resilience, and can only be formed through consistent day-to-day care. Such care can impact whether a child can respond positively in stressful situations. Effective leadership often ensures that such quality care is maintained even after the young person leaves care. The staffing standard outlines how the residential centre should employ sufficient numbers of staff with appropriate qualifications and experience to support and meet the needs of children. This includes the manager ensuring that appropriate arrangements are in place to support staff in day-to-day decision-making. Managers should also ensure that staff rotas include time for handovers and allow staff to plan for spending time with individual children. Effective leadership should also equip staff with the necessary skills and training required to meet the needs of the children. Such management systems are more likely to unite staff in achieving the vision and ethos of the home.

Requirements that must be met by providers of children's residential centres in order to obtain registration are also set out within the standards document. Requirements relate to:

- statement of purpose
- fitness of the registered person
- fitness of the manager
- fitness of the premises (new centres and extensions)
- fitness of the premises (existing centres).

3.1.1.2 Leaving Care Services in Northern Ireland Standards (2012)

A significant component of children's residential care is the provision of services that help the young person transition to life after residential care. In 2012, the Department of Health, Social Services and Public Safety developed a set of minimum standards for leaving and aftercare services.⁽⁵⁴⁾ The standards apply to Health and Social Care Trusts in Northern Ireland and those other agencies commissioned by a Trust to deliver leaving and aftercare services. They specify the necessary arrangements, services and procedures that should be implemented to ensure the delivery of quality services for young people leaving care.

In total, there are eight overarching standards followed by a number of action criteria and outcome measures. Each action criteria provides further detail of areas to be considered in applying the standard to professional practice, service provision, governance and workforce issues. They set out what Health and Social Care Trusts should have in place to deliver against the overarching standard statement. Each outcome is measured as evidence to determine whether or not the standard has been met. The standards are measured through self-assessment and monitoring and inspection through RQIA. The standards cover the following areas:

- Corporate parenting responsibilities
- Preparation, planning and review
- Being healthy
- Enjoying, learning and achieving
- Living in safety and with stability
- Economic and environmental well being
- Contributing positively to community and society
- Living in a society which respects their rights.

The standards emphasise that leaving and aftercare services should be delivered in a caring manner where young people feel listened to and valued. The management

and practice of staff should be conducted in a way that ensures this. The standards outline that young people's rights and entitlements should be upheld and their cultural and religious beliefs respected. They highlight that all young people in receipt of leaving and aftercare services should find the services to be positive and beneficial. Effective communication between services is a significant component to ensuring such experiences.

3.1.1.3 Co-operating to Safeguard Children and Young People in Northern Ireland – policy document (2016)

This 2016 policy document⁽⁶³⁾ provides the overarching policy framework for safeguarding children and young people in the statutory, private, independent, community, voluntary and faith sectors. The policy must be adhered to by all those who work with children and young people and it outlines how communities, organisations and individuals must work both individually and in partnership to ensure children and young people are safeguarded as effectively as possible.

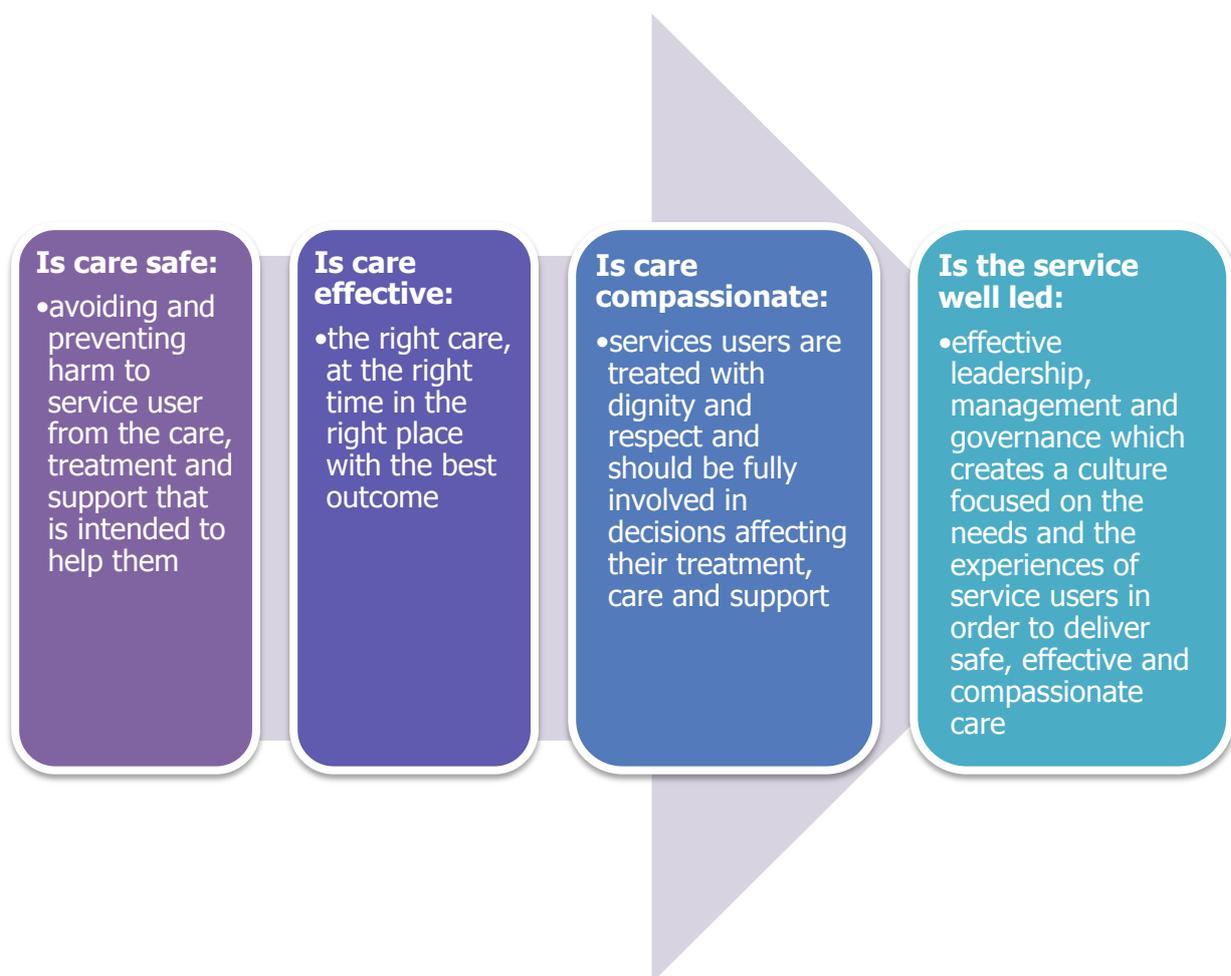
The document highlights that the primary responsibility for safeguarding children and young people rests with their parents or carers. Emphasis is placed on early family intervention. However, the document acknowledges that when such intervention and support is not sufficient, a statutory intervention to protect the child or young person will be required. This may include the child or young person becoming 'Looked After' in a children's residential centre by a Health and Social Care Trust. The document highlights that those who work with children or young people have a particular responsibility to promote their welfare and ensure they are safe.

The policy document outlines that the Health and Social Care Trust must ensure that all placements actively develop each child's emotional wellbeing and psychological needs to help them develop resilient and positive relationships. They should also ensure that they are able to build a stable home life after care. It is advocated within the document that early contact should be made with colleagues in adult services. This is to ensure appropriate transition planning and continuity of care where required. The document also recognises that the Trust must support residential social work staff in their role in caring for a looked after child. They must provide appropriate training and guidance to staff in relation to how they should address any risks to children in their care and ensure consistency of care for all looked after children.

3.1.1.4 The Regulation and Quality Improvement Authority (RQIA) Provider Guidance 2016-2017 Children's Homes

In 2016, RQIA developed guidance for service providers of children's residential centres.⁽⁶⁴⁾ This guidance details the inspection and reporting process that RQIA undertakes in order to ensure compliance with the *Minimum Standards for Children's Homes 2014*⁽⁵³⁾ and regulations.

Inspections are conducted of the provision of safe care, effective care, compassionate care and how well the service is led. The guidance document aids service providers by outlining an overarching statement under the following areas:



In order to examine whether care provided to children in residential settings is safe, effective, compassionate and well led, RQIA looks for evidence against a number of indicators under each statement. Each indicator is followed by examples of evidence. Evidence listed for each indicator provides examples of what may be reviewed and should not be considered exhaustive.

Following each inspection, RQIA develops reports in relation to the findings. Quality improvement plans may be included in reports and details those areas requiring improvement to ensure the service is compliant with the relevant standards and regulations.

3.1.1.5 The Regulation and Quality Improvement Authority (RQIA) Provider Guidance 2017-2018 Children's Services Leaving Care Services

The 2017-2018 RQIA guidance for providers of services for children leaving care⁽⁶⁵⁾ sets out the inspection and reporting process that is undertaken in order to ensure compliance against the *Leaving Care Services in Northern Ireland Standards (2012)*⁽⁵⁴⁾ and regulations. Similar to RQIA's provider guidance 2016-2017 for children's homes, inspection and reporting are based on the provision of safe care, effective care, compassionate care and how well the leaving care service are led. Reports based on findings are developed following inspections and if a quality improvement plan is included in the report it will detail where areas requiring improvement are needed to ensure compliance against the standards and regulations.

3.1.2 England

This section provides an overview of relevant regulations and standards in England.

3.1.2.1 The Children's Homes (England) Regulations 2015

The Children's Homes (England) Regulations⁽⁵⁵⁾ contain quality standards which set out a number of overarching outcomes that children's residential centres are expected to achieve. Each standard contains an overarching, child-centred outcome statement. The regulations are drafted to make the 'registered person' of all children's residential centres accountable. This includes the registered provider or registered manager depending on how much the home is organised, run and managed. Monitoring of the quality standards are through Ofsted (Office for Standards in Education, Children's Services and Skills). The quality standards emphasise that the registered person must engage and seek to work with those in the wider system to ensure children's needs are met.

Overview of standards

The regulations contain nine quality standard statements, followed by a non-exhaustive set of underpinning measureable requirements that children's residential centres must achieve to meet each standard. They highlight a number of important

provider and staff requirements that are necessary for effective child-centred care.

The nine standard statements are:

- **The quality and purpose of care standard:** This standard says that children should receive care from staff who understand the centre's overall aims and the outcomes it seeks to achieve for children.
- **The children's views, wishes and feelings standard:** This standard highlights the need for staff to develop positive relationships and engage with children. All staff should take the views, wishes and feelings of children into account in relation to matters affecting children's care and welfare and their lives.
- **The education standard:** This standard says that children should be supported to make measurable progress towards achieving their educational potential.
- **The enjoyment and achievement standard:** This standard highlights the need for children to take part in, and benefit from, a variety of activities that meet their needs. The registered person should ensure that each child should be able to develop and reflect their creative, cultural, intellectual, physical and social interests and skills.
- **The health and wellbeing of the child standard:** This standard emphasises that the health and wellbeing needs of the children should be met through them receiving advice and services in relation to health and wellbeing.
- **The standard on positive relationships:** This standard highlights the need for children to be helped in developing, and benefitting from, relationships with staff that are based on mutual respect and trust, an understanding about acceptable behaviour and positive responses to other children and adults.
- **The protection of children standard:** This standard emphasises that children should be protected from harm and enabled to keep themselves safe.
- **The leadership and management standard:** This standard places a significant importance on culture. It outlines that the registered provider should enable, inspire and lead a culture that helps children aspire to fulfil their potential.

The care planning standard: This standard emphasises the need for a care plan to be in place from the beginning to the end of the placement. Each child should receive effectively planned care in or through the children's residential centre and have a positive experience of arriving at or moving on from the centre. A number of requirements are also documented for registered providers in relation to the following areas:

- statement of purpose
- placement plan for looked after children
- placement plan for a child who is not looked after
- behaviour management and discipline
- restraint and deprivation of liberty
- privacy and access
- contact and access to communication
- medicines
- monitoring and surveillance
- fire precautions.

In 2015, a guide⁽⁶⁶⁾ to the children's homes regulations, including the quality standards, was developed by the United Kingdom's Department of Education. This guide accompanies the regulations and provides further information and explanation for all service providers working in children's residential care. It provides explanations of the terms used within the regulations and what is expected for the various requirements of the regulations to be met.

3.1.2.2 NICE Quality Standards for the health and wellbeing of looked-after children and young people (2013)

The National Institute for Health and Care Excellence (NICE) developed a number of quality standards in 2013 for children and young people in care.⁽⁵⁶⁾ These quality standards cover the health and wellbeing of children and young people from birth to 18 years in care and care leavers. 'Care leavers' means young people planning to leave care or under leaving care provisions. The standards are for all settings and services working with and caring for children and young people in care and care leavers including foster carers, residential carers and supporting lodging providers. The quality standards are considered not mandatory but are used to improve services both locally and nationally.

Each quality standard describes high-priority areas designed to drive quality improvement. Each standard consists of a prioritised set of specific, concise and measurable statements. The statements are followed by a rationale, expected

quality measures, outcomes and an explanation of what the quality statement means for service providers and children and young people in care. There are eight quality standard statements:

- **Standard Statement 1:** This standard emphasises that fulfilling a child's need to be loved and nurtured is essential to achieving long-term physical, mental and emotional wellbeing. This builds on the principle of encouraging warm and caring relationships between the child and the carer that nurture attachment and create a sense of permanence.
- **Standard Statement 2:** This standard emphasises the importance of collaborative working between professionals and services in children's care. Such collaborative working promotes high-quality and consistent care.
- **Standard Statement 3:** This standard outlines the need for placement stability and quality. This standard highlights that well-planned, individualised care of children promotes stability and can reduce the need for placement changes and emergency placements. Children should be encouraged to explore and make sense of their identity.
- **Standard Statement 4:** This standard highlights that developing a positive identity is associated with high self-esteem and emotional wellbeing. Children should be supported to make sense of their family history and life outside of the care system. Having accurate and up-to-date personal health information is a key part of this wellbeing.
- **Standard Statement 5:** This standard highlights that children should receive support from specialist services. This is particularly important for children who need emotional or behavioural support.
- **Standard Statement 6:** This standard highlights the need for appropriate transition planning where children can continue to receive the services they need when moving across local authority or health boundaries. It emphasises that good transition planning across local authority or health boundaries enables appropriate transfer of relevant information and continuity of services.
- **Standard Statement 7:** This standard highlights that children are supported to recognise, develop and achieve their full potential. This includes a stable education and taking part in activities to promote their wellbeing and participation in the wider community.

- **Standard Statement 8:** This standard highlights that children should be encouraged to move to independence at their own pace. It states that appropriate services for young people that are delivered by friendly, approachable professionals can ensure each young person leaving care finds emotional and practical support and advice.

A tailored resource document⁽⁶⁷⁾ was developed by NICE alongside these quality standards, intended for corporate parents and providers on the health and wellbeing of children in care. It takes each of the eight statements and shows what they mean for those who act as corporate parent for children and young people in care. It includes key messages from each of the quality statements, as well as key resources, further information and practical tools to aid the corporate parent.

3.1.3 Wales

A review of children's residential centres standards in Wales outlines the use of the *National Minimum Standards for Children's Homes* (2002).⁽⁵⁷⁾ These standards are aimed at centre providers and staff, and are regulated by the Care and Social Services Inspectorate Wales.

3.1.3.1 National Minimum Standards for Children's Homes (2002)

This set of minimum standards were developed in 2002⁽⁵⁷⁾ by the Welsh Assembly Government set out in the Children's Homes (Wales) Regulations 2002. Measuring compliance against the standards, the Care and Social Services Inspectorate Wales (CSSIW) determines whether children's residential centres are providing adequate care and meeting the needs of the children who live there.

The standards focus on achievable outcomes for children and young people and are intended for providers and staff in children's residential centres. Each of the 37 standards deals with a particular aspect of a residential centre and is followed by a statement of the outcome for service users intended to be achieved by the home. The set of standards are grouped together under a series of key overarching topics:

- choice of service
- planning for individual needs and preferences
- quality of life
- quality of care and treatment
- staffing
- conduct and management of the service
- concerns, complaints and protection

- the physical environment
- specialist provision.

The standards are 'minimum' standards, rather than 'best possible' practice. They are designed to enable individual centres to develop their own particular ethos and approach to care for children with individual needs and to be used for a range of purposes including the following:

- provider or staff self-assessment of the home
- induction and training of staff
- guidance on what is required when setting up a home.

3.1.4 Scotland

Children's residential centres in Scotland use the *National Care Standards: Care homes for children and young people* (2005).⁽⁵⁸⁾ These standards were developed based on the experiences of children and are intended for both children and service providers. The Care Commission monitors and registers children's residential centres. These standards are used to monitor the quality of services.

3.1.4.1 National Care Standards: Care homes for children and young people (2005)

The standards, developed in 2005, are for children and young people living in residential care services.⁽⁵⁸⁾ They were developed from the point of view of the children and young people who use services within a care home or a respite care home. The standards recognise that services must be accessible and suitable for everyone who needs them, including children from ethnic minority communities. They place a strong emphasis on the rights of the child and the need for the child to have a positive experience while living in homes. The standards are based on a set of six principles:



Staff also use the standards to examine what is expected of them in terms of offering support and care services. The standards describe what each individual child or young person can expect from the service provider. They focus on the quality of life of the child or young person through actual experiences. Ranging across 19 standards, they set out what the child should expect from the following:

- beginning their stay,
- leading their life,
- moving on,
- and expressing their views.

The Care Commission are responsible for monitoring children's residential centres in Scotland against these standards. They register and inspect children's residential centres and use the standards to monitor the quality of services provided. Findings are outlined in inspection reports. If the standards are not fully met the report includes what the service manager needs to address in order to be compliant with the standards.

3.2 New Zealand

This section provides an overview of relevant children's homes legislation, standards, guidance and policy documents in New Zealand.

3.2.1 Child, Youth and Family

Within New Zealand, until recently⁵⁵, care and protection and youth justice services were provided by Child, Youth and Family under the auspices of the Children, Young Persons and their Families Act 1989. New Zealand has changed considerably since the introduction of this Act, for example, notifications of emotional abuse and neglect are now far more common. However, the Child, Youth and Family has not made the necessary changes to its strategy and operating model to reflect societal changes. These issues have led to the Child, Youth and Family being reviewed almost continuously, including 14 restructures between 1998 and 2008, and reviews since 1988 to 2015.

The Office of the Children's Commissioner conducts periodic reviews of Child, Youth and Family's operations through a combination of site visits, direct engagement with children, young people and families, and speaking with frontline workers. These

⁵⁵On 1 April 2017, the Child, Youth and Family transitioned to a new agency: The Ministry of Vulnerable Children Oranga Tamariki.

reviews have also identified consistent themes relating to high levels of variability in practice, lack of sufficient support for care placements for children and young people, the need for more support for young people leaving care, inadequate cross-agency collaboration, and insufficient priority given to the cultural capability of the Child, Youth and Family.⁽⁶⁸⁾

One of the functions of the Child, Youth and Family was to provide residential and care services for children and young people who require placement away from their parents, guardians or usual caregivers. In New Zealand, there are currently care and protection residences for children unable to be managed in foster homes. Care and protection placements are meant to be short-term (for three months) to stabilise children and find a suitable community-based placement; however, they often last longer than that.

3.2.2 The Ministry of Vulnerable Children Oranga Tamariki

In April 2015, an expert advisory panel was established to review the current care and protection system. The panel proposed an ambitious and substantial reform programme to significantly extend the range of services provided to vulnerable children and young people, and take a proactive and life-outcomes focused approach to meeting their needs. In response to the recommendations of the expert panel's final report,⁽⁶⁹⁾ the government agreed that an urgent overhaul of the care and protection and youth justice systems was required.

The Investing in Children Programme, formed in April 2016, was tasked with leading the fundamental shift required to achieve better outcomes for vulnerable children. This is a long-term transformation programme over four-to-five years. The reform programme takes a cross-sector, social investment approach, and draws on the experience and expertise of professionals, communities, caregivers, young people and families. For the first time, mandatory national care standards will be introduced by the Ministry of Social Development so that there is a clear expectation for the standard and quality of care in placement homes. On 1 April 2017, the Child, Youth and Family transitioned to a new agency: The Ministry of Vulnerable Children Oranga Tamariki.

3.2.3 Modernising Child, Youth and Family Expert Panel: Interim Report (2015)

This report⁽⁶⁸⁾ conducted a series of planned direct engagements and in-depth research was conducted with a small group of young people about their experiences

with the care and protection system. They were asked about the things they valued most and the changes they would like to see. Findings included:

- Children need more nurturing and love.
- Children want a say in what happens to them.
- Children have experienced trauma and need help to make sense of what has happened to them.
- Children crave belonging and being part of a family who bring out the best in them.
- Children want to strengthen their cultural identity and connection.
- Children do not stop needing help, support and nurturing

After considering the extensive list of principles contained in various parts of the Children, Young Persons and their Families Act 1989 and other strategic documentation, the Panel agreed on a set of principles.

These principles aim to:

- Place the child or young person at the centre of what they do. To ensure that, whenever possible, children and young people understand what is happening to them and why, and participate in decisions affecting their lives.
- Support families to care for their children. A child or young person's family (whether their original family, or a new family) and extended family should participate in decisions that affect the child or young person.
- Use evidence-based approaches to get the best results. The panel clearly understands the results being achieved for vulnerable children and young people and strive to do better.
- Support the connection of all children, including Māori children, to their family, cultures and communities.
- Have the same high level of aspiration for vulnerable children as for all other New Zealand children.

Help all New Zealanders to make a difference for vulnerable children. To work to re-connect New Zealand families and communities with children who are in need of care

and protection and youth justice services, and encourage New Zealanders and agencies to help, with the right support, children and young people in need

3.2.4 The Children, Young Persons, and Their Families (Residential Care) Regulations 1996

In summary, the key over-arching principles of the legislation⁽⁷⁰⁾ are that:

- The welfare and interests of the child or young person are the first and paramount consideration.
- Wherever possible, a child's or young person's family, whānau, hapū, iwi and family group should participate in the making of decisions affecting the child or young person.
- Wherever possible, the relationship between a child or young person and their family, whānau, hapū, iwi and family groups should be strengthened and maintained.
- Consideration must be given to how decisions will affect the child or young person, as well as the stability of the child or young person's family and whānau.
- Wherever possible, consideration should be given to the wishes of the child or young person.
- Endeavours should be made to obtain the support of parents, guardians and the child or young person when legislative powers are used.
- Decisions affecting a child or young person should, wherever practicable, be made and implemented within an appropriate time-frame.
- Decisions should also take a holistic approach and include considerations of age, identity, cultural connection, education and health.

3.2.5 Policy — Working with children and young people in residences (updated 2017)

This policy⁽⁷¹⁾ outlines what residential staff must do while working with children and young people in residential care. The policy covers areas including:

- admission
- individual care plans
- managing children and young people's property
- use of electronic media and publications
- transporting and escorting young people to or from a residence
- managing medication

- young people making complaints
- shift planning and debriefing.

A series of guidance documents are available for staff to help them implement this policy.

3.2.6 Residential Practice Framework (2017)

The Residential Practice Framework⁽⁷²⁾ combines the phases of a residential staff member's work (that is to say; engagement, assessment and planning; changing behaviour and supporting wellbeing; reintegration and preparing for the future) with Oranga Tamariki's principles and perspectives (young-person focused, family-led and culturally responsive, strengths and evidence based), to create practice triggers that inform everyday work.

For example, to ensure that reintegration and preparing for the future is young-person focused, the following questions are asked:

- Is the young person at the centre of the planning and decision-making process?
- Does the young person know their rights on leaving residential care?
- What are their thoughts and feelings about leaving?
- What skills has the young person developed to equip them for community reintegration?
- Are emotional as well as practical concerns being addressed by the reintegration plan?
- Has the young person's needs been identified and incorporated into the plan?
- Have the young person been listen to?

To ensure that reintegration and preparing for the future is family-led and culturally responsive, the following questions are asked:

- Are the workers coming together with the young person and their family to discuss and plan for reintegration?
- How is the family responding to the young person's impending discharge?
- Have support people been identified, gaps discussed and addressed?
- Has a young person supporter been identified?
- Does the family have a plan of support?
- What cultural supports have been mobilised?

To ensure that reintegration and preparing for the future is strengths and evidence based, the following questions must be asked:

- Has planning ahead been conducted to support successful transitions from residential care?
- Have all components of the plan been identified - lifestyle, safety and daily living; family and friends; health and wellbeing; learning and work; living arrangements; money; rights and legal issues, contingency support plan?
- Is the plan flexible and realistic?
- Is a plan review process in place?
- Are professional services working together to support the young person?

3.3 Australia

This section provides an overview of relevant children's homes legislation, standards and policy framework documents in Australia at a national level and within specific jurisdictions.

3.3.1 National Framework for Protecting Australia's Children 2009-2020

All Australian governments have endorsed the first National Framework for Protecting Australia's Children 2009-2020.⁽⁷³⁾ It is a long-term, national approach to help protect all Australian children. The National Framework represents an intense collaboration between Australian, state and territory governments and non-government organisations to protect children.

The national framework consists of high-level and supporting outcomes, strategies to be delivered through a series of three-year action plans and indicators of change that can be used to monitor the success of the framework.

The six supporting outcomes are that:

1. Children live in safe and supportive families and communities.
2. Children and families access adequate support to promote safety and intervene early.
3. Risk factors for child abuse and neglect are addressed.
4. Children who have been abused or neglected receive the support and care they need for their safety and wellbeing.
5. Indigenous children are supported and safe in their families and communities.
6. Child sexual abuse and exploitation is prevented and survivors receive adequate support.

Outcome 2 and outcome 4 include strategies relating to children in residential centres. To ensure consistency of support and services for all children and families, initial

three-year actions to support outcome 2 call for the development of quality assurance processes for registered community-based child and family services, and out-of-home care services.

Outcome 4 includes strategies for improving support for young people leaving care. The initial three-year actions to achieve this include increasing support through non-profit organisations for young people leaving care to establish their independence, continuation and improvement of state and territory initiatives targeting young people as they leave care.

Outcome 4 also discusses the priority project to introduce *National Standards for Out-of-home Care* focusing on key areas that directly impact on the outcomes and experiences of children and young people in out-of-home care. These standards allow for mutual recognition of existing state and territory quality assurance standards and processes that meet the requirements of the national standards. They also include the development of an agreed evidence tool to verify, review and monitor progress against the national standards.

3.3.2 The National Standards for Out-Of-Home Care (2011) - Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group

One of priority projects as part of the *National Framework for Protecting Australia's Children 2009–2020* is the development of *National Standards for Out-Of-Home Care*. This is an initiative of the Australian government, as well as state and territory governments. The national standards aim to ensure children in need of out-of-home care^{***} are given consistent, best practice care, no matter where they live.

Each state and territory government has a duty of care, and invests a great deal to ensure that the out-of-home care system within its jurisdiction provides opportunities for optimal development and wellbeing of children and young people in care. Each state and territory government has its own legislative and policy framework governing and regulating its child protection system. Most jurisdictions also already have standards for out-of-home care. While there are some common elements, there are also areas of diversity in the maturity, focus and range of standards for out-of-home care systems between states and territories. Although all governments are working to improve outcomes for children and young people in out-of-home care, the

^{***}The Australian Institute of Health and Welfare defines Out of Home Care as 'alternative accommodation for children under 18 years of age who are unable to live with their parents, where the State or Territory makes a financial payment or where a financial payment has been offered but declined'.

practices, processes and outcomes are diverse when trying to create a national picture of outcomes for children in care.

Overarching principles for National Standards for Out-of-home Care:

▪ Children and young people in out-of-home care have their rights respected and are treated in accordance with the United Nations Convention on the Rights of the Child (1990).
▪ Care provided to children and young people living in out-of-home care is focused on providing a nurturing environment, promoting their best interests, and maximising their potential. Children and young people living in out-of-home care are provided with opportunities for their voice to be heard and respected, and have the right to clear and consistent information about the reasons for being in care.
▪ Care provided to children and young people will promote the benefits of ongoing safe, meaningful and positive connection and involvement of parents and families and communities of origin.
▪ Carers and their families are key stakeholders and partners in the care of children and young people, and their role is to be respected and supported.
▪ Children and young people living in out-of-home care are provided with a level of quality care that addresses their particular needs and improves their life outcomes.
▪ Continuous system improvements are designed to achieve better outcomes for all children and young people living in out-of-home care.
▪ Out-of-home care for children and young people is measured, monitored and reported in a transparent, efficient and consistent manner over time.

Aboriginal and Torres Strait Islander communities are to be involved in decisions in accordance with the Aboriginal Child Placement Principle.

The standards state that:

- Children and young people will be provided with stability and security during their time in care.
- Children and young people participate in decisions that have an impact on their lives.
- Aboriginal and Torres Strait Islander communities participate in decisions concerning the care and placement of their children and young people.
- Each child and young person has an individualised plan that details their

health, education and other needs.

- Children and young people have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way.
- Children and young people in care access and participate in education and early childhood services to maximise their educational outcomes.
- Children and young people up to at least 18 years of age are supported to be engaged in appropriate education, training and or employment.
- Children and young people in care are supported to participate in social and or recreational activities of their choice, such as sporting, cultural or community activity.
- Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings or other family members.
- Children and young people in care are supported to develop their identity, safely and appropriately, through contact with their families, friends, culture, spiritual sources and communities and have their life history recorded as they grow up.
- Children and young people in care are supported to safely and appropriately identify and stay in touch, with at least one other person who cares about their future, who they can turn to for support and advice.
- Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care.
- Children and young people have a transition from care plan commencing at 15 years old which details support to be provided after leaving care.

Details of how each standard will be assessed are also provided.

3.3.3 The Standards of Alternative Care in South Australia

These standards⁽⁷⁴⁾ apply to all contracted service providers, caseworkers and carers who have direct or indirect contact with children and young people in all forms of alternative care. The standards are informed by the legislation that governs alternative care services including:

- The Family and Community Services Act 1972 which provides governance for licensing and monitoring of alternative care services in South Australia.
- The Children's Protection Act 1993 which establishes the Adelaide Youth Court jurisdiction to deal with applications relating to children in need of care and protection.

- The Adoption Act 1988 which allows for a child who is unable to return to the care of birth parents to be adopted by alternative caregivers, where such an action is deemed to be in the best interests of the child, where the child's cultural identity will not be lost, and where appropriate, the child's wishes are able to be expressed.

The standards define the overarching requirement of the alternative care sector to achieve quality of care for children and young people in the following areas:

- **Entering care:** All contracted service providers within the alternative care sector will provide individualised placement planning and matching for all children and young people entering care to ensure placement suitability, stability and continuity.
- **Case management:** Caseworkers with Families South Australia will ensure their work with children, young people and their families and carers is based upon an ongoing assessment and planning framework. Monitoring and review of casework will ensure children and young people are provided with all identified opportunities and or services to allow them to realise their full potential.
- **Care provision:** Family-based care includes: foster care, relative and kinship care. Non-family-based care includes: residential care, transitional accommodation, commercial care workers, congregate care and independent living. All contracted service providers within the alternative care sector will provide children and young people with a safe and secure living environment appropriate to their specific needs. Service providers will be subject to regular monitoring and review to promote quality care provision for children and young people in care.
- **Participation:** Children, young people, birth families and carers will be supported to actively participate in decision-making and to make choices in case planning.
- **Care records:** The alternative care sector will have well-managed records that are accessible and confidential.
- **Customer relations:** All inquiries, complaints and allegations will be heard and responded to in a confidential, responsive and fair manner.

3.3.4 The New South Wales (NSW) Child Safe Standards for Permanent Care

These standards⁽⁷⁵⁾ set out the principles, policies and practices that need to be followed by agencies providing out-of-home care and adoption services in New South Wales (NSW). The standards replaced the *Statutory Out-of-Home Care Standards* and the *Adoption Standards* and came into effect in 2015. The standards cover a number of service types and were developed in consultation with the out-of-home care and adoption sectors. The standards have also been informed by relevant legislation, regulation, evidence-based research and best practice developments in the sector.

Relevant legislation includes:

- Children and Young Persons (Care and Protection) Act 1998
- Children and Young Persons (Care and Protection) Regulation 2012
- Adoption Act 2000
- Adoption Regulation 2015
- Child Protection (Working with Children) Act 2012
- Child Protection (Working with Children) Regulation 2013.

Relevant guidance includes:

- United Nations Convention on the Rights of the Child
- Charter of Rights for Children and Young People in Out-of-Home Care in NSW
- Ministerial Code of Conduct for Authorised Foster, Relative and Kinship Carers.

The standards establish a number of minimum requirements for accreditation as a designated agency or adoption service provider. A more streamlined accreditation system is provided for agencies wishing to provide both out-of-home care and adoption services. The standards are set out in four sections:

1. Children and young people – Care and Wellbeing

- Children's rights
- Providing a positive care environment
- Child protection and child safety
- Identity
- Family and significant others
- Participation in decision-making
- Confidentiality and privacy
- Emotional and social development

- Health
- Education
- Behavioural support
- Independent living

2. Casework Practice to Support Care

- Initial assessment and permanency planning
- Case planning and review
- Case work and monitoring placements
- Post-adoption support (adoption providers only)
- Documentation and record keeping

3. People Who Work With and Care for Children and Young People

- Recruitment of staff and volunteers
- Assessment and selection of carers and adoptive parents
- Training and development
- Supervision and support

4. Child Safe Organisations

- Governance
- Strategic planning and evaluation process

3.4 Canada

Regulations and standards for children's residential centres in Canada are established and enforced by provincial and territorial governments, rather than at a national level. Provincial regulations and standards vary in the aspects of care that they cover and the level of specification and guidance provided. This section provides an overview of several sets of provincial regulations, standards and recommendations for children's residential care centres in Canada.

The *Child Care Facilities Licensing Manual*⁽⁷⁶⁾ provides guidance on licensing requirements for child and youth residential care centres in the province of Manitoba. The document sets out the standards a centre must meet and maintain in order to be granted a licence of operation. The powers of inspection and enforcement wielded by the relevant authorities are also outlined.

Alberta's *Licensing Requirements for Residential Facilities* (2004)⁽⁷⁷⁾ document provides detailed instructions on meeting the standards required for the safe and

quality provision of children's residential services in the province. The document outlines the staffing, reporting, physical and conduct-related arrangements that are required for licensing.

A comprehensive review of child and youth residential services in Ontario⁽⁷⁸⁾ was published in 2016. This report identified high-level themes of relevance to the province of safe, high-quality and child-centred care. A set of specific recommendations designed to improve residential care in the province was also produced.

The regulations and standards for children's residential centres in the provinces of British Columbia,⁽⁷⁹⁾ Saskatchewan,⁽⁸⁰⁾ and Newfoundland and Labrador⁽⁸¹⁾ are also outlined in this review.

3.4.1 The Child Care Facilities Licensing Manual

Manitoba's *Child Care Facilities Licensing Manual*⁽⁷⁶⁾ outlines the regulations and standards for child and youth residential care in the province. It first came into effect in 1999 and was revised in 2012. The authority for licensing residential child care facilities was incorporated under *The Child and Family Services Act*⁽⁸²⁾ and its 1999 regulations. The manual aims to provide licensed operators and staff of residential child care facilities with a clear understanding of licensing requirements, including the standards, policies, approved forms and the administrative procedures by which licences are issued, maintained, renewed and cancelled.

The standards cover residential group homes, treatment centres and other facilities for children and youth. The director of child and family services has responsibility for licensing facilities and ensuring that standards are met. The director has powers of inspection and may enter a facility, request relevant documentation and conduct any other actions deemed necessary to examine a facility's compliance with the regulations. The requirements and standards for licensing are laid out under a number of headings and sub-headings:

- Facility management
- Staffing, volunteer services, trainees
- Staff functions, position/job description
- Facility and financial records
- Residents' records
- Policies and procedures
- Personnel policies and procedures
- Discipline and behaviour management.

3.4.2 The Licensing Requirements for Residential Facilities

This document⁽⁷⁷⁾ outlines the standards required for children's residential facilities in Alberta. The standards are derived from the residential facilities licensing regulations of the Alberta Child, Youth and Family Enhancement Act 2004.⁽⁸³⁾

The stated goal of the licensing provisions is to ensure quality of care and accountability for children in residential care.

The underlying vision is to promote an environment where children and youth are valued, nurtured and loved, and develop to their potential supported by enduring relationships, healthy families, and safe communities.

The regulations outline the necessary requirements of applicants and their facilities in order to attain a licence. Applicants must have passed a criminal record check and have references demonstrating their ability to operate a child and youth facility. A license will be issued once the Minister of Children's Services is satisfied that the facility provides an environment that is safe and ensures that at all times children will be well supervised according to their developmental and treatment needs.

Applications must provide written descriptions of programmes and procedures including:

- the goals and objectives of the programme;
- the applicant's organisational structure;
- programme, financial and personnel administration;
- recruitment and screening of employees and volunteers;
- admission and discharge criteria;
- planning, monitoring and evaluation of care to be provided to children;
- maintenance of records of children residing in the facility;
- any health or educational services available to children residing in the facility;
- supervision of children;
- security of children and staff;
- disciplinary measures and use of restraints;
- use of isolation;
- emergency procedures;
- handling of allegations of abuse by staff and volunteers;
- administration of medication;
- orientation process for children;
- any other information the minister considers necessary to enable the minister to assess the ability of the applicant to operate a child and youth facility.

The environment must respect and support individuality and normal development. The facility and all furnishings must be clean and maintained to ensure health and safety. Staff regulations are also outlined, with the licensee required to meet certain requirements in relation to all staff interacting with children. Licence holders are also required to maintain records on residents, facility personnel and other relevant facets.

Facilities are required to keep a copy of policies and procedures on site at all times, available to employees, residents, guardians and inspectors. Age-appropriate information is to be provided to children regarding the rules and complaints process for a facility.

3.4.3 Because Young People Matter: Report of the Residential Services Review Panel

The Ontario Ministry of Children and Youth Services commissioned a review of the province's child and youth residential services system. *Because Young People Matter: Report of the Residential Services Review Panel*⁽⁷⁸⁾ was published in 2016. The review issued a number of recommendations for the provision of child-centred, outcome-focused and standardised care for children living in residential care facilities. The report stated that effective residential care ensures that children and youth can:

- achieve permanency in a safe, stable and caring home-like setting as quickly as possible with minimal placement disruption if they are unable to return to their families;
- receive timely, appropriate and evidence-based services that are matched to their care and treatment needs;
- receive quality services and supports from a highly skilled and competent workforce;
- receive the most appropriate, and least intrusive, placement that addresses their unique situation;
- maintain connections to their families and community, and are able to form attachment relationships;
- return to their families as quickly as possible;
- maintain their educational attainment and life-skills development;
- are prepared for, and supported through, their transition to independence or adult services;
- receive follow-up support to ensure they maintain the positive outcomes and or gains made in residential settings.

The review of services and related suggestions for improvement centres on 10 themes:

- **Governance** – a focus on the structures and mechanisms that affect the oversight of, accountability for, and service delivery of residential services.
- **Voice** – a focus on the fundamental importance of youth voice, engagement and participation in all aspects of residential service provision.
- **Quality of care** – a focus on the need for quality to be the foundation of service delivery and experience, and governance of residential care.
- **Continuity of care** - a focus on the need to look at residential care as a journey that requires continuity of care, a focus on transitions, and an overall perspective of the trajectory of care over time, both at the individual and system levels.
- **Data and information** – a focus on the data needs and analytical capacity required to evaluate how young people are doing in residential care.
- **Human resources** – a focus on the need to ensure that those tasked with caring for vulnerable young people are best equipped to do so.
- **Youth justice** – a focus on the issues and opportunities in the secure and open custody and detention sector specifically.
- **First Nations, Métis and Inuit young people in residential care** – a discussion about the importance of ensuring that a specific partnership strategy be considered regarding residential care in an Aboriginal context.
- **Unique contexts and geographies** - a focus on how residential care intersects with young people who identify their life context in unique ways, and those who have been identified by the system as having complex special needs. The issue of young people recruited into the sex trades is a component of this chapter, as is the impact of unique geographies on residential services and care.
- **Service and outcome indicators** – an identification of key indicators related to the evaluation of service providers, everyday experiences, and long-term outcomes of young people living in out-of-home care.

The report concludes with a set of 33 recommendations, designed to encourage excellence in residential services in Ontario. The recommendations are based on engagement with stakeholders, including children living in residential care and reflect the 10 themes identified above.

3.4.4 The Child, Youth and Family Services' Children and Youth in Care and Custody Standards and Procedures Manual for Staffed Residential Placement Resource, 2015

This standards and procedures manual⁽⁸¹⁾ outlines the standards and guidelines for children's residential care in Newfoundland and Labrador. The standards are derived from the Children and Youth Care and Protection Act 2010.⁽⁸⁴⁾ The document outlines core principles for determining the best placement for a child:

- the child or youth's safety, health and wellbeing;
- the child or youth's physical, emotional and developmental needs;
- the child or youth's relationship with family or a person significant to the child or youth;
- the child or youth's identity and cultural and community connections;
- the child or youth's opinion regarding his or her care and custody or the provision of services;
- and, the importance of stability and permanency in the context of the child or youth.

The manual outlines standards specific to the type of residential placement (for example, Emergency Placement Homes, Group Homes and or Individualised Living Arrangements), as well as general standards for care that apply regardless of the type of residential setting in which a child or youth is placed. The standards are designed to provide general expectations around care provision, and are complemented by a procedures section which provides specific direction (where possible) to support the standard requirements. Standards are in areas such as:

- Human resources
- Confidentiality
- Record keeping and reporting
- Sharing of information
- Routines and "in-house" rules
- Daily care and supervision
- Family visitation
- Personal privacy

- Life books
- Annual review of service provider.

The stated intent of residential care in Newfoundland and Labrador is to ensure that children and youth who cannot be supported in a family-based environment due to a range of complex social, emotional, developmental, behavioural, and medical needs are provided with a safe community-based, staffed living arrangement, where their needs are addressed in a caring and supportive environment. Residential care also provides short-term emergency care when necessary to allow children and youth in care to be matched with a longer-term placement. Within the document, a commitment is given to providing children in residential placement with a high quality of holistic, child and youth-centred care within a home-like environment.

3.4.5 The Adult and Youth Group Homes Regulations⁽⁸⁰⁾

This document,⁽⁸⁰⁾ initially produced in 1983 and updated in 2005 and 2011, outlines the requirements and standards for residential care centres in the Saskatchewan. The regulations are organised under the following headings:

- Location
- Required designated areas in group homes
- Sleeping accommodations
- Washing facilities
- Fire alarm system
- Exits
- Maintenance and auditing of financial records
- Medical treatment
- Medication
- Inspection of group homes
- Notice of discontinuation

The standards primarily focus on the physical environment and other governance requirements of group homes, with little reference to the nature of the care provided within the centre.

3.4.6 A Guide to Community Care Facility Licensing in British Columbia⁽⁷⁹⁾

This document⁽⁷⁹⁾ provides guidance on the requirements for licensing a residential care facility in British Columbia. The licensing requirements outlined in the document cover children's residential care but also disability services for children and adults, as per the Community Care and Assisted Living Act⁽⁸⁵⁾ 2007, amended 2016.

Community care facilities in British Columbia are licensed to prevent the risk of harm to residents and promote their health and wellbeing by setting standards which are regularly inspected against. The document outlines several 'principles of fairness' which underpin the licensing process. These relate to clarity and quality of communication, transparency of decision-making around licensing, and provision of appeal, review and complaint procedures for applicants.

The 'Child Care Licensing Regulation' section of the *Community Care and Assisted Living Act* organises the regulations for children's residential care centres under the following headings:

Licensing and facility requirements

- **Licensing** – sets out the process for acquiring and retaining a license to operate a residential care facility.
- **Facility requirements** – specifies the required environment, furniture and material, as well as prohibited materials.

Manager and employee requirements

- **General requirements** – specifies the requirements, character, skill, training and record of managers and employees.
- **Employee qualifications** – outlines the necessary qualification for various grades of staff involved in care.
- **Certificates** – states the requirements for renewal of qualification certificated
- **Supervision of children** – specifies regulations of group size, staff to child ratios and policies for dealing with staff absence.

Operations

- **General care requirements** – sets out requirements for treatment, nutrition, transportation, health and hygiene, and parental access.
- **Guidance and treatment of children** – outlines the required behavioural guidance and non-permitted activities.
- **Illnesses** – states the procedures for dealing with an ill child.
- **Records** – outlines requirements for care-planning and record-keeping.

3.5 United States of America

In the United States responsibility for regulating children's residential centres lies with the individual states. As a result, there are a diverse array of regulations and

standards for residential care in operation across the country, covering a variety of thematic areas. This section provides an overview of the regulations and standards from a selection of states spread across the geographical expanse of the United States of America.

The Alabama *Minimum Standards for Residential Child Care Facilities*⁽⁸⁶⁾ outline the licensing standards for children's residential centres in the state. The standards are underpinned by a philosophy to develop the child in care while also striving towards family reunification. The standards cover staffing, service, administrative and environmental themes.

California's regulations for children's residential centres are outlined in the *Manual of Policies and Procedures – Group Homes*.⁽⁸⁷⁾ These regulations cover a range of themes around applying for a license, the consequences of breaching regulations, and the standards against which residential facilities are inspected. The standards include requirements for personnel, reporting, care planning, discipline policies and the physical environment.

In Texas, children's residential centres are required to adhere to the standards set out in the *Minimum Standards for General Residential Operations*.⁽⁸⁸⁾ This document provides detailed standards across multiple topic areas, with a risk rating provided for each standard.

The Louisiana *Licensing Standards and Regulations*⁽⁸⁹⁾ provide the standards required for the licensing of children's residential centres in the state. The standards cover multiple topics including administrative requirements, staffing issues, care standards, the physical environment and safety.

In New Jersey the *Manual of Requirements for Children's Group Homes*⁽⁹⁰⁾ sets out the required standards for children's residential centres. The standards cover administrative, staffing, physical, care, health, transportation and other themes.

3.5.1 The Minimum Standards for Residential Child Care Facilities (revised 2016)

This document⁽⁸⁶⁾ sets out the standards required for the licensing of children's residential centres in Alabama. The key principle underlying the standards is to provide developmental experiences for children within a setting which also affords adequate food, clothing, shelter, safety and education. The importance of maintaining contact with a child's family is emphasised and residential centres are expected to strive towards family reunification where possible. The standards were

developed by Alabama State Department of Human Resources and external advisors with experience in child care.

The standards are grouped into categories, each containing a number of subsidiary standards:

- **Personnel** – This category sets out the requisite medical, personal and academic standards for centre staff and management, along with the related filing requirements for centre managers.
- **Social Services** – This section outlines the necessary elements of a child's case file, the rules around care planning, admission and discharge.
- **Program** – Detailed information on staff to child ratios, nutrition, hygiene, access to medical and dental care, monetary allowances, rules around discipline, access to education and family visits is provided under this heading.
- **Physical Facilities** – Residential centres are required to conform to building, fire and general health regulations. Specific requirements for living areas and child bedrooms are outlined, along with rules for storage of medication.
- **Facility Type** – The rules for group homes specify that no more than three children can be accommodated per room, with a recommendation of two children per room.
- **Licensing** – The procedures and rules around licensing are described in this section. The inspection regime is also explained.
- **Hearings** – The procedures involved in revocation of licenses and the related appeals process are described.
- **Reports to the Department** – Centres are required to provide regular reports on their enrolment, changes in management, occurrence of incidents and reports of abuse.

2.5.2 The Manual of Policies and Procedures – Group Homes⁽⁸⁷⁾ (revised, 2016)

This document⁽⁸⁷⁾ sets out the regulations for group residential care centres in California. The regulations provide detailed guidance across a range of requirements. These are grouped according to the following categories:

<ul style="list-style-type: none">▪ General Requirements and Definitions – This section clarifies the terms contained in the regulations and specifies relevant qualifications for the various professional groups involved in residential care.
<ul style="list-style-type: none">▪ Licensing and Application Procedures – The rules and process for gaining and retaining a license to operate a group home are outlined in this section. Centres must provide financial and staffing plans, along with a statement of purpose and services provided.
<ul style="list-style-type: none">▪ Administrative Actions and Enforcement Procedures – This section outlines potential breaches in compliance and their associated enforcement actions. Examples of breaches include incorrect staffing ratios, issues around complaints and discipline, and other failures to operate according to the terms of license.
<ul style="list-style-type: none">○ Continuing Requirements – This sections sets out the circumstances under which a centre must inform a child's social worker. Examples include failure to attend school and changes in placement. The Department of Social Services must be notified if a centre's administrator changes. The specific details required to be included in incident reports are also outlined. In addition, governance requirements are specified including reporting structures, necessary qualifications of administrators and certification requirements. This section also provides detailed requirements in other areas including: Personnel Duties, Personnel Records, Children's Records ,Personal Rights, Discipline Policies and Procedures, Complaint Procedures and Health-Related Services
<ul style="list-style-type: none">▪ Physical Environment – The regulations for the physical environment of the group home cover requirements for the building itself, its furnishings and its grounds, but also other factors including leisure activities, child allowances, and so on.

3.5.3 The Minimum Standards for General Residential Operations (2017)

The Texas Department of Family and Protective Services are responsible for monitoring and enforcing these Standards⁽⁸⁸⁾ in the state of Texas. These standards cover a number of different types of children's residential care centres including general residential care services, emergency residential care and residential treatment services. A risk rating is provided for each standard, outlining the perceived risk to children if the standard is not met.

The licensing authority has four functions:

- Inspection
- Technical assistance
- Investigations
- Caregiver rights and entitlements.

The licensing authority provides support and guidance on meeting standards, rather than simply monitoring and enforcing them. The standards are grouped into categories, each containing a number of subsidiary standards:

- **Organisation and Administration** – Detailed fiscal and operational plans for the residential centre must be submitted for inspection, along with plans around personnel and the admission and care of resident children.
- **Reports and Record Keeping** – Serious incidents such as an injury to a child must be reported to the licensing authority. This section outlines the necessary details to include in a report. Child and personnel record-keeping and data protection standards are also specified.
- **Personnel** – This section outlines the required competencies, qualifications and duties for centre personnel and administrators. Personnel are required to ensure children can engage in typical childhood activities that are suited to their capabilities.
- **Training and Professional Development** – All new staff must receive an induction. Annual training requirements are provided and it is suggested that personnel receive training on a new topic every year. All care staff must have first aid training.
- **Child/Caregiver Ratios** – Different ratios are specified for different types of care setting. Providers are required to employ an adequate number of personnel to meet the needs of the children.
- **Child Rights** – Multiple rights are outlined in this section, including the right to safety, maintenance of family contact, education, privacy, religion, hygiene, suitable clothing, personal space, discipline, medical care, and education. The standards also set out how children and their parents are to be informed of their rights.
- **Admission, Service Planning, and Discharge** – Centres can only admit children whose needs they can meet. The child's records must be updated and

the nature of the care being provided must be outlined to the child and their parents. A needs assessment must be completed at admission and this will inform their care plan. A child's record must be up to date at discharge.

- **Child Care** – This standard covers child access to medical care, dental care, nutrition and hydration. It also states that children cannot use or possess any tobacco product or e-cigarette.
- **Medication** – Consent must be obtained from the relevant guardian. Records must be kept of a child's medication history
- **Discipline and Punishment** – Discipline must be consistent with policies and procedures and not physically or emotionally damaging to children. A list of prohibited punishment methods is provided.
- **Emergency Behaviour Intervention** – Restraining a child is permitted provided it is done by a trained person and uses an approved method. Personal restraint should only be used to prevent a child from harming themselves, others or property.
- **Safety and Emergency Practices** – This section covers standards on sanitation, fire safety, carbon monoxide, emergency evacuation, first aid kits, and so on.
- **Physical Site** – The standards for internal and external physical aspects of residential centres are laid out in this section.
- **Recreation Activities** – Daily indoor and outdoor recreational and other activities appropriate to the needs, interests, and abilities of the children, are to be provided. Requirements for specific activities such as swimming and trampolining are set out.
- **Transportation** – The standards set out the safety requirements for centres during transportation of children. Rules for the vehicle and driver are outlined

3.5.4 The Louisiana Licensing Standards and Regulations (2010)

These standards and regulations⁽⁸⁹⁾ for children's residential centres are published by the Department of Children and Family Services. The purpose of the standards and regulations is to protect the health, safety and wellbeing of children in out-of-home care. The standards aim to protect children in care and to assist in improving the quality of care in child residential facilities. The document outlines the process and

requirements for licensing of new facilities, followed by a detailed description of the general standards required in Louisiana child residential facilities.

The standards are categorised as follows:

- **Administration and organisation** – This section covers the reporting and governance requirements for facilities. Facilities must have an identifiable governance structure with a defined role, a statement of purpose or philosophy, and defined rules and procedures.
- **Provider responsibilities** – The standards for personnel including qualifications, duties and vetting requirements are outlined in this section. Staff are to receive continuous, relevant training. Processes for grievances and incident reports are also outlined. Providers are required to have a written strategy around maintaining communication between children and their family and friends.
- **Admission and discharge** – Facilities are required to conduct child assessment and screening upon admission, with a service plan to address children’s needs to be in place within 30 days of admission. Facilities are required to have policies and procedures around discharge.
- **Resident protection** – Written policies must be in place to ensure the rights of the child are met. Privacy and contact with family and friends must be protected. A list of prohibited disciplinary procedures is provided.
- **Provider services** – This section outlines the standards in relation to access to education, healthcare, food, personal possessions, recreation and transportation.
- **Physical environment** – The regulations for the interior and exterior of the facility are outlined. It also provides minimum dimensions and other requirements for bedrooms, dining areas, bathrooms and other areas.
- **Emergency preparedness** – Facilities are required to have a written plan of procedures in case of emergency. Regular fire drills must be conducted
- **Safety program** – Safety procedures must be observed around hazardous items or materials stored within a facility.

3.5.5 The New Jersey Manual of Requirements for Children’s Group Homes (amended 2010)

This document⁽⁹⁰⁾ outlines the licensing requirements for several categories of children’s residential centres in New Jersey. It also outlines the process involved for

initial licensing applications, followed by the standards required for continued licensing.

The standards are organised according to the following categories:

- **Administration** – Homes are required to have a clear statement of purpose, respect children's rights, provide information to staff and parents, allow children visit the home prior to admission and create child-centred care plans based on a needs assessment. Recording and reporting requirements are also stated.
- **Physical facility requirements** – This section outlines the building standards which must be adhered to, along with requirements for maintenance and sanitation. Requirements for emergency evacuation, fire prevention and first aid procedures are described.
- **Staff requirements** – The skills and qualifications required for centre staff are outlined. The necessary staff-to-child ratios for different categories of residential centre are stated. Requirements for staff training and background vetting are provided.
- **Program requirements** – Care plans must be provided for all children, with representatives including the child's parents, centre staff and others involved in their development. Standards around money and allowances, clothing, family access, education, recreation and religion are also provided. This section also outlines restrictions on disciplinary behaviours.
- **Health requirements** – Centres are required to prepare health plans for all children in order to address their needs. Sanitation and hygiene requirements are also outlined.
- **Transportation requirements** – This section outlines provisions around providing or arranging transport for children.
- **Adventure activities** – Rules and regulations for a specified range of adventure activities including swimming, camping, and skiing are outlined in this section. The rules are designed to promote safety and minimise the risk of harm to children.
- **Services for pregnant and parenting adolescents** – Specific requirements for centres that cater for pregnant or parenting adolescents are outlined in this section.

3.6 Summary of international review

Standards for alternative care generally and or children's residential centres were identified in Northern Ireland, England, Wales, Scotland, Australia, Canada and the United States. There is a residential practice framework in New Zealand, underpinned by legislation. In Canada and the United States standards are established and enforced at a state or provincial level rather than nationally. The principles underpinning the standards as well as frameworks and policies reviewed are broadly similar and include:

- Keeping children safe
- Protecting children's rights
- Protecting and promoting dignity, equality and diversity
- Involving children in decision-making
- Health and wellbeing and supporting children to achieve their potential
- Effective leadership and management

These are aligned to the themes under which the draft *National Standard for Children's Residential Centres* and reflect the findings of the review of Irish evidence. While the principles identified are similar the level of detail provided in the international standards varies widely, from outcomes-focused standard statements in the Australian *National Standards for Out-of-Home Care*⁽⁹¹⁾ to very prescriptive standards in Texas that specify requirements in areas such as staff qualifications and staffing ratios.

Chapter 4 Systematic literature review

4.1 Overview of the systematic literature review

A systematic literature review was carried out to retrieve and document recently published evidence in relation to standards in children's residential centres as they relate to the eight themes set out in HIQA's standards framework:



This review was undertaken between March and June 2017. Evidence gathered helped to inform the development of the draft national standards.

4.1.1 Scope of the systematic literature review

This systematic literature review examined material published by the scientific community relating to standards in children's residential centres. The eight theme framework used to develop nationally mandated standards is used to document the evidence by theme to inform the development of the draft standards. The scope of the systematic literature review was for standards in residential centres accommodating children and young people less than 18 years of age.

4.1.2 Systematic literature review objectives

The three objectives of this systematic literature review were to:

1. use online search databases to conduct a systematic literature review of the latest published social science material supporting the development of standards, guidelines and best practice in children's residential centres;
2. group-retrieve search results under the eight themes of HIQA's standards framework to help guide the subsequent development of National Standards for Children's Residential Centres;
3. inform HIQA prior to engagement with key stakeholders involved in focus groups and an advisory group.

4.2 Database search strategy methodology

4.2.1 The research question

Systematic literature reviews collate evidence without bias and should be reproducible, thorough and transparent. Formulating the right research question from the beginning is an essential part of producing an effective systematic literature review. The following research question was proposed:

'What evidence exists in recently published scientific literature to support the development of children's residential centre standards, guidelines or best practice in relation to the eight themes of the standards development framework?'

4.2.2 Database searching

This research question can be broken down into a three key elements: the 'P' (population) element; the 'S' (setting) element and the 'LQ' (limiting query) element, addressing standards, guidelines and best practice. Findings from the review will be thematically analysed using a deductive approach into the 'O' (outcome) element

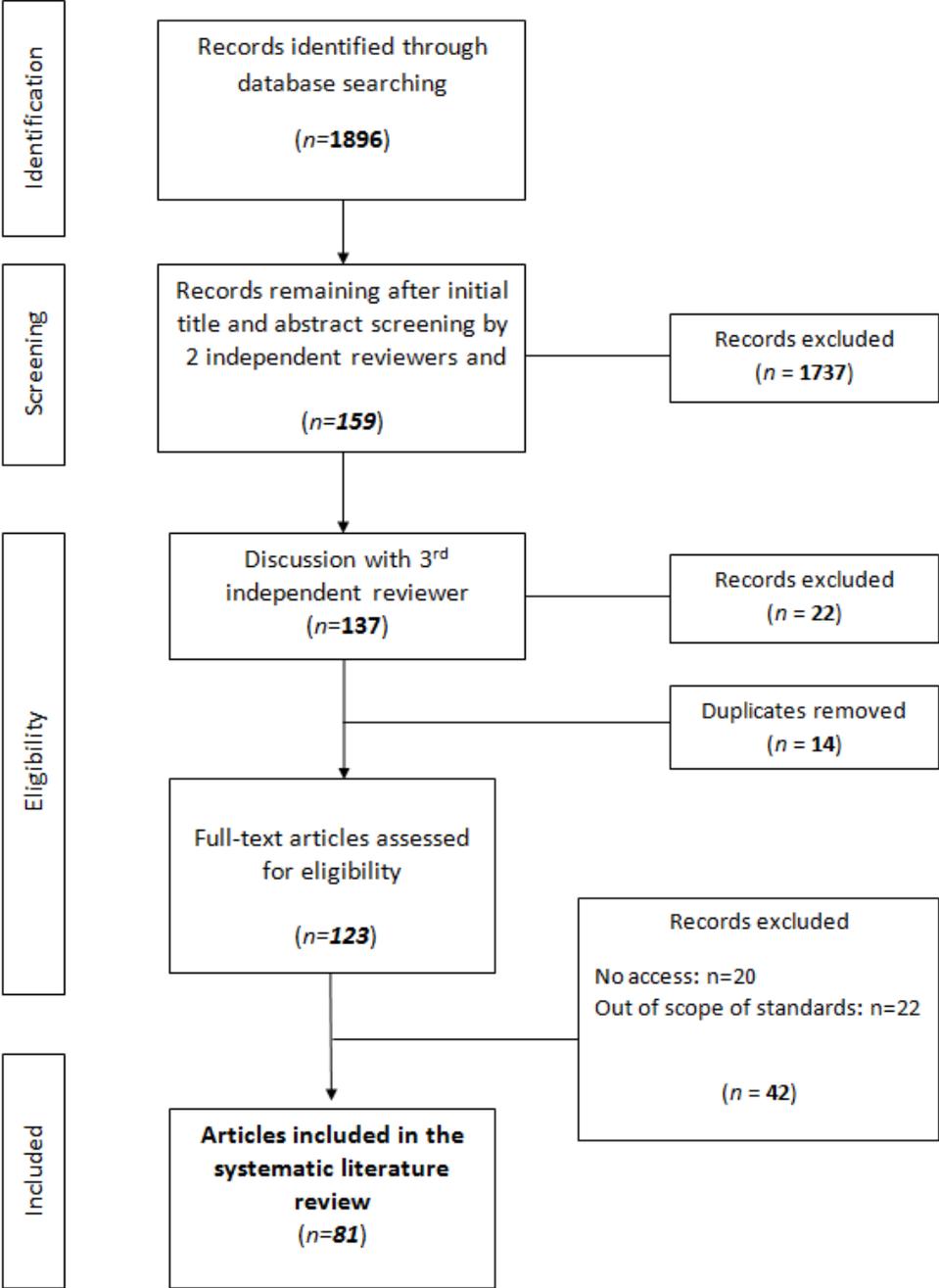
which deals with the eight themes of the *National Standards for Safer Better Healthcare*. These elements were combined to formulate search queries and are used in conjunction with search filters, limiters and qualifiers to search major health and social sciences search databases. The Systematic Reviews and Meta-Analyses standard for reporting systematic reviews (PRISMA) guided this review.⁽⁹²⁾ Databases searched for papers were: EMBASE, Pubmed, CINAHL, PsycINFO, SocINDEX and Social Sciences.

Natural language and controlled vocabulary descriptors, that is to say, MeSH (Medical Subject Headings) terms, CINAHL Headings, and so on, were used to describe each element within a search query. Additional limits placed on returned results included publication dates (2007 to 2017) and English language publications.

4.2.3 Summary of search results

Search queries identified a total of 1,896 articles. Titles of papers were reviewed and relevant papers were selected for abstract review. Following a review of abstracts, papers of interest were selected for retrieval and skim reading. The relevance, quality and transferability of information and studies, were evaluated using a CASP (Critical Appraisal Skills Programme) checklist. Publications that met all criteria were stored in an online evidence library and exported using special bibliographic software, Endnote (see figure 2). Findings from this evidence base are summarised and presented under the eight themes of the standard development framework in the next section.

Figure 2 Systematic literature review flow diagram for children’s residential centre standards



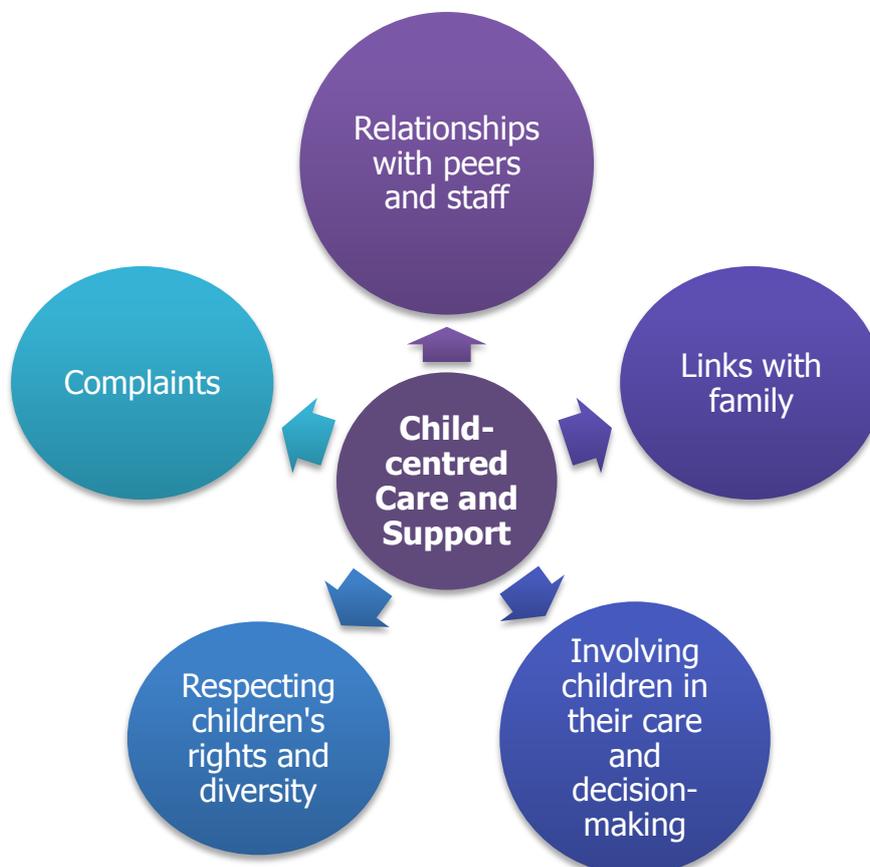
4.3 Structure of the systematic literature review

The systematic literature review is presented under the eight themes of the draft National Standards for Children’s Residential Centres, with sub themes covered within these as identified in the literature:

- Theme 1: Child-centred Care and Support
- Theme 2: Effective Care and Support
- Theme 3: Safe Care and Support
- Theme 4: Health, Wellbeing and Development
- Theme 5: Leadership, Governance and Management
- Theme 6: Responsive Workforce
- Theme 7: Use of Resources
- Theme 8: Use of Information

4.4 Child-centred Care and Support

Findings that relate to child-centred care and support are presented under the following sub-themes:



4.4.1 Relationships with peers and staff

An Irish study explored the meaning and experience of peer relationships to one group of children living in residential care.⁽⁹³⁾ The study analyses data gathered from interviews with 16 children, aged eight to 18, living in eight different children's residential centres. The study found that children in residential care need help and support to decide how and what they are going to tell their peers about being in care. Children need advice, support and training to facilitate this and to counter what have often been difficult past relationship experiences. It also found that 'success' in school, whether that is academically, socially or behaviourally was very much shaped by their sense of connectedness with others.

The findings of an Irish qualitative study by Cahill et al. suggest that key workers and their relationships with children in residential centres are key to successful social care work.⁽⁹⁴⁾ The paper recommends that centre managers give consideration to how suitable key workers are for each child children before assigning them, in order to facilitate positive relationships as much as possible.

A Canadian study describes 153 adolescent girls' perceptions of the social climate that prevailed in their residential care unit through validated questionnaires.⁽⁹⁵⁾ The girls tended to report friendly, trusting, safe relationships with their peers and warm relationships with their care workers, who made them feel valued and supported. Experiences varied with the nature of the difficulties that the girls were experiencing at the time that they were admitted to their residential unit.

Findings from a Canadian study proposed that separation from primary caregivers contributes to insecure attachment and impacts on adolescents' ability to form positive relationships with carers.⁽⁹⁶⁾ Seventeen adolescents living in a group care setting completed surveys and semi-structured interviews on their attachment and relationships with staff. Feeling secure in a relationship is paramount to a successful relationship, and consistent behaviours from a caregiver can evoke feelings of trust and security. Most participants appeared to have insecure attachment patterns. Staff who were perceived as fun, caring, open, consistent and respectful were rated positively. Carer proximity, sense of security, communication and trust were all important in building positive relationships.

4.4.2 Links with family

A number of studies reported that involving families in residential care can contribute to positive outcomes for children and their families.^(97,98) However, other studies emphasise caution to family involvement.^(99,100)

A systematic review regarding attachment styles in children living in alternative care (children's residential centres and foster care) identified that regular contact with

biological parents can cause tension between the aim of continuity in family bonds and the aim of providing good quality, stable alternative care.⁽¹⁰⁰⁾

A study from the US reporting on 350 youths placed in care suggested that not all family contact is beneficial to youths in care.⁽⁹⁹⁾ It analysed relationships between family contact and various outcomes. The study found that face-to-face contact with family was not related to outcomes and phone contact was related to greater disruptive behaviour and less departure success. Greater physical distance was related to greater departure success. Visits by family to the residential centre were unrelated to outcomes.

However, the study found that home visits for youths were beneficial across three outcomes:

- home visits that were planned,
- goals for the visit agreed in advance,
- and the visit and goals were evaluated upon the youth's return.

A literature review from the Netherlands found that studies which considered family-centred residential care as part of an intervention with young people have reported substantial improvements in child behaviour, whether from worker or parental report.⁽⁹⁸⁾ A number of studies reported that family-centred residential intervention had benefited young people's relationships with parents and other family members. Predictors of a placement stability included increased levels of parent-child contact, participation by the resident and their family members in family therapy. A family-centred approach highlights the importance of working with families in order to support return home (where appropriate) and effectively addressing problems that contributed to placement, in order to reduce the likelihood that a child will need to be accommodated again. It also highlights the need for professionals to support parental involvement in the lives of their children while they are placed away from home, while recognising that it may be better for some children to remain looked after.

A literature review (which included authors' own research undertaken in New Zealand to explore the views of children and young people in care, foster parents, and social work practitioners) found it important that decisions about contact are based on careful assessment of each situation.⁽¹⁰¹⁾ Several factors must be taken into account before decisions are made including: consideration must be given to the child or young person's developmental stage and history; the child or young person's views and wishes; the type of placement and future goals; ethnical and cultural connections, and work with birth families. It also highlighted the importance for children and young people to be consulted about contact with their birth families, and for this to be

reviewed regularly. When a placement is short term with a possibility of return home, frequent contact is important.

A literature review was undertaken of the research base around the topics of: the relationship between contact and outcomes for children, the perspectives of children, parents and carers in respect of contact, and contact between siblings.⁽¹⁰²⁾ It concludes that good quality contact with family members, in conjunction with other positive professional interventions, will likely promote positive outcomes for children regarding successful family reunification and or placement stability. The review cautions against making broad prescriptions for all children, given that poorly planned, poor quality and unsupported contact may be harmful. It concludes that the following considerations should be taken to maximise the positive potential of family contact:

- social workers have a central role in influencing the frequency, quality and safety of contact;
- contact should be purposeful and contribute to assessment/rehabilitation or other objectives in terms of a child's identified needs;
- the wishes and feelings of the child, parent and significant others must be given thorough consideration;
- appropriate support for the child, family members and carers is needed for successful contact to occur;
- and where contact is refused because it is considered detrimental to a child's welfare, explanations must be provided that are appropriate to the child's age and understanding.

In terms of assessing what contact arrangements there should be, the principle advice for practitioners is to consider them on a case-by-case basis avoiding broad prescriptions for all children.

A UK study reports children's, young people and parents' perspectives on birth family contact from interviews conducted across 11 local authorities in England between 2009 and 2012.⁽¹⁰³⁾ The study found that key factors for child and parental satisfaction with contact include involvement in decision-making; speed of social work response; resolution of practical problems; provision of information and emotional support; and investment in building relationships. Caring relationships enable workers to learn children's wishes and feelings, get to know parents and their views, and try out changes in contact arrangements from a more informed perspective. Where social workers and independent reviewing officers repeatedly check children and young people's wishes regarding whether contact had changed and involve children, young

people and families in decision-making, a rights-based approach to contact was implicit.

4.4.3 Involving children in their care and in decision-making

Studies have found links between child involvement in decision-making and successful outcomes.^(97,104,105) In a small-scale research project carried out in Scotland in 2011, interviews with nine residential care workers found that encouraging young people to participate more in recording their view, and ensuring that their views are recorded, led to a number of benefits.⁽¹⁰⁶⁾ It found that a young person reading their record helped them reflect on their circumstances and improving their participation.⁽¹⁰⁶⁾

An Irish study conducted an in-depth exploration of the concept of key working by engaging young care leavers, residential care providers and aftercare support workers through a series of qualitative interviews.⁽¹⁰⁷⁾ It found that some children and young people felt they had not been included in the decision about who would be their key worker and were embarrassed when assigned a key worker of the opposite sex. This was echoed in a further study that suggested centre managers give consideration to the fit between key workers and children before being assigned in order to facilitate positive relationships as much as possible.⁽⁹⁴⁾ Allowing the child to choose their key worker was recommended.

Involving the child and young person's wishes in decision-making is important also in relation to parental and family contact.⁽¹⁰¹⁾ A Canadian study of adolescent girls in residential centres also found that young people wished they could have had more of a voice in the way these units were run and questioned the fairness of the rules and punishments applied in these units.⁽⁹⁵⁾ It is suggested that collaboration across residential and community organisations providing care is essential to improving outcomes. Collaboration can be improved by involving youth and families are decision-making, as well as training programmes.⁽¹⁰⁴⁾

In relation to aftercare and transitions in care, studies report the importance of listening to children and young people and involving them in making decisions about their transitions from care. Gradual transitions from care appear to offer best outcomes - preparation, support, continuity and child involvement in decision-making are important.⁽¹⁰⁸⁾ Similarly, a Portuguese study explored the perspectives of 10 staff and 21 young people around making the transition to independent living after care.⁽¹⁰⁹⁾ It found that youth capacity to successfully transition out of care could be built through allowing them autonomy in decision-making, resolving conflicts, managing money and personalising their residence. Autonomy could be fostered in adolescents by creating a homely environment in the care centre, development of meaningful relationship and planning for emancipation.

4.4.4 Respecting children's rights and diversity

A US qualitative study which used focus groups to explore former residential care users perspectives of behavioural management systems found that group homes were often restrictive, non-normative, and non-individualized.⁽¹¹⁰⁾ In some instances, former service users mentioned that the systems required them to dress in certain clothing or to wear yarn or other visual cues representing the level that they had achieved in the home.

A Portuguese study, exploring 356 young people's perceptions of their rights in residential care and adjustment to care, found that young people's perceptions of the fulfilment of their rights in residential care impacts significantly on their adjustment.⁽¹¹¹⁾ It is suggested that young people's rights to participation and freedom of expression, and professional practices that respect young people and their families are important in ensuring that they adapt to residential care.

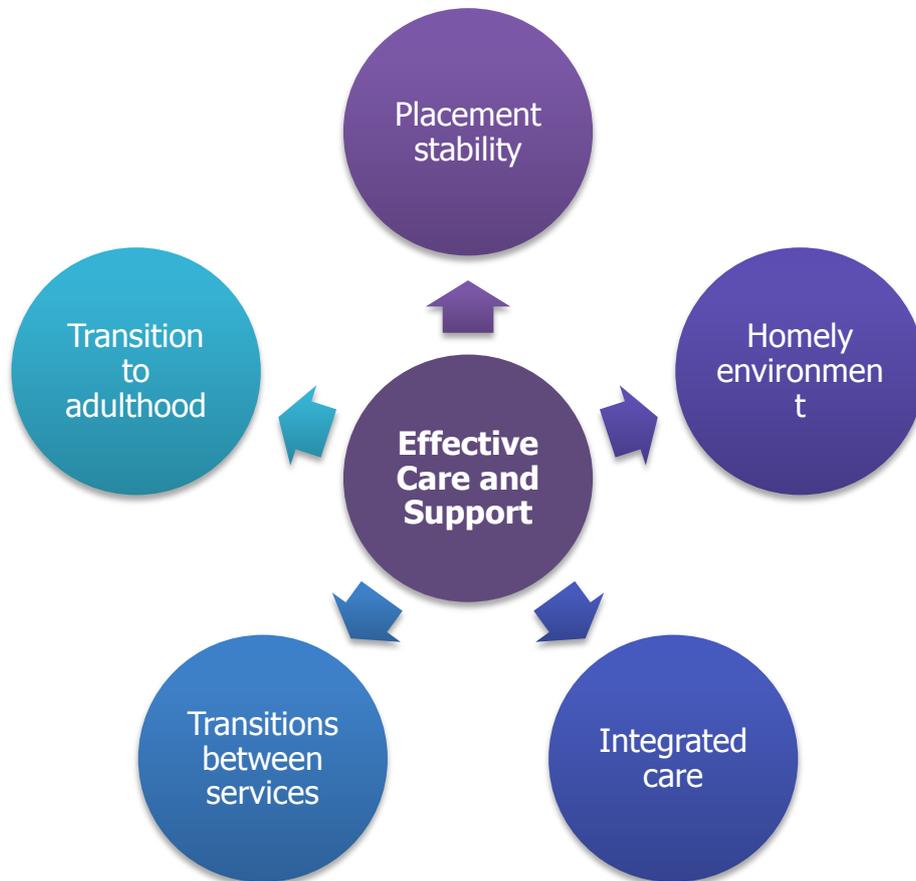
A US survey study evaluated group home care at 32 centres in California.⁽¹¹²⁾ It found that timely distribution of clothing allowances, healthy communication between staff and youth, and staff support of regular exercise for the residents should promote more change in outcomes and satisfaction for foster youth residing in group homes.

4.4.5 Complaints

A Scottish study setting out to elicit the views of young people conducted focus groups followed by interviews with 24 young people aged between 15 and 19 years. Young people were asked about their experience of care and to develop a framework for their participation in the inspection process. A consistent theme was a questioning of the effectiveness of complaints procedures.⁽¹¹³⁾

4.5 Effective Care and Support

Findings that relate to effective care and support are presented under the following sub-themes:



4.5.1 Placement stability

A review identified that, in particular, the number of placements, behavioural problems, age at first placement and placement stability were key factors associated with a range of outcomes for children in residential centres. Support services for transition to adulthood, improving access to services, and training and support for carers were identified as three areas for particular focus.⁽¹¹⁴⁾ A review of child protection in out-of-home care in Australia and New Zealand, found that males and those with emotional and behavioural difficulties were significantly more likely to experience placement disruption.⁽¹¹⁵⁾

Placement instability has been identified as a key contributor to mental health problems. Policy increasingly acknowledges that no one service can meet all of a child's needs, with a growing emphasis on inter-agency cooperation. There is a need for specified care pathways and processes for moving between services.⁽¹¹⁶⁾

Children with disabilities have been found to experience greater difficulties in the residential care environment than those without a disability. It is suggested that monitoring of school records prior to entry can inform assessment of a child's needs. Targeted interventions could address certain behavioural deficits in children with a disability. Inter-organisation cooperation and information-sharing is extremely important in giving the best possible picture of a child prior to entry.⁽¹¹⁷⁾

One paper, that provides a detailed narrative review of the current knowledge base regarding family contact for children in out-of-home foster, kinship and residential placements, reports that practitioners must consider children in care on a case-by-case basis and avoid broad prescriptions for all children.⁽¹⁰²⁾

A US survey study suggested that routine assessment and monitoring of residents using a standardised substance-use measure could aid in identifying issues and informing necessary interventions.⁽¹¹⁸⁾

Another US survey found a reciprocal relationship between behaviour problems and behaviour change.⁽¹¹⁹⁾ Data taken over a three-year period from a nationally representative sample of 500 children in continuous out-of-home care were examined. Findings suggest that systematic screening of new placements for emotional and behavioural issues, with periodic follow-ups, should be conducted as standard. This would allow caseworkers to target care for children more effectively.

4.5.2 Homely environment

An ethnographic study, exploring the everyday nature of food practices for children and staff, conducted 49 semi-structured interviews, 48 unstructured interviews and 12 focus groups with children and members of staff (including managerial staff, care workers, three cooks, administration and domestic staff).^(120,121) The study found an uneasy relationship between the care home as a workplace, institution and family home and that this can change the meaning of certain practices across time and through different spaces. The study recommended the need for policy-makers to be aware of the social and relational implications that the regulations they issue can have on residential care. It is important that residential units have a degree of control over how they organise food and the practices that surround it. While it is important for food preparation and dining areas and facilities to be clean, suited to their purpose and comply with food safety legislation, procedures such as the locking of a food cupboard can be seen as harsh regulation of staff showing concern over children's health. It is important that practices do not compromise the homely environment.

Emond et al.⁽¹²²⁾ also emphasises the importance of food and food practices on how children and staff living and working in residential care manage, express and contain feelings and emotions. Based on the data generated by this project, food may have become one medium to which both adults and children have been drawn to make

connections with each other and to express the feelings that this provokes. The study suggests that staff should not only be supported in recognising the potential that food practices have in expressing feelings and recovering from hurt and loss, but also in recognising how this may already be happening (and is being missed).

For the young residents who are living together to build safe, healthy relationships with one another, staff must manage the physical environment to minimise triggering events and must organise the physical space to afford an appropriate degree of privacy.⁽⁹⁵⁾

A case study exploring residential care users' sense of permanence and transitions out of care found that stability in residential care placement can be associated with feelings of family and belonging for residents.⁽¹²³⁾ Creating an environment that is stable and feels like home is perceived as an important predictor of success in the lives of people who leave care. The importance of a sense of belonging in a residential setting is also highlighted in studies.⁽¹⁰⁵⁾

4.5.3 Integrated care

A Scottish study explored the experience of consultation (by a clinical psychologist) in a residential setting for children in care.⁽¹²⁴⁾ It found that consultation increased staff confidence and empowered staff to implement discussions and training into their practice. Perceived commitment from staff to attend, prepare for and safeguard the time allocated to consultation positively influenced the staff-child relationship.

A UK study focused on the process of managing a residential care centre, including management roles and relationships with staff, their organisation, other stakeholders and children in care.⁽¹⁰⁷⁾ The study highlights the importance of a collaborative working environment for establishing clear strategies to achieve appropriate child behaviour.

A US study evaluating the health literacy skills of young people in residential care found that the majority demonstrated significant health literacy deficits.⁽¹²⁵⁾ The authors suggest that at entry to care, providers collect and merge young people's health history and health records from primary caregivers and previous healthcare providers as an important first step in documenting the young person's current and ongoing health needs.

This is also the case for school records and information on young people's performance at school which is often not shared with their carers.⁽¹²⁶⁾ Monitoring of school records prior to entry and communication of school performance throughout placement can inform assessment of the child's needs. Inter-organisation cooperation and information-sharing is extremely important in giving the richest possible picture of a child prior to entry.⁽¹¹⁷⁾

An article reflecting on a German portion of a wider European Union (EU) 'RESME' study on the interface between residential and mental health services noted that children in care are particularly sensitive to the quality of collaboration between services and professionals.⁽¹²⁷⁾ Developing a shared knowledge base that professionals in residential care, mental health and other settings can draw on, which informs the therapeutic and pedagogical approach taken with children, is recommended as a means to improve cooperation. Joint education will prove to increase the inter-professional collaboration between practitioners working in the system.

4.5.4 Transitions between services

A longitudinal study was carried out to identify placement patterns and to determine the likely influence of instability in those placement patterns on diverse problem behaviours presented over a period of 18 months by adolescent girls in residential care.⁽¹²⁸⁾ It found that better continuity of services, not only across moves from one setting to another but also across entries to and exits from placement, might ensure smoother transitions for adolescent girls. The simple recognition that every adolescent girl arrives in a new residential setting with her own unique placement history can lead to improved care.

A UK-based study examined the patterns and outcomes of return home through a two-year follow-up of a large sample of children returning home from care.⁽¹²⁹⁾ It reported on factors which were associated with successful and unsuccessful returns. The findings include that when adequate preparation for return had been made, reunifications were significantly less vulnerable to disruption. Adequate preparations include setting conditions using written agreements, which agree clear goals for change with parents, and swift action being taken when children's quality of life at home becomes unsatisfactory. In addition, when caregivers had developed an exceptionally supportive relationship with the parents there were significantly fewer return breakdowns.

4.5.5 Transition to adulthood

In many countries the state is no longer responsible for care after a young person reaches the age of 18.⁽¹³⁰⁾ However, many care leavers are not developmentally ready at 18 years to transition to independence, with some studies showing care leavers were generally assessed as not being ready for further education, and lacking social and everyday skills. There is an international consensus among leaving-care researchers that support is required beyond 18 years of age to address systemic disadvantage, and promote the social inclusion of care leavers.^(108,131)

Gradual transitions from care appear to offer best outcomes - preparation, support, continuity and child involvement in decision-making are important.⁽¹⁰⁸⁾ At the very least, respondents indicated that there always needs to be a back-up plan in place

regarding accommodation, should an initial return home upon discharge from care be unsuccessful.⁽¹³¹⁾

A number of studies recommend that planning young people's transition out of care is important.^(108,112,130,131) Transition plans for each young person should be developed and evaluated systematically⁽¹³⁰⁾ with planning for ongoing development and wellbeing.⁽¹⁰⁸⁾ They should be developed in partnership with individual youths and reflective of their needs and goals.⁽¹³²⁾ A US survey study evaluated group home care at 32 centres in California.⁽¹¹²⁾ It found that preparing young people for independent living predicted a number of positive outcomes. Despite this, a large proportion of staff and residents report that such preparations were not generally offered.

In a study to evaluate the effectiveness of blending out-of-home residential care with aftercare services, 89 youths that were in or at risk of entering the juvenile justice system received a unique blend of a behavioural-focused residential care programme with a family-based in-home aftercare service. Results indicate that youths displayed decreased behavioural problems and families practiced improved parenting skills at discharge. The results suggest that a blended residential and aftercare intervention is a promising practice in an area of research and intervention that has limited practice models and research findings.⁽¹³³⁾

The importance of key workers and the role they play in helping young people prepare for and negotiate the transition into aftercare and post-care independence was highlighted in an Irish study. This study engaged with young care leavers, residential care providers and aftercare support workers through qualitative interviews. The data gathered supports a positive appraisal of key working relationships, particularly in relation to the hidden and under-resourced key working that continues in some instances where young people have 'officially' graduated from care but continue to benefit from ongoing contact with their 'former' caregivers or key workers. The study found that the point at which the young person officially left care also became the point at which the key work relationship was deemed to officially end, paradoxically at a time when this relationship is most needed.⁽¹⁰⁷⁾

An Australian study identified factors that present challenges to successful transitions from care.⁽¹³¹⁾ The interviews and focus groups conducted with 77 stakeholders revealed factors which presented challenges to successful transition include young people appearing to have significant diagnosed or undiagnosed intellectual and or learning disabilities, high rates of substance use (which respondents described as being connected to offending behaviour), and involvement in sex work.

The findings of a UK-based cohort study include that when adequate preparation for returning home had been made, and when caregivers had developed an exceptionally supportive relationship with parents there were significantly fewer return breakdowns.⁽¹²⁹⁾ The study calls for more involvement by foster carers and residential

workers in preparing children and in providing follow-up support after reunification. The social work task in arranging reunification was often 'huge' and depended on team manager support, particularly when cases required intensive services. This is echoed in a review by Atwool (2013) who also discussed the importance for decisions about contact to be based on careful assessment of each situation and reviewed at regular intervals.⁽¹⁰¹⁾ It is important that ongoing work by social workers is carried out with birth families to assist them in coming to terms with the loss of their children when they are placed in care, especially when permanency decisions are made. Overall this is resource-intensive work.

Youth capacity to successfully transition out of care could be built through allowing them autonomy in decision-making, resolving conflicts, managing money, and personalising their residence. The importance of staff as a source of ongoing guidance for young people was highlighted in this study.⁽¹⁰⁹⁾

In addition to this, children, families, residential centre staff and social workers should all be involved in formally planning for aftercare.⁽¹³²⁾ Professional practices that respect young people and their families are important in ensuring that they adapt to residential care.⁽¹⁰⁵⁾

4.6 Safe Care and Support

Findings that relate to safe care and support are presented under the following sub-themes:



4.6.1 Safeguarding children from abuse and neglect

A Scottish study set out to elicit the views of young people about their experience of care and to develop a framework for their participation in the inspection process.⁽¹¹³⁾ It found that a large number of the young people who took part did not feel safe all of the time, with worrying numbers not feeling safe at any time. Threats to safety came from other young people, sometimes their families, and very occasionally from staff. Other young people were mentioned most often as contributing to a feeling of being unsafe. Attar-Schwartz (2009) reported that the characteristics of settings most associated with poor performance at school include those with higher levels of peer violence.⁽¹³⁴⁾

A Finnish study employed focus groups to explore the meanings behind gender and violence talk in residential care.⁽¹³⁵⁾ It was found that boys use violence as a means of gaining respect and status among peers. Younger boys were at risk of being victimised by their older peers. Girls were much less likely to report using violence to achieve their aims. The authors suggest that age and gender are important factors in violence and residential centres should tailor their approach to individuals accordingly.

A study exploring the experiences of 272 Swedish young people in foster and residential care around their access to welfare resources, found that those in residential care were less likely to feel safe and secure in their accommodation than others.⁽¹³⁶⁾ Children in residential care and foster care were more likely to report being bullied and participating in bullying than others. It is argued that efforts must be made to ensure those in residential care are provided with the resources they need to maintain a 'level of living' that is comparable with their peers in non-residential settings.

A UK study reports children's, young people's and parents' perspectives on birth family contact from interviews conducted across 11 local authorities. The study concludes that if children's rights to contact and safety are to be assured, then workers will need to spend more time on building and maintaining relationships with children and young people and their families. This would support the dynamic process of facilitating contact when this is appropriate, providing the necessary emotional support when it is not, and enabling contact to become a safe possibility wherever and whenever there is potential for change.⁽¹⁰³⁾

4.6.2 Positive behavioural support

A Canadian study describing adolescent girls' perceptions of the social climate found that girls tended to report friendly, trusting, safe relationships with their peers and warm relationships with their care workers, who made them feel valued and supported. Participants were somewhat more critical of the prevailing practices in their centres. In particular, they questioned the fairness of the rules and punishments

applied in these units and felt that they could have had more of a voice in the way these centres were run. These findings clearly highlight the need to provide a safe environment for girls while they are in residential care. More specifically, to better meet the needs of a substantial proportion of adolescent girls in residential care; trauma-based interventions focusing on interpersonal trust and safety appear to be crucial.⁽⁹⁵⁾

A US article examines techniques for holding youth in residential care accountable for their behaviour. The authors believe that holding someone accountable can actually be conceptualised and put into practice as a nurturing operation. More traditional approaches to accountability do not validate their perspective or feelings and, most likely, threatens them. This article recommends staff go over the event with the young person so that they may evaluate the experience. "What was this like for you?" becomes a central question.⁽¹³⁷⁾

Recommendation from Lanctot et al. (2016)⁽⁹⁵⁾ include that for young residents who are living together to build safe, healthy relationships with one another, staff must manage the physical environment so as to minimise triggering events and must organise the physical space so as to afford an appropriate degree of privacy. Staff need to be particularly sensitive to the effects of trauma on attachment issues and need to focus on support rather than on control in order to establish healthy relationships with traumatised adolescent girls.

A UK-based qualitative study focuses on professionals' perceptions of the factors that contribute to young people in children's residential centres coming to the attention of the criminal justice system. A frequently voiced concern was that residential workers were prevented from exercising 'appropriate' control and discipline, because of the fear of being made the subject of allegations of abuse by the children and young people, which could potentially result in the loss of their job and criminal conviction. Perceptions of professional powerlessness on the part of staff could stem from inadequate support and training, resulting in a lack of confidence and a consequent inability to handle difficult situations. The authors highlight this as an issue that needs to be addressed across the private, public and voluntary sectors.⁽¹³⁸⁾

An Australian review discusses the use of restraints in children's residential centres. It is noted that an international debate exists around the use of physical restraint, with some arguing it is unethical and others highlighting it is necessity to prevent harm to children and staff. Debate is hampered by the lack of clarity around what constitutes physical restraint. National and international laws and guidelines typically prohibit cruelty and torture of children but in some jurisdictions the use of physical restraint is allowed in cases where a risk is perceived to the child or others. There is a lack of clarity on specific methods and level of force allowed. The authors suggest that where restraints are used staff must be trained and the least dangerous practices should be

used. Children's residential centres should also regularly review policies and practices around restraint.⁽¹³⁹⁾

A Scottish qualitative study explored staff and young people's experience of physical restraint in residential care. The purpose of the study was to explore their experiences in order to inform policy and practice. The study found that the context within which restraint occurs is significant, including preceding and subsequent events and the ongoing quality of relationships. The study recommends that a model of holistic containment⁺⁺⁺ is necessary for staff, if residential centres are to become holding environments⁺⁺⁺ for all of those working and residing there. Good holding environments have the potential to reduce and possibly eliminate the need for physical restraint; they can also make experiences of therapeutic containment possible.⁽¹⁴⁰⁾

Fear or ambivalence related to touch can impede the kind of containing relationships that may preclude the need for physical restraint. This study also provides evidence of staff anxieties related to touching young people, and that some young people use physical restraint to meet needs for touch. Touch is used to contain distress and avoid restraint, and that touch-related fears may be limiting its ameliorating use, thus potentially increasing the use of physical restraint.⁽¹⁴¹⁾

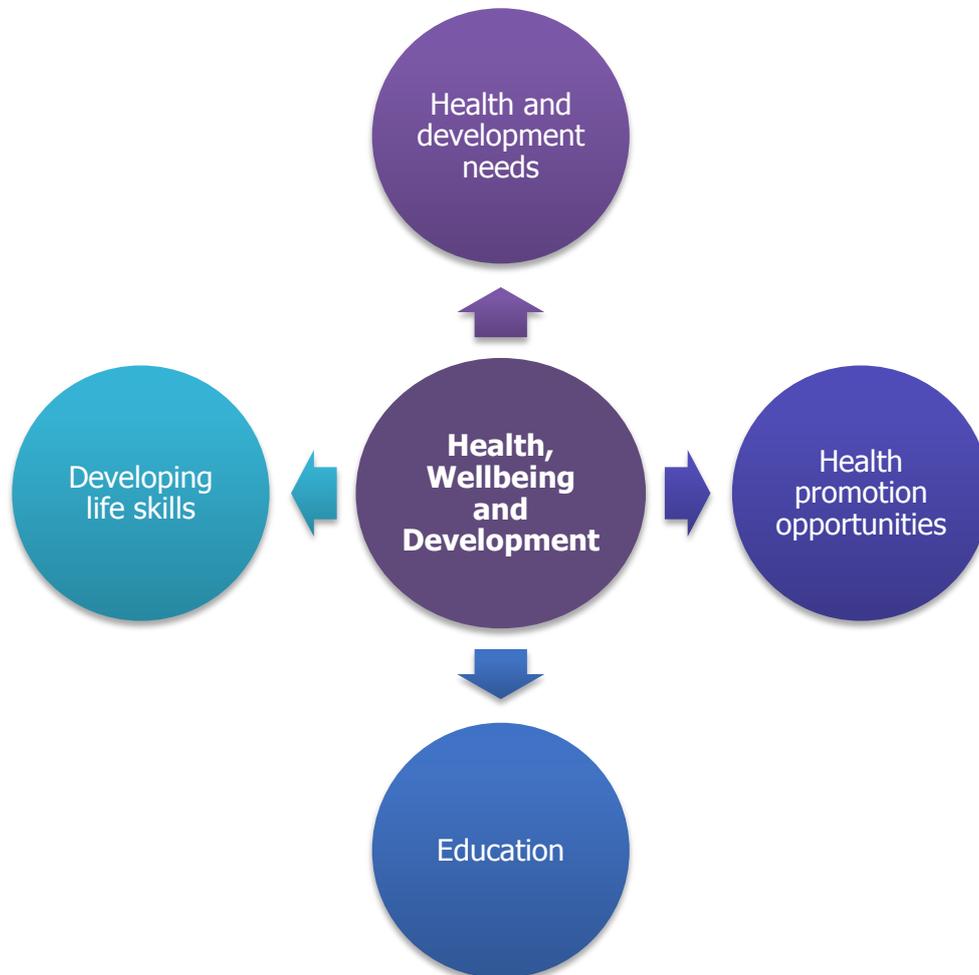
In a review of the use of restraint in US residential centres, Le Bel et al. (2010) recommends that leadership, clear policies and centre-level recording and reporting of restraint use form part of a strategy to discourage restraint. They also recommend that records of incidents be kept and used to inform a child's future care.⁽¹⁴²⁾

⁺⁺⁺ This model of holistic containment promotes the development of reflective practice in a way that integrates technical-rational knowledge with knowledge deriving from more practical-moral sources.

⁺⁺⁺ The term holding environment refers to the whole experience of being physically and emotionally held by the parent(s), whereby the infant develops trust, learns to identify thoughts and feelings, and develops the capacity to think, symbolise and play.

4.7 Health, Wellbeing and Development

Findings that relate to health, wellbeing and development are presented under the following sub-themes:



4.7.1 Health and development needs

A US survey study exploring the health-related quality of life (HRQoL) perceptions of 229 individuals in residential care in the US found that HRQoL scores for the sample were significantly lower for those taken from a general adolescent population. Age and length of stay had positive associations with quality of life. The number of psychotropic medications being taken by participants was negatively associated with HRQoL.⁽¹⁴³⁾

It is suggested that health-related quality of life and quality of life tools be used by children's residential centres to establish baseline scores for children at placement admission and to identify problems among children. Authors recommend that these measures should form part of regular evaluations of the health and functioning of these children and to determine their progress over time.^(143,144) A German study evaluating the impact of an outpatient psychiatric service intervention at residential

care centres found that early and regular screening for emotional and behavioural issues facilitates quicker identification of necessary treatment and better outcomes.⁽¹⁴⁵⁾

Studies have reported that children and adolescents in residential care institutions are a high risk population in the context of suffering from mental disorders.^(146,147)

Children in residential care have also reported higher levels of psychosomatic problems such as trouble sleeping, stress, headaches, and so on than their peers.⁽¹³⁶⁾

Monitoring mental health on admission to child and youth welfare systems is necessary. There is a need for psychiatric liaison-services within the child welfare system in order to provide sufficient diagnostic and therapeutic services.⁽¹⁴⁷⁾ The value of consultation (clinical psychologist) in a residential childcare setting for children in care, from both a consultee and a consultant perspective has been found.⁽¹²⁴⁾ A Scottish study exploring the experience of consultation (clinical psychologist) in a residential childcare setting, from both a consultee and a consultant perspective found that access and perceived availability of the consultant is an integral factor for consultees (the child) to feel supported. Similarly, children's commitment and preparation for sessions influenced the relationship.⁽¹²⁴⁾

Studies have found that children in care are particularly sensitive to the quality of collaboration between services and professionals.^(127,147) A German study of 689 children and adolescents in residential care found them to be a particularly neglected, vulnerable and high-risk population in the context of suffering from mental disorders. Policy increasingly acknowledges that no one service can meet all of a child's needs, with a growing emphasis on inter-agency cooperation.⁽¹⁴⁶⁾ There is a need for specified care pathways and processes for moving between services. There is also a need for monitoring of child mental health on admission and for there to be psychiatric-liaison services within the child welfare system in order to provide sufficient diagnostic and therapeutic services. Co-operation between child and adolescent psychiatrists, psychotherapists, social workers and caregivers within the residential care centres strengthens the chance of continuous care and avoids repeated breaking-off.⁽¹⁴⁷⁾ Joint case management, cooperation agreements and inter-professional exchange are all viewed as positive aspects that contributed to a culture of good cooperation across services.⁽¹²⁷⁾

An article exploring the impact of maltreatment on child health and the potential implication for healthcare provision states that children in care need more regular health screening and assessment. Incomplete health records, complex referral processes, restricted public health service capacity, lengthy waiting lists, lack of financing, and difficulties for carers and child-protection managers in navigating health systems contribute to poor continuity of health care and less than optimal outcomes. The UK approach of mandated registration of children in care with the health service has been found to be more effective at ensuring regular health assessment than more informal and opportunistic approaches employed elsewhere.⁽¹⁴⁸⁾

4.7.2 Health promotion opportunities

A US survey study exploring the prevalence and correlates of substance use among 53 female adolescents in seven group care centres suggests that routine assessment and monitoring of residents using a standardised substance-use measure could aid in identifying issues and informing necessary interventions.⁽¹¹⁸⁾

A UK study explores the high rates of smoking among young people in residential care found that units differed in whether they allowed residents to smoke. Despite smoke-free rules for young people, designated smoking areas were provided in each unit. This was seen as a security measure as it allowed residents to smoke in a controlled setting. Smoking presented numerous health and safety issues, and could provoke misbehaviour in residents were denied tobacco. The study also found that residents engaged in risky behaviours to attain tobacco. The authors concluded that smoking tends to be overlooked in health and needs assessments due to the regular presence of other acute issues. They recommended that staff training and robust policies around smoking be implemented to address the issue.⁽¹⁴⁹⁾

4.7.3 Education

A US study evaluating the health literacy skills (that is, one's ability to access, process, and understand basic health information and make important health decisions including accessing prevention or treatment services) of 229 youth in a residential setting revealed that the majority of youth demonstrated some level of risk in the context of health literacy skills, and from one-quarter to one-third demonstrated significant health literacy deficits. To document the youth's current and ongoing health needs, the authors suggest that efforts should be made by providers to collect and merge youth health history and health records from primary caregivers and previous healthcare providers at entry to care.⁽¹²⁵⁾

An Irish study exploring data gathered from interviews with 16 children living in residential centres, found that in school, these children were acutely aware of their 'care' status and developed a number of strategies to manage this identity. Children were saying that 'success' in school, whether that be academically, socially or behaviourally was very much shaped by their sense of connectedness with others. It suggests that many children need support to decide how and what they are going to tell their peers about being in care. The need for social work, residential and school staff to assess children's abilities to interact with others and to support their progress in this was evident from the accounts given by children.⁽⁹³⁾

A Spanish study which analysed school adjustment in 50 children in residential centres compared to a normative population reported that compared with their classmates,

children in residential care are perceived as more controversial and less integrated at school. Young people's lack of prior socialisation in an inadequate family context seemed to be the cause of their integration problems. These findings further highlighted the need for both residential care programmes and the school, to diagnose the school adjustment of minors in residential care, and to work together and coordinate in order to achieve the goals of school adjustment of these minors.⁽¹⁵⁰⁾

A Canadian study presenting the findings of a review of documents, interviews with stakeholders and site visits found that policies on supporting education were not reflected in the procedure manuals for individual centres. Site visits revealed a lack of designated study space, limited access to online resources and lack of necessary stationery. The authors recommend that support for education needs to become part of the culture for children's residential centres, starting with the procedure and purpose statements for residential centres.⁽¹⁵¹⁾

Truancy and lack of help with homework from adults were more likely to be reported by those in residential and foster care when compared to a normative population.⁽¹³⁶⁾ A study comparing the education of children in care in France and England found that French children in care tend to miss less school days to truancy than their English counterparts, but English children tend to have better access to study facilities in their residential centre. Care workers in both countries reported a lack of training on encouraging young people's education. One of the disadvantages highlighted in the education of children in care in France, was that information on young people's performance at school is often not shared with their carers.⁽¹²⁶⁾

An Israeli study of 4,061 children in residential care found that a high proportion of children in care had special educational needs, with many of these children having at least one problem with school functioning. The study examined the relationships between problems in school functioning (including academic and behaviour problems) with a number of variables describing the child and the care setting. Overall, it indicated that problems in school functioning are associated with several child-level factors such as gender, length of stay in residential care, court involvement, and problems in the quality of parent-child visitation. Setting-level factors, such as residential care structure, suitability of the physical environment to children's needs, after-school activities, and peer violence, were also associated with school functioning. It was found that in residential centres with more after-school activities, targeted educational support, integrated social work, education case management, as well as continuous monitoring of education outcomes and school behaviour should be important practice components in residential care facilities. Findings indicate that intimate environments are necessary to promote children's development and academic productivity and adjustment. In residential centres with adequate physical conditions (those having recreational facilities) and in settings with lower levels of peer violence, children exhibited fewer problems in school functioning. The authors also recommend

that care providers must spare no effort to address educational issues in children, particularly those in high-risk groups, for example boys and those with short-duration stays in care.⁽¹³⁴⁾ In addition to this, the role of the educational psychologist should be promoted.⁽¹⁵²⁾

A UK-based study examined the extent and nature of educational psychologist (EP) work related to children in care in five local authority educational psychology services. The weight of the overall evidence provides grounds for educational psychology services to recognise the benefits of having EPs with specialist roles within the service and in relationships with other professionals and services. This can also justify educational psychology services promoting further commissioning of EP work within the local authority, for example, to support staff working with children in care.⁽¹⁵²⁾

4.7.4 Developing life skills

Many care leavers are not developmentally ready at 18 years to transition to independence.⁽¹³¹⁾ Youth capacity to successfully transition out of care could be built through allowing them autonomy in decision-making, resolving conflicts, managing money, and personalising their residence.⁽¹⁰⁹⁾

A Portuguese study found that children in residential care had lower consumer skills than children not living in care. The authors suggest that children in care may require more specific instruction around consumer skills, for example value for money and attitudes to advertising, in order to prepare them for independent living.⁽¹⁵³⁾

In an Israeli study of 197 young people leaving care, staff assessed the majority of care leavers as having low or moderate skills in areas necessary for independent living. Girls had greater readiness than boys, as did those who had a greater length of stay in residential care. Care leavers were generally assessed as not being ready for further education, and lacking social and everyday skills. It is suggested that planning young people's transition out of care is important and should be evaluated systematically.⁽¹³⁰⁾

An article by Quinn et al. recommends that gradual transitions from care appear to offer best outcomes - preparation, support, continuity and child involvement in decision-making are important. Specific international examples of programmes for care leavers are provided.⁽¹⁰⁸⁾

4.8 Leadership, Governance and Management

Findings that relate to leadership, governance and management are presented under the following sub-themes:



4.8.1 Culture of the centre

A Scottish study by McPheat and Butler (2014) discusses the extent to which residential child care agencies exhibit the characteristics of a learning organisation.⁽¹⁵⁴⁾ Management and leadership which can more readily able to draw upon the experience and practice wisdom contained within staff teams and that can constantly push workers to expand their capabilities is required. All opportunities to learn and develop need to be grasped and capitalised on while staff require licence to be innovative and to learn from mistakes. This process could be aided by increased emphasis and reliance being placed on the experience and decision-making ability of practitioners. Such thinking could help to create and sustain care cultures where blame is less likely and organisational responses support practice consistent with learning and development.

An English study using qualitative and quantitative data to explore how managers in 45 children's residential centres used resources found that children's residential centres were more likely to have a clear strategy when they had a sanctioned management role with a manager with a high degree of autonomy, who considered themselves leaders of a team.⁽¹⁵⁵⁾ These aspects of leadership were, however, generally not enough on their own. Managers not only had to have position and influence, but they also had to have clear strategies for the practice they wanted

within the home and an ability to ensure this was enshrined in guidance and induction and so on. Without such a foundation, the systems, guidance, procedures and targets which are brought to bear on residential childcare are unlikely to be sufficient.

LeBel et al. (2010), in a paper reviewing the use of restraint in US residential centres, reported that literature suggests the use of restraint is associated with poor outcomes. The reviewers conclude that leadership, clear policies and centre-level recording and or reporting of restraint-use form part of a strong strategy to discourage restraint. The author recommends effective leadership and guidance be provided in relation to use of restraint.⁽¹⁴²⁾

4.8.2 Clear policies, procedures and statement of purpose

A Scottish study by Steckley et al. (2012) offers findings of a large-scale, qualitative study that explores the experiences of physical restraint of children, young people and staff in residential child care. It provides evidence that staff experience anxieties related to touching young people and recommends that staff are supported to manage the difficult emotions triggered by the work. Management must provide a clear purpose, policies and procedures; they must ensure that staff have forums for making sense of the uncertain, contentious and complex features of their practice.⁽¹⁴¹⁾

A Canadian article describes a project to promote educational performance, presenting the findings of a review of documents, interviews with stakeholders and site visits.⁽¹⁵¹⁾ It found that the official rhetoric on supporting the education of young people in care and the reality on the ground were very different. Policies on supporting education were not reflected in the procedure manuals for individual centres. It is suggested that support for education needs to become part of the culture for children's residential centres, starting with the procedure and purpose statements for residential centres.

Kay et al. in a UK-based study focused on the process of managing a residential care centre, including management roles and relationships with staff, their organisation, other stakeholders and children in care. Developing staff teams was a key task for managers, involving relationship-building skills and exercising control over colleagues. Establishing credibility within an organisation was important in gaining support from hierarchy and establishing legitimacy. Outlining a clear purpose or objective in working with young people was perceived as beneficial both for staff and for young people. The authors highlight the importance of a collaborative working environment for establishing clear strategies for achieving appropriate child behaviour.⁽¹⁵⁶⁾

4.9 Responsive Workforce

Findings that relate to responsive workforce are presented under the following sub-themes:



4.9.1 Recruitment practices

A Scottish study using survey and interview methods to explore recruitment practices in Scottish residential centres concluded that recruitment and background checks need to do more than simply weeding out unsuitable or unsafe candidates. They should also facilitate the identification of people capable of providing high standards of care to children. The study argues that greater central control and involvement from residential centres in formulating safe recruitment policies are required to ensure safe practices are adopted.⁽¹⁵⁷⁾ The study used survey and interview methods to explore recruitment practices in Scottish residential centres. Sixty-nine centre managers and HR personnel completed questionnaires, with 29 face-to-face and phone interviews conducted at a later stage. It was found that awareness and implementation of guidelines on recruitment were relatively low.⁽¹⁵⁷⁾

When hiring a staff team, agencies may benefit from being more aware of the types of staff members they are hiring as well as the needs and personality types of the youth they serve. Those staff members who make the youth laugh, share similar interests, are caring and consistent are most often sought by youth to form these relationships.⁽⁹⁶⁾

A Scottish study surveying 93 staff and teachers at a residential centre for 12-18 year olds found that carer empathy was protective against the development of negative attitudes towards children in care. The authors suggest that consideration of candidate empathy at recruitment and or provision of empathy training for existing staff could help prevent the development of negative attitudes.⁽¹⁵⁸⁾

4.9.2 Workforce planning

A UK survey conducted with social workers found that the concept of the social worker as a 'friend' and an 'equal' to a child in the care system requires a service that is intensive in terms of direct, face-to-face work. Sufficient numbers of staff are required for such a service to be provided.⁽¹⁵⁹⁾

A South Australia study reporting on the experiences of several key stakeholder groups found that staffing configuration and reliance on short-term contracts contribute to a lack of accountability for the 'seeing through' of agreed-upon behavioural plans and a lack of stable, ongoing relationship for the child. Stability of staffing can facilitate a commitment to future collaborative efforts. By creating the expectation of long-term relationships between workers from different agencies and a stability of appointments of key staff may be vital to supporting children with entrenched behaviour.⁽¹⁶⁰⁾

If children's rights to contact with family and safety are to be assured, then residential workers will need to spend more time, not less, on building and maintaining relationships with children and young people and their families. Success in giving maximum effect to the right to contact depends on availability of staff time.⁽¹⁰³⁾

Key workers and service providers described the importance of focused attention to building relationships with young people in care. It is important that they work with young people in the context of those relationships and using the strength of the relational bond as a basis for helping the young person prepare for and negotiate the transition into aftercare and post-care independence.⁽¹⁰⁷⁾

4.9.3 Support for staff

Staff must be supported to manage the difficult emotions triggered by their work, they must have clarity of purpose, policy and procedure, and they must have forums for making sense of the uncertain, contentious and complex features of their practice.⁽¹⁴¹⁾

An Australian study exploring the perspectives of 92 individuals dealing with children in care's challenging behaviour found that approaches to addressing challenging behaviour should acknowledge both its individual-level and environmental causes.⁽¹⁶¹⁾

Regular transfers to new homes presented a major structural barrier to relationship-building. 'One-on-one' time was seen as a facilitator of positive relationships. Suggestions for staff training to assist them in understanding attachment issues is highlighted.⁽⁹⁶⁾ Supervision of frontline staff and goal-oriented teamwork promoted the use of evidence-informed practice.⁽¹⁶²⁾

An article by Lawlor et al. exploring reflective supervision among social care managers suggests that an 'audit culture' has become prevalent in social care, focused on paperwork and task-completion rather than reflection on practice. A pervasive blame culture and consequent fear among staff has overshadowed their ability to work effectively with clients. It argues that a more interactive approach to supervision is needed, and this requires training, system change and effective leadership in order to take hold.⁽¹⁶³⁾

A systematic review assessing attachment styles in children living in alternative care found that mediating factors of attachment security related to the carer, that is to say their sensitivity, motivations and previous experience. Provision of a programme of continuous support for carers may improve the likelihood of a more positive, secure child-caregiver relationship.⁽¹⁶⁴⁾

A review considering the factors that contribute to high staff turnover in residential child care found these include a lack of self-worth, stress and high sickness levels for staff. This is combined with human resource issues such as poor pay, high workload and inflexible working hours that are incompatible with family commitments. The review found that a sizeable number of residential care staff had low morale, were dissatisfied with their jobs and intended to leave residential work. It is essential that once recruited, staff are supported, retained over time and enabled to function effectively in the knowledge that they are providing a service that both they and others value.

Consideration must be given to factors that might prevent human resource initiatives. These include the extent that unplanned and emergency admissions to residential care place 'strain' on the workforce, the level of professional isolation in the service, the lack of therapeutic help available to children, and the poor links with education and health providers.⁽¹⁶⁵⁾

A Scottish study aiming to evaluate the extent to which residential child care agencies exhibit the characteristics of a learning organisation found that many staff do not feel supported to take risks nor encouraged to develop innovative practice; mistakes are not used as learning opportunities and a culture of blame is felt to exist. To promote

innovation and to be innovative, staff must feel free to take appropriate risks and to try new ways of managing their work. Mistakes made by individuals and teams need to be viewed as potential learning opportunities which will only be possible if cultures of risk aversion are addressed.⁽¹⁵⁴⁾

4.9.4 Staff training and development

One of the findings of a Canadian study to determine what training and professional development opportunities currently available to residential workers was the lack of training available to relief and casual workers. The authors discussed the many concerns associated with the extensive use of relief workers in residential care, however, specifically with respect to training. In all three sectors, relief workers are typically excluded from training and professional development opportunities. It also found that turnover amongst relief workers in residential programmes is very high.⁽¹⁶⁶⁾

The need for effective and continuous training for carers to improve outcomes for children has been highlighted in a number of studies.⁽¹¹⁴⁾ A Scottish study which set out to elicit the views of young people about their experience of care and to develop a framework for their participation in the inspection process found that staff attitudes, as demonstrated by listening, expressing care, and spending time with them were central to positive experiences. However, on a negative note, young people often reported not feeling safe and raised questions in relation to staff training. Young people were found to be aware of staff training. They consistently reported that staff training would improve their care experience.⁽¹¹³⁾

Gharabaghi (2010) found that inconsistencies of pre-service qualifications include the lack of focus on life-space interventions and day-to-day work in group homes; scheduling problems and the lack of training available to relief and casual workers; the lack of integration of new knowledge, evidence, and conceptual thought in the day to day practices of residential workers. Team meetings and supervision time are integral components of the training and professional development regiment of residential child and youth care practitioners.⁽¹⁶⁶⁾

An area of training needs reported in the findings was the perception of professional powerlessness on the part of staff in exercising 'appropriate' control and discipline in the centre, because of the fear of being made the subject of allegations of abuse by children and young people. This was reported as stemming from inadequate support and training, resulting in a lack of confidence and a consequent inability to handle difficult situations. The author highlights this as an issue that needs to be addressed across the private, public and voluntary sectors.⁽¹³⁸⁾

In relation to restraint, it is suggested that where restraints are used staff must be trained and the least dangerous practices should be used. Children's residential centres should also regularly review policies and practices around restraint.⁽¹³⁹⁾

A study comparing the education of children in care in France and England found that care workers in both countries reported a lack of training on encouraging young people's education.⁽¹²⁶⁾

Smoking tends to be overlooked in health and needs assessments due to the regular presence of other acute issues. It is suggested that staff training and robust policies around smoking are necessary to address the issue.⁽¹⁴⁹⁾

A survey study of 1,324 adolescents in 32 Israeli residential care settings explored the effect of individual-level and setting-level factors on self-reported physical victimisation by peers. Over half of participants reported physical victimisation in the previous month, consistent with findings elsewhere. The authors emphasise that without sufficient and specific training, staff may not be able to effectively deal with problematic behaviours and prevent peer victimisation. It is recommended that staff receive training on understanding the factors behind peer victimisation and are provided with tools to resolve conflicts.⁽¹⁶⁷⁾

A Portuguese survey study explored and compared how residential care is viewed among care workers and lay people in Portugal. It was found that descriptions of children in care tended to highlight negative behaviour, emotions and social characteristics, even among care workers. It is suggested that care workers receive support and training in dealing with negative behaviours in order to reduce their pessimism towards children and youth in care.⁽¹⁰⁹⁾

4.10 Use of Resources

McLean (2012), in a study on the experiences of several key stakeholder groups that are routinely required to work together in order to support children in care, reported that resourcing may be central to any collaborative work in behavioural management. There is need for purposeful planning and decision-making about the way in which resources are allocated for this population.⁽¹⁶⁰⁾

Larkins et al. (2015) in a UK-based study reporting on children's, young people and parents' perspectives on birth family contact found that young people's and families' satisfaction with contact arrangements requires an ethic of care, a rights-based approach and access to resources. Access to resources included staff time, but also other resources included transport, activities, holidays and communication.⁽¹⁰³⁾

A literature review by Geurts et al. (2012) found that studies which considered family-centred residential care as part of an intervention with young people have reported substantial improvements in child behaviour, whether from staff or parental reports. Successful involvement requires enablement of parents and families to take responsibility for participation in work with children and to learn skills to support their

child. These changes are dependent on resources, that is to say, support and accessible services, in care and after.⁽⁹⁸⁾

An English study by Hicks et al. (2009) used qualitative and quantitative data to explore how managers in 45 children's residential centres used resources. It found that longer stays at a centre were associated with more positive outcomes and lower cost of care. Higher staff-to-resident ratios were not associated with outcomes but were related to higher costs. It found that the more expensive homes did not necessarily produce more positive outcomes for young people.⁽¹⁵⁵⁾

A Swedish study exploring the experiences of 272 Swedish young people in foster and residential care around their access to welfare resources found that children in residential care had less economic discretion and security compared to those in foster care or a regular family environment. The authors argue that efforts must be made to ensure those in residential care are provided with the resources they need to maintain a 'level of living' that's comparable with their peers in non-residential settings.⁽¹³⁶⁾

4.11 Use of Information

McLean (2012) reports that in order to support children in care with challenging behaviour, information about the antecedent context for behaviour, details of traumatic events and strategies successfully used in the past constitute necessary information to support behaviour change. It is important this information is communicated in a timely manner.⁽¹⁶⁰⁾

This was echoed in a US study by Aarons et al. (2010) in which the authors suggested that systematic screening of new placements for emotional and behavioural issues, with period follow-ups should be conducted as standard. This would allow caseworkers to target care for children more effectively.⁽¹¹⁹⁾ Nelson et al. (2014) and Greger et al. (2016) suggests that health-related quality of life (HRQoL) tools be used by children's residential centres to establish baseline scores for children at placement and follow-ups on their progress over time. These tools can identify problems among children in residential care and should form part of regular evaluations of the health and functioning of these children. They suggest this information also be used to inform changes in service provision.^(143,144)

Hébert et al. (2016) found that placement patterns of physical instability, that is to say large number of moves, placements and exits from placement, can be used as an indicator to identify young people who are at greatest risk. It was found that tracing placement patterns and understanding how their various characteristics combine to affect problem behaviours might prove a useful approach for monitoring children's wellbeing.⁽¹²⁸⁾

Webster (2016) explores the impact of maltreatment on child health and potential implication for healthcare provision in this cohort. Incomplete health records, complex referral processes, restricted public health service capacity and lengthy waiting lists, lack of financing, and difficulties for carers and child-protection managers in navigating health systems contribute to poor continuity of healthcare and less than optimal outcomes. The UK approach of mandated registration of children in care with the health service has been found to be more effective at ensuring regular health assessment than more informal and opportunistic approaches employed elsewhere. It is acknowledged that such an approach requires additional planning, capacity and resources, however its benefits are apparent and removing the burden from children and carers is seen as a positive.⁽¹⁴⁸⁾

It is important that information collected through published annual reports and examinations of risk and protective factors lead to and inform quality improvement programmes.⁽¹⁶⁸⁾ It is also important that centre-level recording and or reporting of restraint use is in place. LeBel et al. (2010) also recommends that records of incidents be kept and used to inform child's future care.⁽¹⁴²⁾

4.12 Summary of the systematic literature review

A systematic literature review was undertaken between March and June 2017 to retrieve and document recently published evidence in relation to best practice in children's residential centres, as they relate to the eight theme standards development framework used for nationally mandated standards. The results were documented by theme and then subsequently by sub-themes, as outlined in the previous sections.

Evidence from the literature review focused more on the safety and quality dimensions and also the responsive workforce theme. Significantly less evidence was available in relation to the capacity and capability factors of leadership, governance and management, use of resources and use of information.

Where evidence was not available, additional input was sought from the Advisory Group. Deficiencies in the evidence also informed questions and issues to be raised at focus groups undertaken with children living in residential care, parents of children living in residential care and staff working with children in residential care.

5. Conclusion

This report documents the desktop research that was undertaken to inform the development of the draft *National Standards for Children's Residential Centres* as follows:

- an overview of the Irish context
- a review of standards, frameworks and guidelines in place internationally,
- the findings of a systematic literature review undertaken to identify and document recently published evidence of best practice in children's residential centres.

This desktop research informed an initial draft of the standards that were refined at different stages throughout the standards development process including: detailed discussions at meetings of the Advisory Group; individual meetings with relevant stakeholders; and focus groups with children living in residential care, parents of children in residential care and staff working with these children.

Each of these steps, in conjunction with the desktop research documented in this report, has formed the evidence base for the development of the draft standards. The draft standards are available for a six-week public consultation commencing on 21 September 2017. Submissions received during this consultation will be reviewed and considered. The draft standards will then be amended based on the feedback received. The main amendments will be published in a Statement of Outcomes document along with the final Standards when they have been approved and mandated by the Minister.

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