

Health Information
and Standards

Statement of outcomes
report on focus group discussions
and public consultation on draft
*National Standards for Children's
Residential Centres*

November 2018

About the Health Information and Quality Authority

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

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

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with 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.

Overview of HIQA's Health Information and Standards Directorate

HIQA's Health Information and Standards Directorate is responsible for setting standards and guidance for health and social care and health information, evaluating information and making recommendations about deficiencies in health information to the Minister for Health.

HIQA develops national standards and guidance for health and social care services. Working in conjunction with a wide range of stakeholders, we aim to improve the quality and safety of health and social care services through setting standards and publishing guidance. Standards promote practice that is up to date, evidence based, effective and consistent. Standards also help the people who provide health and social care services to identify strengths and highlight areas that may need improvement. Standards also aim to show people what safe, high-quality care should look like and what to expect from a service.

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Chapter 1 Introduction and Background

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. In 2017, the Health Information and Quality Authority (HIQA) developed *National Standards for Children's Residential Centres*. These National Standards are designed to apply to all children's residential centres - private, voluntary and statutory and will replace the 2001 National Standards developed by the Department of Health and Children.⁽¹⁾

The *National Standards for Children's Residential Centres* aim to give a shared voice to the expectations of all children living in residential centres and all those involved in their care. The standards also show what a child-centred, safe and effective children's residential centre should look like, and in particular they:

- create a basis for improving the quality and safety of children's residential care by identifying strengths and highlighting areas for improvement
- provide children living in residential centres and their families with a guide to what they should expect from the service.

The Health Information and Standards Directorate's Quality Assurance Framework (QAF) describes the process to be followed during the development of standards, guidance and recommendations conducted by, or on behalf of, the Directorate. The Standards Team followed the process set out in the QAF at all stages in the development of these National Standards.

In line with the QAF, HIQA undertook a focused desktop review of national and international literature which was used to inform the first draft. This review took account of published research, investigations and reviews of children's residential centres in Ireland, as well as standards and guidelines in other countries. All documents reviewed and assessed to be included in the evidence base to inform these standards are outlined in *The Background document to support the development of National Standards for Children's Residential Centres* (September 2017) which is available on www.hiqa.ie.

HIQA also convened an Advisory Group, which included representatives from a diverse range of interested and informed parties, including young people with care experience, children's advocacy groups, social care representatives, and representatives from The Child and Family Agency (Tusla) and the Department of Children and Youth Affairs. The group's purpose was to advise HIQA on the development of standards for children's residential centres. Three meetings of the Advisory Group were held, two of which took place before the public consultation. The final meeting of the group took place on 08 December 2017 to discuss and make suggestions on the final changes to the standards

resulting from the public consultation. HIQA acknowledges with gratitude the hard work and commitment of the Advisory Group. The members of this Group are listed in Appendix A of this statement of outcomes report.

Chapter 2 Overview of the process

2.1 Overview of how focus groups that informed the development of the standards were conducted

When developing standards the Health Information and Standards Directorate does so in consultation with subject matter experts, service providers, people using services, the general public and other key stakeholders. Focus groups are used as one way of consulting and engaging with these stakeholders.

During the development of these standards, HIQA conducted 16 focus groups, meeting with a total of 142 participants. These groups discussed their experiences of children's residential care and their opinions on what issues the standards should address were obtained.

HIQA engaged extensively with children in residential care, their parents and staff caring for these children through a series of focus groups to inform the development of the standards. HIQA conducted 16 focus groups, meeting with a total of 142 participants. These focus groups took place in:

- Dublin
- Cork
- Limerick
- Louth.

At these focus groups, participants discussed their experiences of children's residential care and their opinions on what issues the draft standards should address.

The types of people who gave us their views at these focus groups included:

- children currently living in residential care
- social care workers
- residential centre managers
- aftercare workers
- social workers
- inspectors of children's residential centres
- advocates
- parents of children with experience of care.

A briefing document was sent to all participants in advance of the focus groups. This outlined the purpose of the focus groups, key questions for consideration and how the groups would be facilitated. A schedule of questions for the focus group discussions is set out in Appendix B. At least two members of the Standards Project Team attended

each focus group; one facilitated the group and the other(s) acted as note takers. HIQA worked with EPIC (Empowering People in Care), an advocacy and information organisation for people in care who were also members of the Advisory Group, to undertake the focus groups with children currently living in residential care. The session was facilitated by EPIC advocates and a member of the Standards Project Team attended and took notes of the discussion. It was explained in all cases that the notes taken would only be used to inform the development of the National Standards and points would not be attributed to any individual. All of the feedback gathered at the focus groups was reviewed and incorporated into the development of the National Standards.

It was identified by the Advisory Group and through the public consultation process that a children's guide to the standards would be required to explain what the standards meant to children living in residential centres.

2.2 Overview of the public consultation process

To further facilitate engagement and participation by informed and interested parties in the development of the National Standards, HIQA published the Draft national standards for children's residential centres in September 2017 for public consultation. The public consultation ran for six weeks from 21 September 2017 to 02 November 2018. During this time, interested parties were invited to submit their views and feedback on the content and structure of the draft standards.

The full text of the Draft national standards for children's residential centres was published in downloadable format on the HIQA website, www.hiqa.ie. A consultation form (see Appendix C) was developed in order to assist people to make a submission. The form was available to download on www.hiqa.ie and responses could be emailed to a dedicated email address or posted to HIQA. It was also possible to make an online submission using an online survey tool.

At the start of the consultation, HIQA notified the members of the Advisory Group about the consultation process and requested that they notify members of the groups they were representing and other interested colleagues. HIQA also contacted focus group participants, the representative organisations of relevant professionals, advocacy groups and interested stakeholders by email to inform them of the process and to ask them to share information about the public consultation and encourage their colleagues to participate in the process.

In total, HIQA received 40 detailed responses over the six-week public consultation phase. All submissions to the consultation were considered and the National Standards for Children's Residential Centres were revised accordingly. A list of the type of organisations that made submissions is documented in Appendix D.

This document gives an overview of the feedback received by HIQA during the focus groups and submissions received during the public consultation, as well as HIQA's response to those submissions.

HIQA is very grateful to those who participated in the focus groups and those who made submissions to the public consultation for taking the time to contribute to the development of the standards.

Chapter 3 Analysis of focus group discussions

All of the feedback received from the focus groups was analysed and collated by the Standards Project Team under the eight themes of the standards development framework as outlined below.

3.1 Feedback from focus groups that informed the development of the standards

Theme 1: Child-centred Care and Support

Child-centred care and support refers to how children's residential centres place children at the centre of what they do. This includes providing care and support and the protection of rights. Focus group participants emphasised the importance of seeing each child as an individual with individual needs, highlighting that it was the role of the children's residential centre – and all staff working in the centre - to provide support and care in a way that met these needs. This includes celebrating important events such as birthdays or exam results and ensuring that memorabilia from these events was kept safe for each child to bring with them when they left the centre. The topic of promoting and upholding the rights of each child at all stages of their care was discussed. Rights that were discussed by participants included the right to dignity, respect and privacy as well as providing care that recognises each child's culture and community.

Participants highlighted the importance of ensuring children had real choices in their care and were involved in decision-making in a way that suited both their needs and stage of development. Examples provided included ensuring children participated in the development of their placement plans and that these plans include a section about their culture and beliefs, as well as providing opportunities to have a say in the running of the centre through house meetings. Maintaining links with family and community was seen as essential to ensuring that each child has a sense of belonging and connection when they are living in a children's residential centre. Participants highlighted that this was very important as many children return to their family and community at some stage and this connection may ease their return.

Theme 2: Effective Care and Support

Effective care and support is about how children's residential centres deliver best outcomes and a good quality of life for children, using the best available evidence and information.

Focus group participants highlighted the importance of each child being placed in a children's residential centre that is appropriate to their needs. This included taking account of the location of the centre to ensure that family, and where possible community, links were maintained. Participants noted that while the placement process should be undertaken in a planned way, often there was a pressure to speed up the placement if there was an emergency. It was discussed that any placement should also take account of the needs of other children living in the centre. Participants stated that it was important to acknowledge when a placement was not right for the child and support them to move to a children's residential centre that met their needs.

Working with other professionals to provide integrated care was seen as vital to ensuring that children receive the care and support that meets their needs in the short and long term. Participants stated that this was achieved through shared planning, clear agreement of responsibilities and ongoing, open communication between all of the professionals involved in a child's life.

Focus groups participants highlighted that there can be many changes and moves in a child's life while they are in care, examples given were moving from one centre to another, moving back to family, moving to foster care or turning 18 and moving out of the residential centre. Each of these transitions requires planning and support so that the child is prepared and able to deal with it. Preparing to leave care is a particularly important time and participants felt it was essential to support children to be able to look after themselves by teaching them life skills all the way through their placement.

Finding the balance between maintaining a homely environment and protecting children was another point of discussion, and it was acknowledged that children's centres residential should be homely and inviting for family and friends.

Theme 3: Safe Care and Support

Safe care and support focuses on how children's residential centres protect children and promote their welfare. Safe services also avoid, prevent and minimise harm, and learn when things go wrong. Keeping children safe from harm is of paramount importance and participants noted that while there was positive practice in protecting children in a way that did not restrict them, there can be a risk adverse culture that can stifle creativity and spontaneity.

Participants stated that this risk adverse culture can lead to bureaucracy where even very minor incidents are recorded and notified externally. Participants noted that positive risk management systems encouraged trust in the child and allowed children to grow and develop. Focus group participants stated that it was important for everyone to learn from incidents and the management of these should be used to inform improved practice and better outcomes for each child.

Theme 4: Health, Wellbeing and Development

Health, wellbeing and development focuses on how children's residential centres identify and promote optimum health, development and education for children and work with children to achieve this.

It was highlighted by participants that there should be an expectation for each child living in a children's residential centre that they attend school or training that suits their needs. If children are not in the school or training system then there should be a clear plan to support them to return. Participants stated that children need to be given space to learn and grow emotionally, in order to prepare them for independent living. The children's residential centre should support a natural progression towards independence similar to that encouraged by parents with their own children.

The importance of having clear procedures around medication management was highlighted by focus group participants. This included supporting children to manage their own medication, appropriate to their age and stage of development. Participants also discussed the need to promote a healthy diet for children in the centre and to include them in menu planning and cooking for themselves. This also promotes autonomy and prepares each child for independent living.

Theme 5: Leadership, Governance and Management

Leadership, governance and management refers to the arrangements put in place by a children's residential centre for accountability, decision-making and risk management as well as meeting their strategic, statutory and financial obligations.

It was highlighted by focus group participants that the culture of the centre is very important. It was stated that all staff need to understand the statement of purpose and model of care in order for it to be reflected in the day-to-day operation of the centre. This ensures that staff are working towards a common vision. It was noted that some centres are good at assessing their culture and values but that this was lacking in other centres.

Focus group participants felt that there is a need for a 'leadership presence' at all times in the centre, citing the importance of the role of the shift leader. There has been reluctance in some centres for staff to take on additional responsibility as they do not perceive that they will be supported and there has been no monetary incentive for taking on these roles in some instances – this has resulted in staff becoming demotivated.

It was stated that each staff member should have clarity about their roles and responsibilities and the lines of accountability within their centre. Participants stated that it was apparent that risk was being managed differently across centres.

Theme 6: Responsive Workforce

Responsive workforce focuses on how children's residential centres plan, manage and organise staff with the necessary numbers, skills and competencies to respond to the needs of children.

The importance of having stability for children and consistency of staffing was raised by focus group participants. It was noted that a high turnover of staff and reliance on agency staff can be damaging to children living in the centre. The importance of workforce planning was highlighted in this regard. It was noted that, when recruiting staff, centres need to ensure that staff have the necessary competencies to undertake their roles.

It was highlighted that the continued training and development of staff is crucially important; specific examples were given such as training in management of challenging behaviour and the effect of trauma on children. Focus group participants noted there needed to be more opportunities for shared learning and for staff to share their experiences.

The importance of support for staff working in children's residential centres was emphasised by focus group participants. It was highlighted that staff need support such as formal supervision, reflective practice, and that staff should be empowered to perform their roles to the best of their ability. It was noted that there needs to be a move away from a blame culture to a culture of learning and development. It was highlighted that staff need to be supported to manage the impact of what participants stated was often a challenging working environment.

Theme 7: Use of Resources

Use of resources refers to how children's residential centres use resources effectively and efficiently to deliver best achievable outcomes for children for the money and resources used.

Focus group participants discussed the need for decisions around how resources are used to be informed by the needs of the children living in the centre. This should form the basis for all decisions about how a centre's resources are used. It was highlighted that resources provided to children should be child-centred with examples being cited of not having cash, and instead relying on a procurement card, not always being a child-centred approach to the management of resources. It was also highlighted that having a set amount of an allowance per child is not child centred as needs will change over time and there should be flexibility to allow for this.

A specific issue that was raised was how limited resources can impact on a child's ability to maintain links with their family, specifically if the centre they are living in is not close

to the family home. It was felt by participants that centres need to take account of this, for example in planning for a staff member to drive a child to meet with their family and maintain this important link, where it is in line with their care plan.

Participants highlighted that staff are the main resource for a child in a centre and that their time should be used effectively to engage with children but that having to complete so much paperwork can be a barrier to this.

Theme 8: Use of Information

Use of information refers to how a children's residential centre actively uses information as a resource for planning, delivering, monitoring, managing and improving care.

Focus group participants highlighted concerns around the privacy and confidentiality of children's information, with the majority of participants stating that too much information is recorded and is shared more widely than it needs to be. It was felt that children should be told about what information is being recorded, how it is being used, and importantly who it is being shared with. Focus group participants noted that, in some cases, information that is required to ensure a child's needs are being met is not being shared in a timely way to inform decision-making and that this needs to be addressed.

It was highlighted that, in the experience of some participants, little is being done by way of measuring performance and identifying areas of improvement. One specific suggestion was conducting an exit interview with children and young people who had left care a short period of time after they had left the centre. Not seeking feedback from children and young people who had lived in the centre was noted as being a missed opportunity for identifying a centre's strengths and potential areas of improvement.

Chapter 4 Analysis of public consultation

This chapter presents an overview of the analysis of the responses received during the public consultation.

4.1 Description of responses

A six-week national public consultation was held on the draft standards between from 21 September until 02 November 2017. HIQA received 40 detailed submissions from the consultation. Of the total submissions received, 26 were submitted on behalf of organisations, representing the key stakeholders in the area of children's residential care.

Each submission was read in its entirety and each individual comment was assessed to determine whether or not it would be incorporated. All submissions were reviewed by the Standards Project Team and subsequent changes to the draft standards were agreed. While this statement of outcomes document is not an exhaustive record of all comments received, it highlights some of the key items raised by people during the public consultation.

The consultation comprised of three general feedback questions and two specific feedback questions on each of the eight themes of the *Draft National Standards for Children's Residential Centres*. The aim of these general and specific feedback questions was to ascertain public opinion on the draft standards. This document provides an overview of the submissions received for each question.

In the 'About you' section, people were asked if they were commenting on behalf of an organisation or in a personal capacity. If they were making the submission on behalf of an organisation they were asked to include the name of the organisation. However, people could also indicate if they did not want their organisation to be listed in the Statement of Outcomes report. In addition to this, respondents were also asked if they were commenting as:

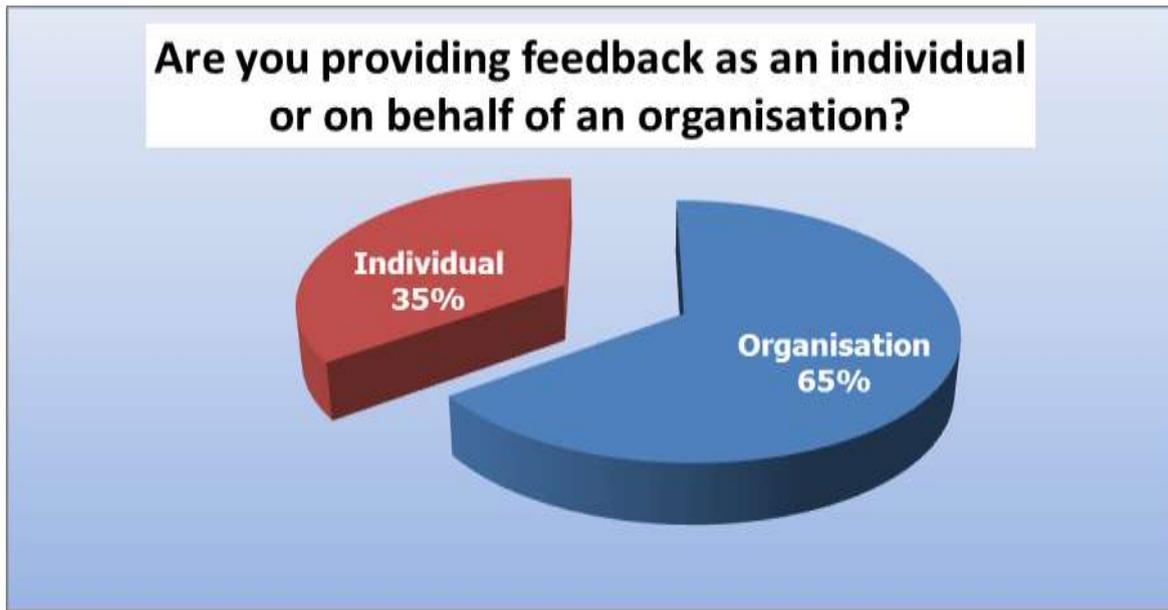
- an individual working with children in children's residential care
- as someone with past experience living in residential care or
- if they were a child currently living in residential care.

Finally, if respondents stated that they were working with children in residential care, they were also asked to specify their role.

Figure 1 shows the breakdown of responses as an individual or on behalf of an organisation; 32 of the 40 respondents answered this question.

Of these 32 respondents, almost all respondents 91% (n=29) stated that they were providing feedback as an individual working with children in residential care (some of which were providing group feedback on behalf of children in their residential centre), while 6% (n=2) had past experience living in residential care and 3% (n=1) stated they were a child currently living in residential care.

Figure 1: Responses to consultation Question 1.1, (n=40)



Three out of four (75% or 30) respondents gave details on their role. Ten respondents (25%) did not provide an answer for this question, indicating that they either do not work with children in residential care or they may have simply skipped the question.

Examples of respondents' roles working with children in residential care:

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

A list of the types of organisations that made submissions is documented in Appendix D.

4.2 Feedback questions on specific themes

Within this section, respondents could provide feedback on each of the draft standards statements and or features, based on the following questions:

- Do you think all important areas have been covered in each standard or are there any areas that should be included or excluded?
- Do the features listed provide enough examples for staff in children's residential centres to meet the standard?

Table 1 provides a breakdown of the percentage of respondents that provided feedback in relation to each theme.

Table 1: Percentage of respondents that provided feedback on each theme

Theme	Percent	Number
1. Child-centre Care and Support	68%	27
2. Effective Care and Support	73%	29
3. Safe Care and Support	65%	26
4. Health, Wellbeing and Development	63%	25
5. Leadership, Governance and Management	50%	20
6. Responsive Workforce	58%	23
7. Use of Resources	48%	19
8. Use of Information	48%	19

Theme 1: Child-centred Care and Support

Just over two thirds of respondents (68%) (n=27) provided comments on Theme 1: Child-centred Care and Support.

What the respondents said

The inclusion of this theme in the standards was welcomed in the feedback received and the majority of comments were positive. Some respondents suggested that a number of areas needed to be strengthened. These included having more emphasis on:

- upholding kinship ties, especially between siblings,

- access to advocacy services and the option to escalate a complaint to an external body,
- and the UN Convention on the Rights of the Child (UNCRC).

Respondents also suggested that the everyday life of a child in residential care, such as focusing on recreational time and play as well as on relationships with staff in the centre should be strengthened in the theme. Respondents also highlighted that other minority issues such as gender identification should be included. Feedback was received in relation to the role of a child's social worker and the fact that they would be allocated by Tusla (the Child and Family Agency). In addition to this, it was also identified by respondents that this theme should make reference to the centre being a child's home, recognising their need for stability, routine, kindness and sanctuary in their daily lives, as well as acknowledging the challenges faced by a team working in shifts, caring for children in the centre. Clarification was also sought by respondents regarding the appropriateness of contact with individuals in the child's life, for example their family, in certain situations. Finally some feedback was received that related to content covered under Theme 6 (Responsive Workforce).

HIQA's response

Facilitating contact with siblings, referencing the UNCRC, assisting children to access advocacy services and including the option to escalate a complaint to an external body were strengthened throughout Theme 1. The language was also revised to emphasise a number of issues relating to the everyday life of children in residential care, including their need for stability, routine and sanctuary. In addition to this, text was added to the introductory section to Theme 1 to include minority issues such as gender identity. While the introductory section to the standards document was strengthened by making reference to the challenges faced by the staff team when on shift work in the centre, as well as providing clarification around the role of a child's social worker who is allocated by Tusla. In relation to concerns raised regarding contact with the child's family, for example their parents, various features were strengthened by adding that this is carried out in line with the child's care plan. Where feedback was received that overlapped with content covered in Theme 6 (Responsive Workforce), this was addressed under that particular theme.

Theme 2: Effective Care and Support

Almost three quarters of respondents (73%) (n=29) provided comments on Theme 2: Effective Care and Support.

What the respondents said

Respondents suggested more emphasis in this theme was needed on issues such as:

- providing clarity in the standards on the terms placement plan, care plan and care record,
- facilitating a child's access to important documents and records when leaving care,
- the issue of aftercare and the partnership role between the child's social worker and staff in the centre during preparations for leaving care, as well as expanding on the options available to children for aftercare placement.

It was highlighted in the feedback received that the introductory section to theme 2 needed to include a paragraph on the standard relating to transitioning from childhood to adulthood. Feedback was also received suggesting that more emphasis should be placed on maximising a child's wellbeing in parts of Theme 2. Under integrated care, it was identified that discharge from care and leaving care should be separated out for clarity. Finally some feedback was also received that related to content covered under Theme 4 (Health, Wellbeing and Development).

HIQA's response

The terms placement plan, care plan and care record were added to the key terms and glossary of terms sections for clarity. Certain features were amended to strengthen the sections on aftercare and preparations for leaving care; this was specifically in relation to including additional options for aftercare placement, facilitating access to important documents when leaving care and being explicit about the partnership role between staff in the centre and the child's social worker with regards to preparations for leaving care and developing the aftercare plan. Transitioning from childhood to adulthood was strengthened in the introductory section to Theme 2. As suggested, more emphasis was placed on maximising a child's wellbeing through the care and support provided to them. Under integrated care (standard 2.5), "discharge from care" and "leaving care" were separated into two parts for clarity. Where feedback was received that overlapped with content covered in Theme 4 (Health, Wellbeing and Development), this was addressed under that particular theme.

Theme 3: Safe Care and Support

Almost two thirds of respondents (65%) (n=26) provided comments on Theme 3: Safe Care and Support.

What the respondents said

The inclusion of this theme was welcomed in the majority of feedback received. Respondents suggested that more emphasis was needed in this theme on:

- the issue of bullying and harassment,

- the centre's role in promoting a positive approach to behaviour that challenges,
- and referencing the new Children First: National Guidance (2017) launched during the public consultation process in September 2017.

Clarification was sought with regard to independent audits, the child's assessment regarding restrictive practices and the policy and procedures on whistle-blowing and protected disclosure. Finally some feedback was also received that related to content covered under Theme 6 (Responsive Workforce).

HIQA's response

With regards to feedback received on the lack of reference to the newly published Children First: National Guidance (2017) document, amendments were made throughout this theme accordingly. To address feedback received regarding the issues of bullying, a number of features were amended to separate it from the issue of abuse and neglect. Text was added to the introductory section of Theme 3 to place emphasis on the centre's role in promoting a positive approach to behaviour that challenges. With regards to concerns raised regarding the audits that are carried out in addition to regulatory inspections, some text was also added here for clarity and it was made explicit that these are carried out by personnel external to the centre. As suggested, amendments were made to the text in the standards regarding the policy and procedure on protected disclosures. In addition to this, certain features were also amended, specifically stating that restrictive practices are carried out in accordance with the child's risk assessment. Where feedback was received that overlapped with content covered in Theme 6 (Responsive Workforce), this was addressed under that particular theme.

Theme 4: Health, Wellbeing and Development

Almost two thirds of respondents (63%) (n=25) provided comments on Theme 4: Health, Wellbeing and Development.

What the respondents said

Respondents welcomed the inclusion of this theme in the draft standards and the majority of feedback was positive. Some feedback suggested that more emphasis was needed in this theme on:

- the partnership work between the child's social worker and staff in the centre,
- and the roles and responsibilities with regards to the child's health and development assessment.

It was also requested that the standards should include further emphasis on positive social events and health promotion activities such as providing the option for staff and

children to eat together and encouraging children to develop cooking skills in preparation for leaving care. In addition to this, respondents also suggested that the language of certain features should be revised for clarity; this specifically related to the role of the child's social worker in the context of residential care, detailing that the child's parents are involved where it is appropriate and talking with children about their individual goals and aspirations during preparations for aftercare.

HIQA's response

With regards to suggestions to provide additional detail on the partnership work between staff in the centre and the child's social worker, certain features were reworded for clarity which included topics such as, accessing specialist services, maintaining medical records from birth and organising opportunities for children temporarily out of school. To address concerns raised around the child's health and development assessment, a number of amendments were made to provide clarity on the roles and responsibilities of staff in the centre and the child's social worker. It was also made clear that this assessment would inform the physical and mental health needs of the child as outlined in their care plan, and that this would be used to inform any necessary supports or interventions put in place for the child in the centre. As suggested, text was added to Theme 4 and the introductory section around health promotion activities and positive social events such as learning to cook for themselves and facilitating shared mealtimes between children and staff in the centre. As a result of feedback received regarding parental involvement where this is appropriate, a number of changes were made throughout the document making it clear that this is carried out in line with the child's care plan.

Theme 5: Leadership, Governance and Management

Half of respondents (50%) (n=20) provided comments on Theme 5: Leadership, Governance and Management.

What the respondents said

The inclusion of this theme was welcomed in the feedback received and the majority of comments were positive. Many respondents indicated that the theme was clear and comprehensive and that it would help promote a more standardised approach to the registration, inspection and monitoring of centres. In addition to this, respondents also welcomed the relevant sections under 'What does this mean for me as a child?', stating that this clearly explained the functions and polices covered under Theme 5 to children. Respondents suggested that more emphasis was needed in this theme on:

- the roles and responsibilities of the people involved in a child's care that apply throughout the standards,

- providing access to the centre's statement of purpose,
- and details regarding the centre's model of care.

Finally feedback was also received regarding the issue of continuous improvement, suggesting that the relevant features could be strengthened by explicitly focusing this improvement on outcomes for the child.

HIQA's response

In response to feedback received regarding the roles and responsibilities of staff working with children in residential care, a number of changes were made for clarity. This included adding a new 'key roles' section in the introduction to the standards, where further detail was provided on the role of the allocated social worker, the key worker, the person in charge and the registered provider in the context of a children's residential centre. In addition to this, as suggested a number of roles were also assigned to various standard statements and features, as appropriate. To address concerns raised regarding the public availability of the statement of purpose, a footnote was added to make it clear that this document is made available to those who need it or to individuals accessing the services of the centre. With regards to feedback concerning the centre's model of care, text was also added to make it clear that the model used should be evidence based and in line with best practice, that staff should be competent in it and that the effectiveness of the model should be regularly reviewed. Finally, the standards were also amended to ensure that the issue of continuous improvement was made more outcomes focused, as suggested.

Theme 6: Responsive Workforce

Over half of respondents (58%) (n=23) provided comments on Theme 6: Responsive Workforce.

What the respondents said

The inclusion of this theme was welcomed and a number of positive comments were received. Respondents highlighted a number of resources that would be required in order to fully implement the standards. In addition to this, feedback was also received suggesting that clarity was needed in this theme on the qualification requirements of managers and that there needed to be more emphasis placed on making reference to An Garda Síochána (police) vetting. It was also suggested that the availability of supervision training should be extended to all staff.

HIQA's response

Text was added to the relevant features to make it clear that managers of residential centres should have an appropriate 'management' qualification in accordance with the

draft regulations and that supervision training should be extended to all staff and not just to managers, as suggested. In addition to this, a footnote was added to the section on recruitment referencing Garda vetting; namely the National Vetting Bureau (Children and Vulnerable Persons) Act 2012-2016.

Theme 7: Use of Resources

Almost half of respondents (48%) (n=19) provided comments on Theme 7: Use of Resources.

What the respondents said

The inclusion of this theme in the standards was welcomed in the feedback received. The majority of comments were positive, stating that the content of the theme is clear and detailed in terms of its requirements. Respondents raised some concerns that are outside the scope of what the standards can achieve, such as the availability of sufficient resources for the centres to implement the standards and the proficiency of staff with regards to resource management in the centre. In addition to this, it was also identified in the feedback received that the young person's section 'What this means for me as a child?' could be further strengthened in this theme as well.

HIQA's response

Text was revised in the introductory section of the theme to provide clarity around the provision of resources, stating that the standards endorse centres managing resources in an informed and child-centred way. In addition to this, the 'What does this mean for me as a child?' section was strengthened throughout the theme as suggested.

Theme 8: Use of Information

Almost half of respondents (48%) (n=19) provided comments on Theme 8: Use of Information.

What the respondents said

In this theme, a number of areas were highlighted as needing to be strengthened. This included having more emphasis on:

- the issue of staff recording excessive and irrelevant information,
- and the area of Information Governance – specifically making reference to data protection legislation.

Respondents also identified a number of areas that are outside the scope of what the standards can achieve, such as issues pertaining to the policies, systems and practices

that the centre put in place in order to meet legislative and regulatory requirements relating to information governance.

HIQA's response

Information Governance was strengthened in this theme, making specific reference to data protection legislation as suggested. In relation to concerns raised about recording excessive and irrelevant information, text was added to Theme 8 and its introductory section to make it clear that the standards endorse staff recording relevant information, and that the information that is recorded is regularly reviewed.

4.3 General comments on the draft standards

Are there any other general comments on the draft standards that you would like to make?

This question gave respondents the opportunity to provide further general comments on the draft standards. Over 78% of respondents (n=31) answered this question.

What the respondents said

The feedback was, in general, very positive about the publication of the draft standards, with one submission specifically stating that they welcome them. Respondents said:

"I think over all they are very comprehensive" "...very impressive and user friendly!"

"The draft standards are well researched, evidenced based and presented in clear language.... and it is evident the amount of work that has gone into their development."

Many respondents expressed the view that the draft standards would drive improvements in the care and support provided to children in residential care across Ireland, when implemented. Respondents said:

The standards are

"...very impressive and if implemented fully they will bring significant improvements to the quality of care with better outcomes for all young people in care."

"The national standards are crucial not only in their role of supporting children receiving "good quality care" but also, perhaps more importantly, their role in shaping how care is delivered to children"

Four respondents (10%) commented specifically on the draft standards comparing them directly to the previous national standards in place since 2001 (which will be superseded by these standards once approved), stating that:

"The level of detail is significantly improved form previous version."

"Staff have commented that you would 'refer to the standards in a more confident manner now... and that the layout and language has been vastly improved and that this draft is more tangible and user friendly. "

Some respondents commented specifically on the section for children 'What does this mean for me as a child?' stating that it is very useful, appropriate and child-friendly, and that it clearly covers all of the relevant areas of the standards. Respondents said that:

"The boxes at the end of each section are very effective and have a nice way of recapping on all the information in a simple manner. The simple language used makes it easier to read and retain."

In contrast, one respondent stated that the section for children appears to be geared towards younger age groups and not the children in their centre. However, other respondents suggested that this material could be further developed to create an easy-to-read young person's guide, which would also work as *"a 'family friendly' version of the Standards for people with no understanding of Residential Care Services."*

Other positive feedback was received with regards to the inclusion of the child's voice in the development the standards, especially the reference to children with disabilities in residential care. In addition to this, respondents also stated that they were providing feedback on behalf of the children in their centre. Respondents said that:

"This document is child aware, keeps the voice of the child to the fore "

"The draft standards already contain a number of provisions that recognise the needs of children with disabilities."

"We consulted extensively with our group of young people about the proposed standards."

Feedback was received regarding certain terminology used in the standards. Three submissions queried the use of the term 'child' instead of the term 'young person'. In addition to this, clarification was also sought by one respondent on the use of the term 'behaviour that challenges' instead of the term 'challenging behaviour'. It was suggested by one respondent that the term 'theme' was not appropriate in the standards, while another respondent stated that the use of the phrase 'features of a children's residential centre meeting this standards are likely to include' was too subjective and *"should be replaced by a more definite term as this will have an impact on whether a unit is seen*

to meet the standards". One respondent also provided feedback that a number of terms in the glossary needed to be updated to reflect the new Children's First National Guidance 2017⁽²⁾ which was published during the public consultation period in September 2017.

Other feedback received in the general comments question overlapped with feedback provided on Theme 2 (Effective Care and Support), which was specifically in relation to aftercare and the appearance of the centre; as well as Theme 8 (Use of Information) which was in relation to the recording of personal information; and finally Theme 5 (Leadership, Governance and Management) with regards to the centre's model of care. In addition to this, feedback was also received here regarding to content relating to Theme 1 (Child-centred Care and Support), which related to the importance of good routines for children, staff communicating with a child's family and helping children to maintain positive attachments and links with their families, the community and other significant people in the child's life.

Some feedback was also received with regards to the role of the child's social worker's role in the context of a children's residential centre. Other issues raised were outside the scope of what these standards can achieve, including the provision of guidance on inspections and monitoring of centres, as well as a number of specific challenges faced when implementing the standards such as resources, capacity issues and providing children with access to external services.

HIQA's response

Terminology used in the standards was informed by information gathered during the standards development process and agreed by the Advisory Group. A description of what is meant by the term 'child' in the context of the standards was included in the background section of the standards along with a footnote referencing the definition in the Child Care Act, 1991. Feedback received regarding the wording of the features under standard statements being too subjective was noted; however, the text was not changed as this format allows for greater flexibility within the system and is examples of how services can meet the standard. In relation to comments received on content pertaining to other themes, this feedback was considered under the relevant sections of the draft standards. In response to suggestions for an easy-to-read guide HIQA developed a guide to the standards for children in residential care; *Your guide to children's residential care*.

In many cases, the responses received in this section related to issues that are outside the scope the standards, including resource implications and certain barriers faced by centres such as the availability of external services to children living in the centre. Where it was possible to address any issues raised, the relevant themes were amended to incorporate the feedback.

4.4 Feedback on the language, layout, accessibility and impact of the draft standards

Question 1 and 2 sought feedback on the language, layout and accessibility of the draft standards. Question 3 focused on the impact these standards will have on the care and support that children receive in residential care in Ireland, once they are in place. This section of the document provides an overview of the responses received in relation to these questions.

Language used in the draft standards

This question required respondents to state whether the language used in the draft standards was clear, easy to follow and easy to understand. Eighty percent of respondents (n=32) answered this question and eight respondents (20%) did not answer this question. Of those who did provide feedback to this question, 97% (n=31) stated that the language used in the draft standards was clear, easy to follow and easy to understand. Figure 2 presents the number of Yes/No responses for whether the language used in the draft standards is clear, easy to follow and easy to understand.

Figure 2: Responses to consultation Question 1 (a) n= 32 (80%)



Layout of the draft standards

This question required respondents to state whether the layout and design of the draft standards is clear, easy to follow and easy to understand. Thirty-two respondents (80%) provided feedback on this question and eight respondents (20%) did not answer the question. Of the respondents who answered this question, 100% (n=32) stated that the layout and design of the draft standards was clear, easy to follow and easy to

understand. Figure 3 presents the number of Yes/No responses for whether the layout and design within the draft standards is clear, easy to follow and easy to understand.

Figure 3: Responses to consultation Question 1 (b), n=32



What the respondents said:

Of those that answered this question, 19 respondents (48%) provided additional comments on the language and layout, which included a number of positive comments with regards to the design, content and language used in the standards:

"We liked the look of the documents and found it easy to navigate and understand."

"All staff have commented that the layout and language has been vastly improved and that this draft is more tangible and user friendly. Staff have commented that you would 'refer to the standards in a more confident manner now'."

In addition to this however, feedback was also received highlighting a number of barriers that certain groups may face when trying to access and use these standards:

"Easy to understand and follow for Social Care professionals, but perhaps not for young people and their parents/carers."

"The draft standards expect the child to have direct access to a great deal of information (that they may not always understand)."

However, further comments received specifically recommended that guidance would be required to support the National Standards, making them more accessible to all those interested in the area of residential care, namely a child's version of the standards:

"There is a need for a separate child friendly version i.e. a compiled section of "what does this mean for me?"A young people's version, one similar to standards currently in place, would be easier for young people to grasp/read/understand."

"The draft standards are quite wordy and may rely on a children's version if it's to support its own standard regarding the actual accessibility of information provided to young people and their families."

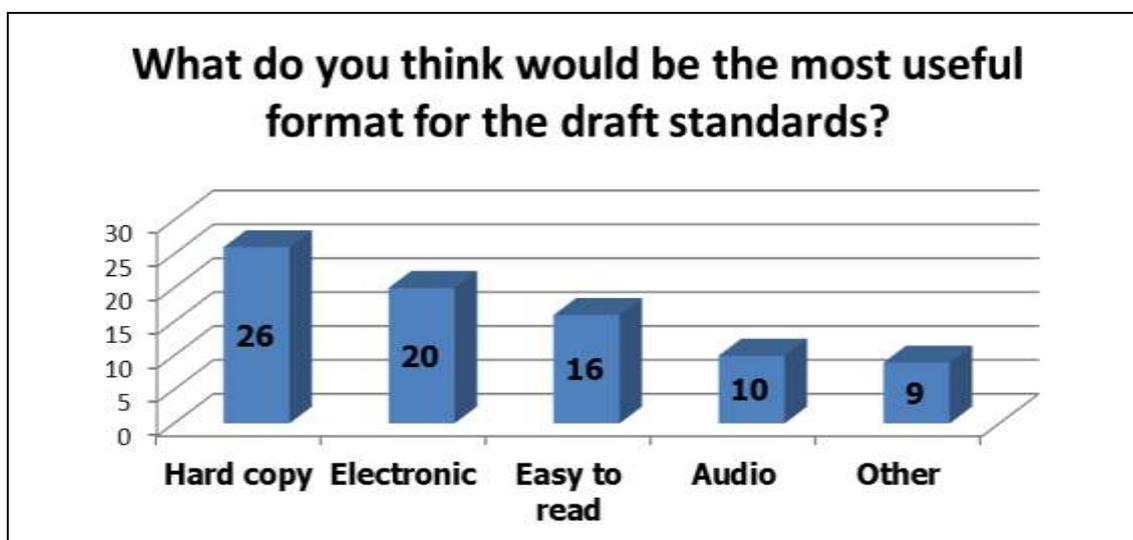
In addition to the National Standards, it was also recommended that supplementary material may be required for staff to help improve understanding and implementation of the standards, leading to better outcomes for children in residential care:

"Overall, the presentation and content is good. However, to truly consider these standards as protective factors for children, they need more detail to guide staff and enable inspectors to conduct thorough and detailed inspections."

Format of the draft standards – accessibility

This question required respondents to choose from six options selecting the most useful formats for the draft standards. Feedback was received from 75% of respondents (n=30). Figure 4 shows the breakdown of responses received.

Figure 4: Responses to consultation Question 3.2 (n=30)



Almost one in four (23%) respondents (n=9) provided additional comments on the most useful formats for the draft standards, which included the following:

- A mobile application for children and families
- Short easy-to-read leaflet for children in residential care and parents
- An electronic version for those using screen readers, clear print 14pt
- A narrated video version of the easy-to-read format for those with disabilities

- Audio or electronic formats with a language option for non-English speakers
- A well-illustrated version
- Child-friendly animated video of the standards, for example similar to the Ombudsman for Children's Office (OCO) and UNCRC websites
- Children's version using 'What does this mean for me as a child?' sections
- A 'family-friendly' version for those with no knowledge of residential care
- Braille version.

HIQA's response

HIQA has developed a guide to accompany the standards. '*Your guide to children's residential care*' is aimed at children living in residential centres and was informed by children with experience of care. This guide will also be a useful resource for family members. Both the standards and accompanying guide are available on www.hiqa.ie and are downloadable on mobile devices for ease of access for staff, children and their families.

Details of how the guide was developed are available in Appendix E.

3.13 Impact of the draft standards

What impact will the draft standards have on the care and support that children receive in residential care in Ireland when they are in place?

This question sought the views of participants on the impact the draft standards would have on the care and support that children receive in residential care in Ireland, when they are in place. Twenty-three respondents (58%) provided feedback to this question. Figure 5 represents the most frequently used words in responses to this question.

Other respondents stated that the draft standards will bring about better outcomes in the daily life of children and children living in residential care across Ireland.

Respondents said:

"My team and I believe that the national standards will and should have an immense impact on our work in residential care and the lives of the young people living in the centres. They guide our work on a daily basis and therefore impact on all aspects of young people's lives."

"Give a clear focus and support for staff teams in terms of the world of the child and culture of respect etc. and for Managers to reference in developing services."

In addition to this, feedback was also received stating that the standards will help to highlight the issue of aftercare for children in residential care across Ireland.

Respondents said:

"With regard to aftercare in particular, which Focus Ireland has been campaigning to improve for many years, the standards have the potential to make a significant impact because aftercare is being given the prominence it deserves."

It was also identified that these standards will bring about improved staff practices and service provision across children's residential care. More specifically these included areas such as greater accountability, better working environments and improved management structures and improved integrated care within and between services. Respondents said:

"The Standards for Residential Care will actively promote safer, more respectful and better managed environments in which vulnerable children can live and be enabled to reach their potential. "

"It will hold staff and managers to account and show them what a good service should look like."

"There are elements of the standards that will improve the standard of care and services provided to young people. They give a clear outline of information which will aid the organisation in understanding the individual input from every discipline."

"They should improve information sharing across disciplines"

It was felt that the standards would bring about greater clarity with regards to the individual roles and responsibilities of staff involved in children's residential care.

"It is felt that the new amended standards will result in further professional development of all staff, with their role responsibilities being clearly drafted up"

"Managers will recognise the responsibilities that come with their roles and ensure their staff are enabled to function to the required standard through effective leadership and competent management."

"Where the Standards include the aforementioned recommendations, they may significantly improve the quality of care delivered by residential services where staff know exactly what they ought to do and the standard required of them."

In contrast to this however, some respondents stated that when these standards are in place, there will be little or no impact on the care and support children receive in residential care. Respondents said:

"It will impact their way of living and it will also impact how they do things. At the same time the national standards don't really have too much of an impact from my experience of care"

"For young people it probably won't make any difference if everything is going well and the staff are following them, but it will be there as a backup if things go wrong"

It was also stated that these new National Standards will not impact greatly on the care and support already being provided to children in residential care, if all of the requirements of the preceding 2001 national standards were being met. Respondents said:

"If residential centres are in compliance with the current Department of Health and Children "National Standards for Children's Residential Centres", there should not be a major change in the care and support the young people receive when these new standards are in place."

Other respondents acknowledged that the impact will largely depend on the individual organisation's implementation of the National Standards and how they use the standards to respond to each child's individual care and support needs. Respondents said:

"I will wait and see how individual organisations providing residential care deal with the new standards. The unknown factor in all of this is the young people themselves and their attitude to being in care. We cannot legislate for individuals"

However feedback was also received praising the level of engagement with children in residential care, during the development of the draft standards. Respondents said:

"The amended standards look to promote the voice of the child more so. Children may feel more willing and able to draw attention to difficulties in the knowledge that there will be no negative consequences for doing so."

"They will have a huge impact on the lives of children in care. It is great to see that children in care were consulted in the development of these standards along with staff and service providers. This will go a long way to promoting ownership of the final standards for implementation. Well done."

Respondents also stated that these standards will build on the previous 2001 national standards, bringing about improved practice and higher quality care and support for children living in residential care. Respondents said:

"They will continue to reinforce the 2001 standards in ensuring that young people receive a safe service that is of high quality which promotes their rights, welfare and development."

"These updated standards give more detail in terms of requirements to meet the needs of young people placed in residential care. They will give a more comprehensive guide to planning and meeting the needs of young people placed in residential care"

With regards to the inspection and monitoring process, a number of respondents also indicated that the standards would *"introduce a standardised approach to registration, inspection and monitoring for both statutory and non-statutory and this is welcomed. "*

It was also identified in the feedback received that the standards would work to greatly improve the inspection and monitoring process across residential care, stating that:

"HIQA inspections will be able to glean more detailed information based on more specific standards that identify the culture and operations of residential centres. This is more likely to result in children being safe and well cared with access to the same opportunities for growth and development as every other child in Ireland"

In contrast to this , one respondent raised concerns that the standards are not detailed enough for the purposes of carrying out consistent and effective inspections and monitoring of the care provided in residential centres, stating that:

"Our concern is that the document is too open for interpretation, and it is concerning for us that the interpretation of the Standards by services and Inspectors will leave significant gaps in the implementation and adherence to same."

Another response raised concerns regarding the potential burden on staff, due to level of paperwork to complete.

"There is still a concern regarding the level of documentation required that will impede the service in providing direct care to children."

With regards to services meeting the requirements of the standards, it was acknowledged that further supporting material are also needed to help centres to fully implement the new National Standards.

"It is essential that clear regulations, policies and procedures are in place to guide services in all their work and to enable them to meet the standards."

Other feedback noted that some level of guidance on the monitoring and inspection of services would be needed to ensure that the standards are consistently adhered to across services:

"It is also important that services are provided with clear guidance with regard to the evidence they will need to provide to inspectors to demonstrate how precisely they have met the standards"

However, other feedback referred to topics that are outside the scope of what these particular standards can address and has been gathered for other communication platforms. This included feedback regarding the additional resource requirements that will arise when these standards are in place, in order to ensure compliance across services in Ireland.

"And finally, it is imperative that HIQA has sufficient resources to inspect services on a regular basis to ensure standards are being met and to compel services to improve their practice in areas where they are not meeting a standard."

Chapter 5 Conclusion and next steps

The feedback from both focus groups and the public consultation were reviewed and considered, and the draft national standards were revised based on the feedback received.

A summary of the feedback and subsequent changes to the draft standards were presented to the Advisory Group at its final meeting on 08 December 2017. The revised National Standards were approved by the HIQA Board on 24 January 2018.

The *National Standards for Children's Residential Centres* were then submitted to the Minister for Health¹ for approval on 31 January 2018. The National Standards for Children's Residential Centres were approved by the Minister for Health on 26 July 2018 and published by HIQA on 07 November 2018.

In response to feedback received, HIQA also developed a guide to the National Standards called *Your guide to children's residential care*. This guide aims to show children what they can expect from living in a children's residential centre. A copy of the National Standards and the guide for children are available to read on www.hiqa.ie.

HIQA would again like to thank all those who contributed to the development of these National Standards through the Advisory Group, focus groups and the public consultation. This involvement helped ensure that the standards are appropriate to the Irish context and can be implemented in practice. This will help contribute to the improvement of health and social care services for people using these services.

¹ The standards were submitted to the Minister for Health for approval in consultation with the Minister for Children and Youth Affairs.

Appendix A: Membership of the Advisory Group and HIQA's Standards Project Team

Membership of the Advisory Group

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

HIQA's Standards Project Team

Name	Title
Rachel Flynn	Director of Health Information and Standards
Linda Weir	Standards Manager
Victoria O'Dwyer	Research Officer
Deirdre Connolly ²	Standards Development Lead
Laura Behan ³	Research Officer
Conor Foley ⁴	Research Officer

² From August 2017

³ From February to June 2017

⁴ From April to June 2017

Appendix B: Schedule of Questions for focus group discussions to inform the development of the national standards

Children with experience of residential care:

1. What is it like living in residential care?
2. What can you NOT do when you live in residential care?
3. Who listens to you if you have a problem?
4. What helps you feel safe in your life in residential care?
5. What are your wishes for the future?
6. How would you like to be able to have your voice heard in the future?

Parents of children with experience of residential care:

1. How are you involved in making decisions about your child's care?
2. How would you describe your relationship with staff caring for your child?
3. How are you supported to maintain your relationship with your child?

Staff working with children in residential care:

1. What does child centred, safe and high quality care in a children's residential centre look like?
2. What are the barriers to achieving this?
3. What do you perceive to be working well?

Appendix C: Public consultation feedback form

Children's Residential Centres

Public consultation feedback form

21 September 2017

The draft *National Standards for Children's Residential Centres* were developed to give a framework for best practice in providing child-centred, safe and effective care and support to children in residential care across Ireland. You can read the draft standards on www.hiqa.ie.

We are holding a public consultation to give the public an opportunity to provide their feedback on these draft standards. We would like to hear your views on the draft standards before 2 November 2017. Your views are very important to us, and we will assess all feedback and use it to help develop the final National Standards. The final National Standards and the Statement of Outcomes (a summary of the responses) will be published on www.hiqa.ie.

All information is anonymous but if you have any concerns please contact Brian Ahern, Data Protection Officer on 021 2409386 or InfoGovernance@hiqa.ie.

We will publish the names or types of organisations that submit feedback in the Statement of Outcomes. If you wish to do so, you can request that your organisation be kept confidential and excluded from the published summary of responses.

Please note the focus for this consultation is the content, design and structure of the draft standards.

The draft standards contain standard statements under eight themes. Each standard statement describes an area of good practice for children's residential centres and listed underneath each standard statement are a number of examples of good practice, called features.

We welcome responses to all questions as well as any additional general comments you would like to make. When commenting on a specific standard or feature, it would help us if you give the reference number of the standard or feature that you are commenting on (for example, Standard 2.3 or Feature 2.3.1).

The closing date for consultation is 5pm on 2 November 2017.

Instructions for submitting feedback

If you are commenting on behalf of an organisation, please combine all feedback from your organisation into one submission form.

When completing this form online, please scroll down and complete the full form.

Please include the reference number of the standard or feature that you are commenting on (for example, Standard 2.3 or Feature 2.3.1).

Do not paste other tables into the boxes already provided – type directly into the box as the box expands.

Please spell out any abbreviations you use.

You can email or post a completed form to us. You can also complete and submit your feedback on www.hiqa.ie.

Please note that HIQA is subject to the Freedom of Information (FOI) Acts and the statutory Code of Practice regarding FOI.

Following the consultation, we will publish a paper summarising the responses received. For that reason, it would be helpful if you could explain to us if you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances.

About you

Any information is anonymous, will be held securely and it will not be published. The feedback received will only be used to help develop the final National Standards.

1.1 Are you providing feedback as:

an individual (Please provide the name of the organisation)

on behalf of an organisation:

please check this box if you do NOT want your organisation listed in the Statement of Outcomes

1.2 Are you are commenting as:

a child living in a residential centre

an individual with past experience living in a residential centre

an individual working with children in residential care.

(Please specify your role)

2. Feedback on the draft standards

In this section, we would like to find out what you think of the content of the Draft National Standards for Children's Residential Centres.

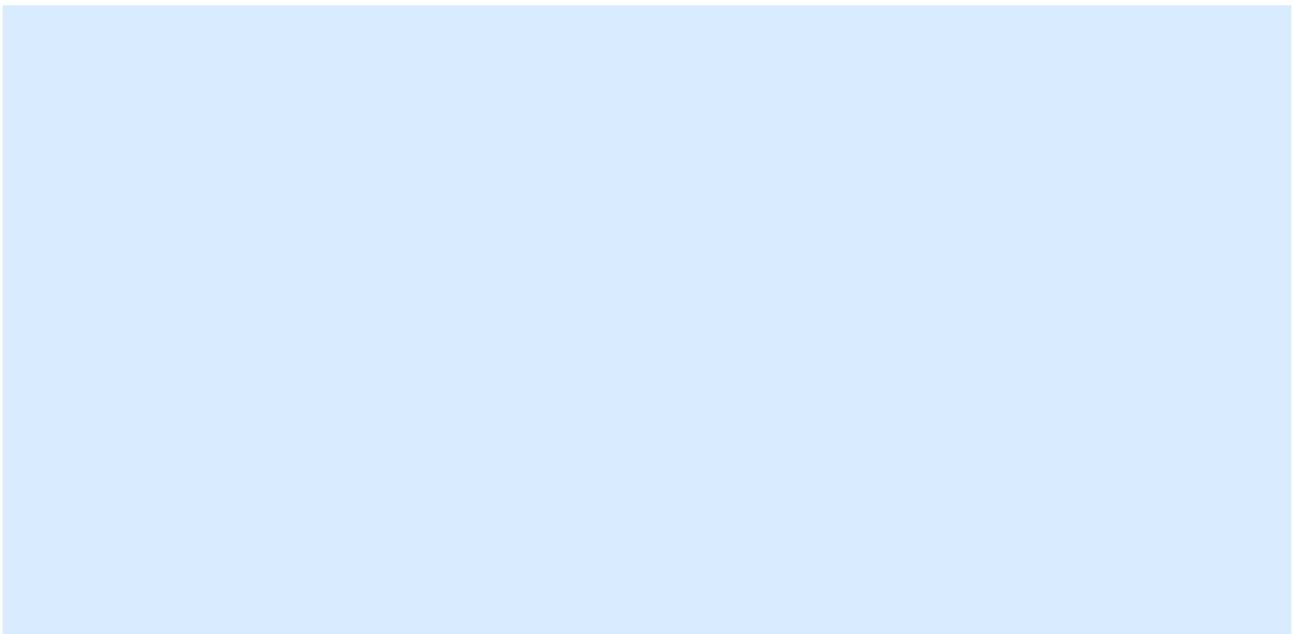
Please consider the following questions as part of your review:

Do you think all important areas have been covered in each standard or are there any areas that should be included or excluded?

Do the features listed provide enough examples for staff in children's residential centres to meet the standard?

Theme 1: Child-centred Care and Support

Please include the reference number of the standard and or feature



Theme 2: Effective Care and Support

Please include the reference number of the standard and or feature

Theme 3: Safe Care and Support

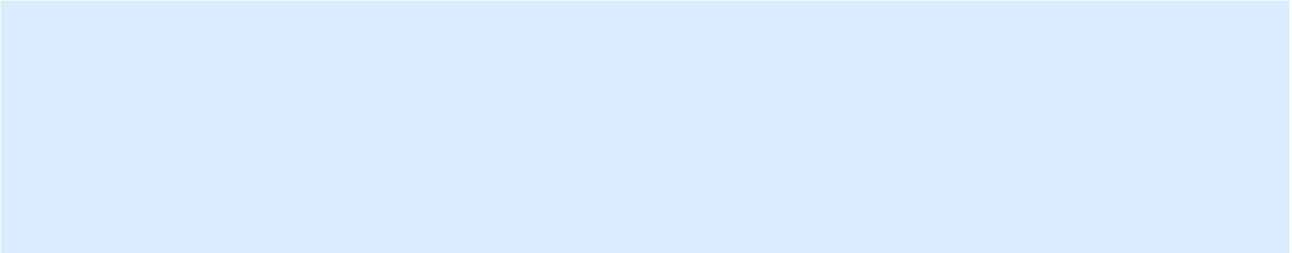
Please include the reference number of standard and or feature

Theme 4: Health, Wellbeing and Development

Please include the reference number of the standard and or feature

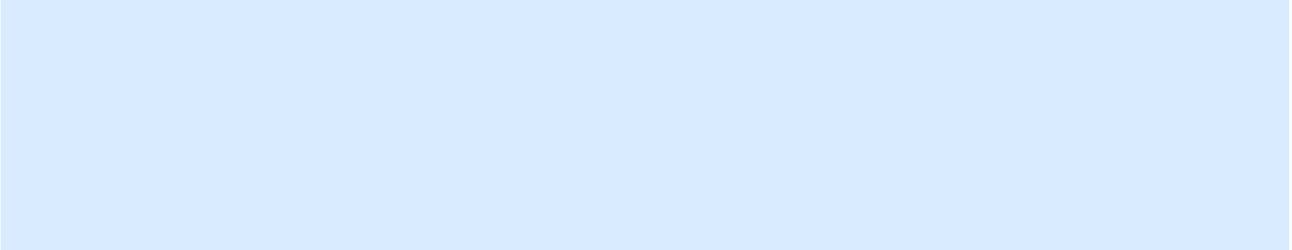
Theme 5: Leadership, Governance and Management

Please include the reference number of the standard and or feature



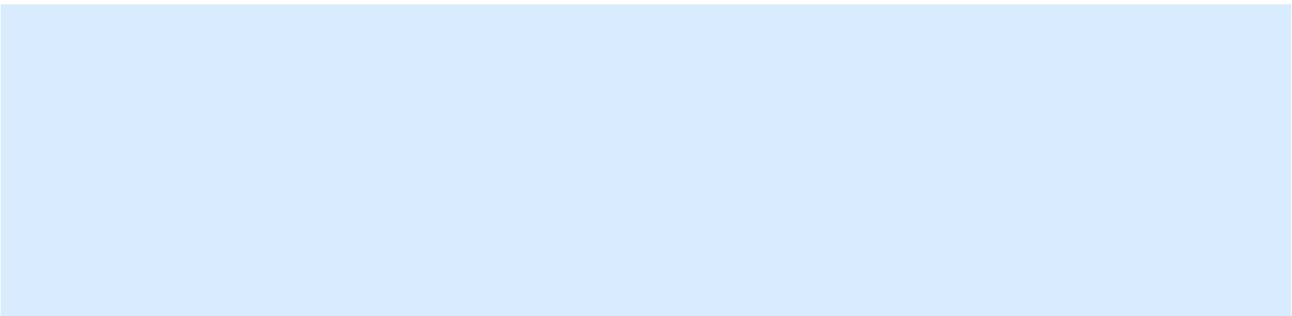
Theme 6: Responsive Workforce

Please include the reference number of the standard and or feature



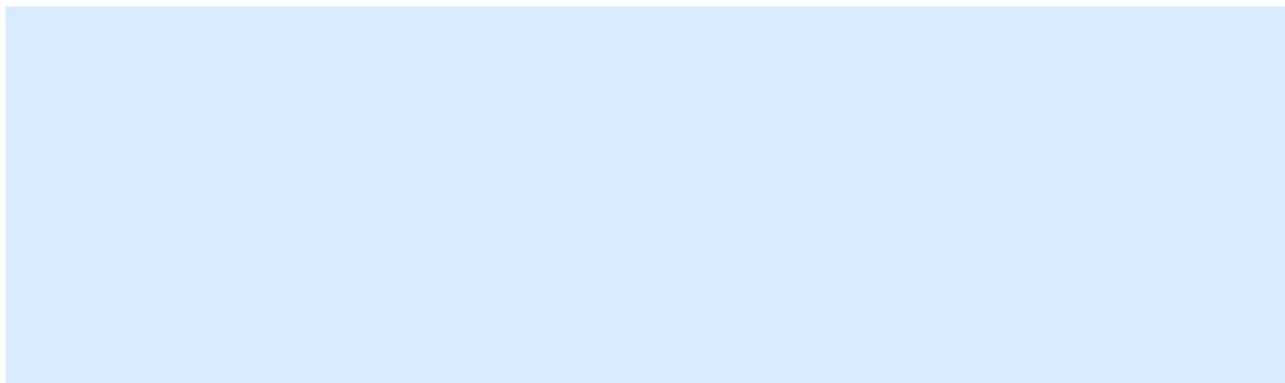
Theme 7: Use of Resources

Please include the reference number of the standard and or feature

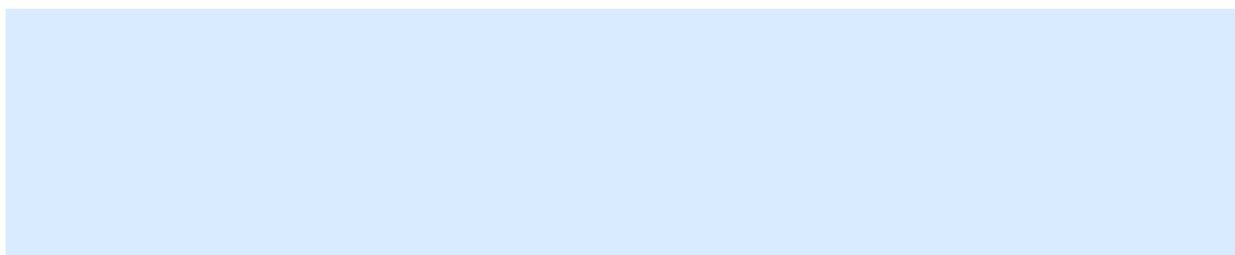


Theme 8: Use of Information

Please include the reference number of the standard and or feature



Are there any other general comments on the draft standards that you would like to make?



3. General feedback

3.1 Language and layout

Question 1: a) Is the language used in the draft standards clear, easy to follow and easy to understand?

Yes **No**

b) Is the layout of the draft standards clear, easy to follow and easy to understand?

Yes **No**

Additional comments, if necessary:

3.2 Accessibility

It is intended that these draft standards will be frequently referenced by staff in children's residential centres, the children living in residential care, their families and other significant people involved in their lives.

Question 2: What do you think would be the most useful format for the draft standards?

Please tick all boxes that are applicable.

- Hard copy** **Easy-to-read** **Audio**
- Electronic** **Other**

If other, please specify:

3.3 Impact

Question 3: When the national standards are in place, what impact will they have on the care and support that children receive in residential care in Ireland?

Thank you for taking the time to give us your views on the *Draft National Standards for Children's Residential Standards.*

Please return your form to us either by email or post.



You can download a consultation feedback form at www.hiqa.ie and email the completed form to standards@hiqa.ie



You can print off a consultation feedback form and post the completed form to:

Health Information and Quality Authority

Draft National Standards for Children's Residential Centres

Unit 1301

City Gate

Mahon

Cork

T12 Y2XT



If you have any questions on this document, you can contact the team by phoning: **(021) 240 9692**

Appendix D: Examples of the types of organisations that made submissions to the public consultation

- Children's residential centres
- Emergency residential services for children Tusla, the Child and Family Agency
- Department of Children and Youth Affairs
- Aftercare services
- Advocacy bodies such as the Irish Aftercare Network
- Professional representative bodies such as the Irish Association of Social Workers and the Irish Association of Social Care Management
- State bodies such as the Ombudsman for Children's Office and the National Disability Authority.

DRAFT

Appendix E: Development of the children's guide to residential care

It was identified by the Advisory Group and through the public consultation process that a children's guide to the standards would be required to explain what the standards meant to children.

In response to this feedback the Project Team undertook to develop a children's guide focused aimed at children living in residential care.

HIQA worked with EPIC to undertake three consultations with children living in children's residential centres and one consultation with young adults with experience of living in children's residential centres. These consultations gathered children's views on the language that should be used in the guide, how the information should flow, and the format and design of the guide.

EPIC staff facilitated the consultation meetings and used open questions and examples of other guides to facilitate the discussion. All of the feedback gathered at the focus groups was reviewed and considered by the Standards Project Team and incorporated into the development of the children's guide to children's residential care.

Schedule of questions for focus groups to inform the design of the children's guide

Children with experience of living in residential care:

1. Do you think there should be a guide to the standards for children?
2. What do you think the main focus of the guide should be?
3. Should it follow the eight standard themes or is there another way to explain the journey of care?
4. What format should it come in?
5. What should the design of it be?

References

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