Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Health Information and Standards

Stakeholder involvement report to inform the development of the Draft National Standards for Children's Social Services

Safer Better Care

About the Health Information and Quality Authority

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

Reporting to the Minister for Health and engaging with relevant government Ministers and departments, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.

- **Regulating social care services** — The Chief Inspector of Social Services within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.

- **Regulating health services** — Regulating medical exposure to ionising radiation.

- **Monitoring services** — Monitoring the safety and quality of permanent international protection accommodation service centres, health services and children's social services against the national standards. Where necessary, HIQA investigates serious concerns about the health and welfare of people who use health services and children's social services.

- **Health technology assessment** — Evaluating the clinical and cost effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.

- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.

- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health and social care services, with the Department of Health and the HSE.

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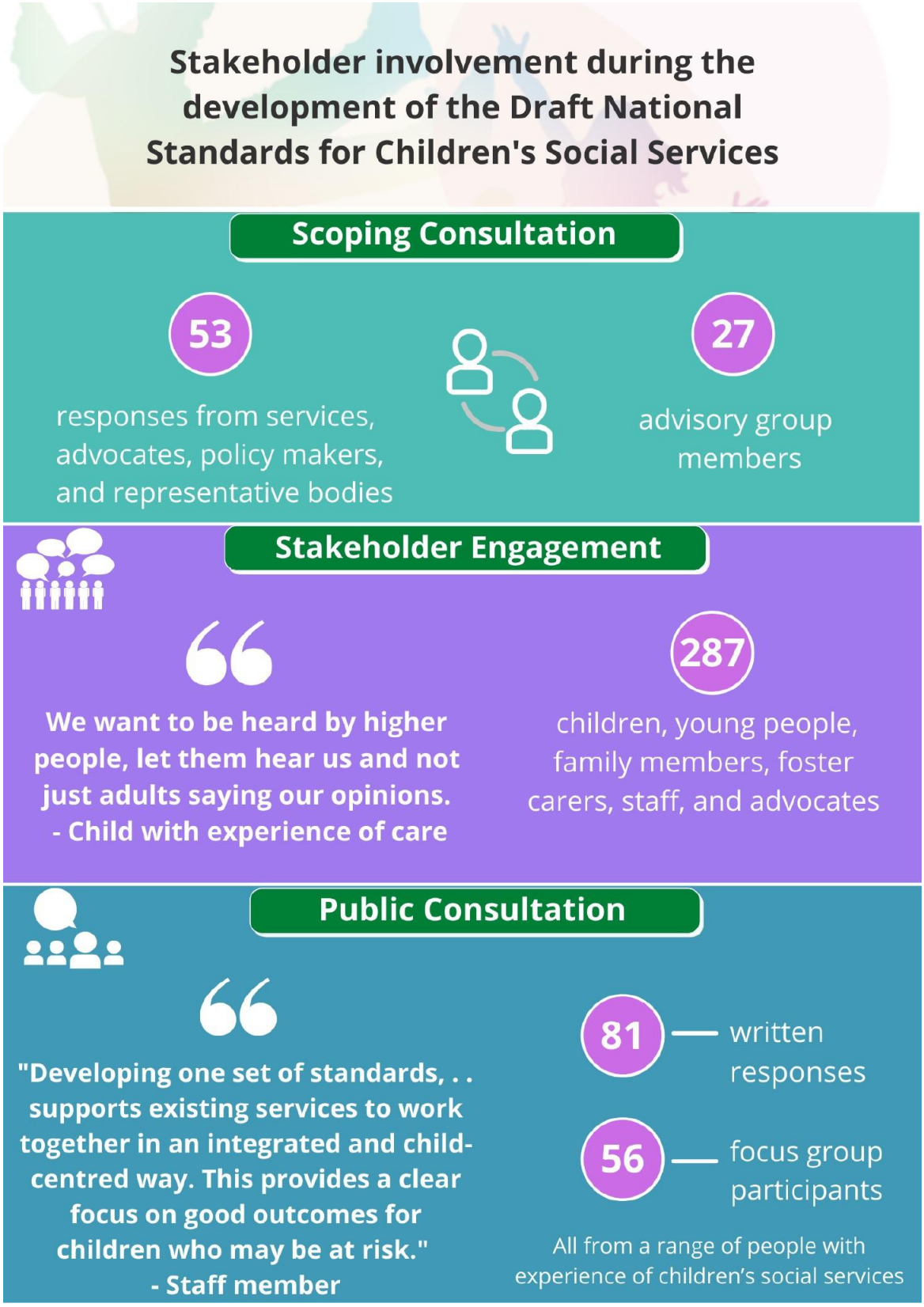


1. Introduction and background

The Health Information and Quality Authority (HIQA) has developed Draft National Standards for Children's Social Services (referred to in this report as the draft national standards). A dedicated set of national standards aims to focus attention in children's social services by:

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

In 2018, HIQA's report on the investigation into the management of allegations of child sexual abuse against adults of concern by the Child and Family Agency (Tusla) recommended that HIQA develop National Standards for Children's Social Services. The report set out that the scope of these national standards included all children's social services, from the point of their referral to a service until they transfer to another service or are discharged. This report and all of the recommendations set out in the report, were accepted by the Minister for Children and Youth Affairs, as the Department was named at the time. In 2019, HIQA commenced the development of Draft National Standards for Children's Social Services.

The Draft National Standards for Children's Social Services developed by HIQA will cover all children's social services. This approach puts the needs of children first, and supports staff working in individual services, as well as foster carers who provide care for the majority of children who are in the care of the State, to understand how they support the overall achievement of best outcomes for children living in a diverse range of settings.

The draft national standards have been informed by evidence presented in the *Evidence review to inform the development of Draft National Standards for Children's Social Services*.[1] This evidence base provides the results of an extensive programme of research conducted by HIQA which consists of a review of children's social services in Ireland, an international review of children's social services in six jurisdictions* and a literature review of relevant academic material. The evidence review is available at www.hiqa.ie. All documents and publications were reviewed and assessed for inclusion in the evidence base to inform the development of the draft national standards.

The Project Team engaged extensively with children, young people, families, foster carers, staff and policy makers drawing on their expertise to inform the development of the draft standards at each stage of the process. While the research undertaken ensures that the draft standards are evidence based, engagement with stakeholders ensures that the draft standards are appropriate to an Irish context, maintain a clear focus on best outcomes for children and families and can be implemented in practice across the wide range of services that children interact with. This has resulted in draft standards written in child-friendly language that set out what outcomes a child should expect and what a service needs to do to achieve these outcomes.

At the beginning of the standards development process, HIQA established an Advisory Group, made up of a diverse range of interested and informed parties, including young people with experience of children's social services, advocacy groups, regulatory bodies, foster care representative bodies, professional representative organisations, Tusla, An Garda Síochána, the Department of Children, Equality, Disability, Integration and Youth, and the Health Service Executive (HSE). Full details of the Advisory Group can be found in Appendix 1 of this report.

As well as focus groups and consultation sessions as set out in this document, HIQA also undertook individual stakeholder meetings at key stages of the development of the draft standards.

The different methods of engagement, as outlined in this document, also provided an opportunity to raise awareness of the importance of the standards and to ensure buy-in from relevant stakeholders.

This stakeholder involvement report outlines the process and outcome of the following consultation stages of the standards development:

* These jurisdictions are Scotland, England, Northern Ireland, Australia, Sweden and Vermont.

Public scoping consultation	August – September 2019	53 responses
Consultations sessions and focus groups during the scoping phase	October 2019 – February 2020	287 participants
Public consultation on the draft standards	March – April 2021	81 responses
Focus groups (during public consultation)	March – April 2021	56 participants

At each stage of the process, members of the Advisory Group had an opportunity to input into the development of the draft standards. This included submitting a response to the public scoping consultation, providing feedback on the draft standards prior to public consultation, submitting a response to the public consultation on the draft standards, and providing further feedback on the revised draft standards following the public consultation.

2. Public Scoping Consultation

This chapter presents an overview of the analysis of responses received during the scoping consultation, undertaken at the initial stages of the standards development process, and how HIQA used this information to inform the development of the draft standards.

2.1 Public Scoping Consultation Process

The public scoping consultation ran for six weeks from 14 August 2019 until 25 September 2019. A consultation form was developed to assist people to respond to the consultation. Responses could be made via an online survey tool, and the form was also available to download on www.hiqa.ie. Responses could also be emailed to a dedicated email address or posted to HIQA.

The consultation asked people with experience of children's social services (including children, young people, family members, foster carers, advocates and staff) and the public for their views on the key areas that the standards should address. The consultation also asked for opinions on the important sources of information and evidence the Project Team should review, and the key organisations or individuals the Project Team should engage with in the development of the standards.

In total, 53 responses were received over the course of the public scoping consultation. All responses were considered by the Project Team and used to inform the standards development process. See Appendix 2 for a list of organisations that responded to the public scoping consultation.

2.2 Results of the Public Scoping Consultation

Of the 53 respondents, 22 people (42%) responded in a personal capacity, 31 people (58%) responded on behalf of an organisation. Of the 53 respondents:

- 23 (43%) stated they were providing feedback as a staff member working in children's social services
- 4 (8%) stated they were providing feedback as a person who has used or is currently using children's social services
- 26 (49%) stated they were commenting in an 'other' capacity.

Forty-five respondents (85%) gave details of their roles. Examples of the role of respondents working in health and social care services included:

- Director of children's residential centres
- CEO of foster care representative body

- Head of policy and research
- Occupational therapist
- Psychologist
- Quality and policy development manager
- Speech and language therapist
- Social care leader
- Social worker.

2.3 Key areas that the standards should address

This question asked respondents 'What are the key areas that the standards should address?' All respondents answered this question. The key areas identified by respondents were reviewed by the Project Team and categorised into 11 themes. A sample of responses are outlined in Figure 1 below.

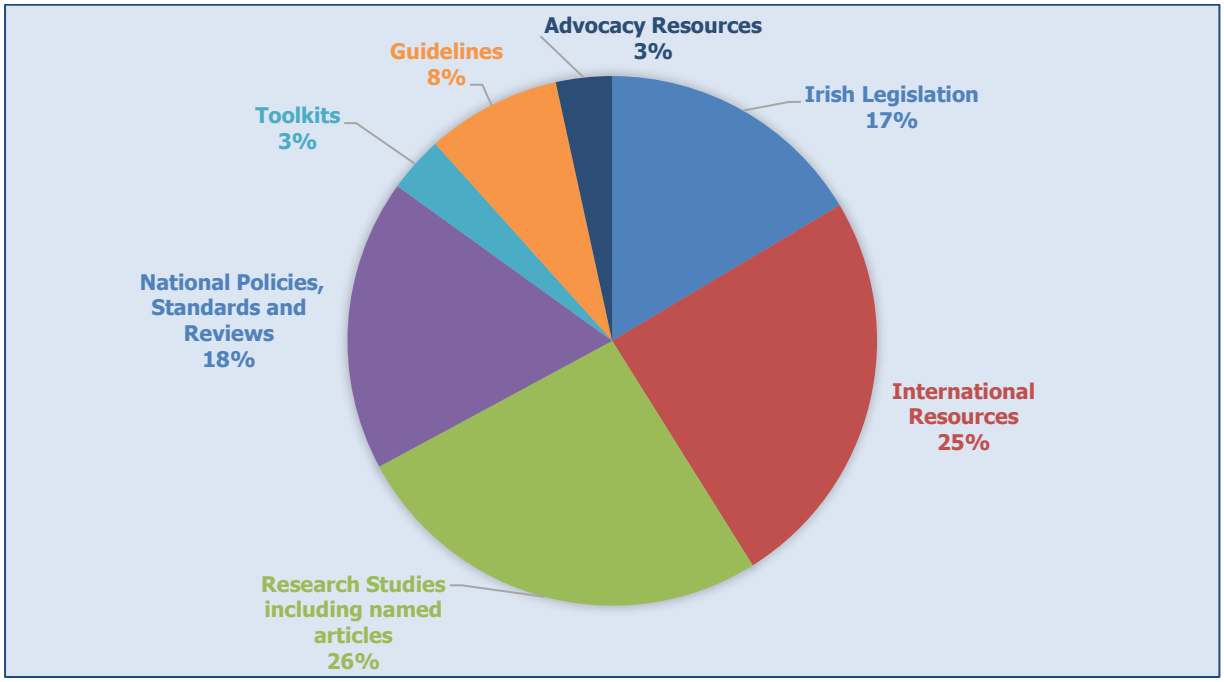
The key areas identified by respondents were presented to the Advisory Group at its first meeting. Together with the feedback received from the scoping focus groups, discussed in Chapter 3, and the findings from the evidence review, these key areas were considered by the Project Team as to how they might inform the content of the standards.

Figure 1: Responses to the consultation question regarding key areas the standards should address

2.4 Key sources of information to inform the standards

This question asked respondents 'What are the key sources of information that should be reviewed to inform the development of the standards?' Fifty-one respondents (96%) answered this question. Figure 2 provides an overview of the information sources suggested by respondents.

Figure 2: Responses to the consultation question regarding key sources of information to inform the standards



All information sources suggested by respondents were compared with the sources already identified by the Project Team through HIQA's evidence synthesis process, and any new relevant sources were added to the evidence base to inform the development of the standards.[2]

2.5 Key organisations or individuals to engage in the standards development process

This question asked respondents what key organisations or individuals the Project Team should engage with when developing the standards. Forty-nine respondents (96%) answered this question. While there were many organisations and individuals suggested, the most frequent suggestions were:

- Tusla
- Children and young people with experience of children's social services
- Foster carers

- Disability Federation of Ireland
- Irish Association of Social Workers
- Department of Education
- Advocacy groups – this included organisations such as EPIC, Jigsaw, and the Children's Rights Alliance
- Health Service Executive – this included specific groups within the HSE such Child and Adolescent Mental Health Services (CAMHS), Community Health Organisations, and disability services.
- Ombudsman for Children
- An Garda Síochána.

The Project Team conducted a comparison between the organisations and individuals suggested by respondents and those included in the Project Team's stakeholder engagement plan for developing the standards. Where it was noted that there was a lack of representation from key groups or organisations, these were added to the stakeholder engagement plan to inform the development of the standards.

2.6 Future engagement

Respondents were asked if they would like to hear about opportunities to engage with HIQA in the future on the development of these standards. The majority of respondents (75%, or 40 people) stated that they would like to be contacted further. These were added to the stakeholder database for the Draft National Standards for Children's Social Services and were notified about the commencement of the public consultation.

3. Focus group discussions during the scoping phase

This chapter describes the process of collating and analysing the responses from focus group and consultation session participants undertaken to inform the development of the Draft National Standards for Children's Social Services. Feedback from the consultation sessions and focus groups was analysed against the five themes identified in the *Evidence review to inform the development of Draft National Standards for Children's Social Services*.[1]

3.1 Overview of the focus group process

Given that the Draft National Standards for Children's Social Services apply to all children's social services, and replace four existing sets of standards[†], the Project Team sought to ensure that all relevant and interested stakeholders had the opportunity to influence and inform the development of the new standards. Focus groups and larger scale consultation sessions were adopted as the primary methods of consultation and engaging with these wide range of stakeholders at this stage in the process.

During the initial stage of the standards development process, focus groups with up to 12 participants, and consultation sessions with up to 40 participants, were facilitated by the Project Team. Focus groups were also undertaken with children, young people and families, facilitated by staff with experience of children's social services. Additionally, focus groups were held with foster carers as part of the annual Irish Foster Carers Association (IFCA) conference. Relevant briefing documents and flyers tailored to the needs of the group were sent to participants and or facilitators ahead of the consultation session or focus group. These briefing documents outlined the purpose of the session, key questions for consideration, how feedback would be used, and provided assurance that feedback would not be attributable to any individual.

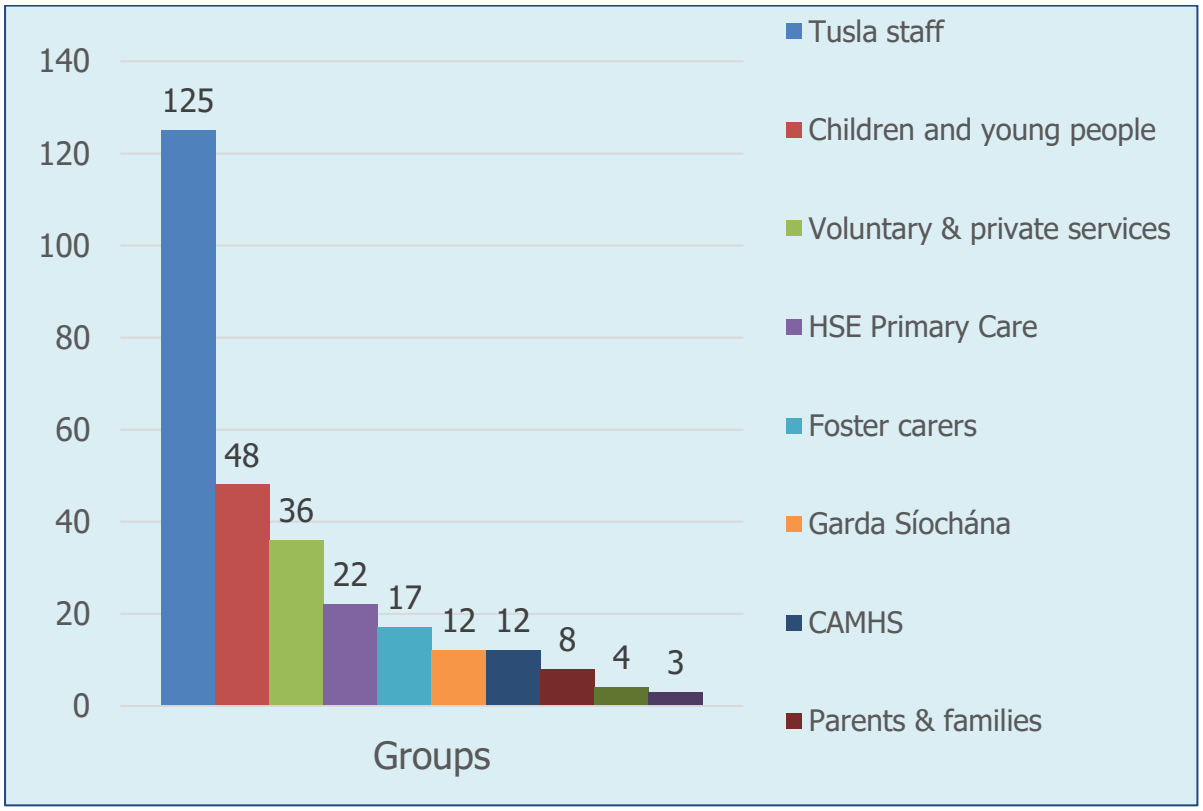
In order to facilitate children, young people and families with experience of children's social services to participate in the development of the standards, the Project Team worked with key staff members in Tusla and voluntary services. These staff members assisted in a number of ways, including identifying the appropriate make-up of each group, and assisting in the development of an informational flyer for these groups, as can be seen in Appendix 3. They supported children and family

[†] The *National Standards for Children's Social Services* will replace four sets of standards:
- *National Standards for Foster Care, 2003*[3]
- *National Standards for the Protection and Welfare of Children, 2012*[4]
- *National Standards for Special Care Units 2014*[5],
- *National Standards for Children's Residential Centres, 2018*[6]

members to understand the purpose of the focus groups, as well as securing accessible venues to suit the needs of these groups. These staff members also facilitated the focus group sessions with children and families. At least one member of the Project Team attended each focus group held with children, young people and families to take notes, provide information on the project, and answer any questions. The Project Team regularly reviewed the engagement with children, young people and families to ensure that seldom heard children and groups were included in the standards development process.

A breakdown of consultation session and focus groups participants is illustrated in Figure 3.

Figure 3: Breakdown of focus group participants held during the scoping stage (n=287)



During the development phase of draft national standards, the Project Team conducted 27 focus groups, five consultation sessions and one teleconference across twelve locations in order to provide a range of perspectives from across the country. These locations were Carlow, Cavan, Cork, Dublin, Galway, Kilkenny, Limerick, Louth, Mayo, Monaghan, Westmeath, and Wexford.

All of the feedback gathered at the consultation sessions and focus groups was reviewed and considered by the Project Team to inform the development of the standards.

3.2 Feedback from focus groups during the scoping phase

The Project Team analysed all feedback received from the focus groups and consultation sessions conducted. Findings were collated under the five themes that emerged from the *Evidence review to inform the development of the Draft National Standards for Children's Social Services*. These themes are:

- participation
- safety and wellbeing
- strengthening families and communities
- accountability
- responsiveness.

Overall, the findings from the focus groups undertaken during this stage of the standards development process reinforced the findings from the evidence review process.

These findings were presented to the Advisory Group at its second meeting, together with an overview of the extensive stakeholder involvement. The following sections set out the feedback received from focus groups under each of the themes.

Theme 1: Participation

Findings from the evidence review to inform the Draft National Standards for Children's Social Services identified that there were significant barriers to the meaningful participation of children in decisions about their care and support.[(1)] It was highlighted that children did not feel that they were taken seriously when expressing their views, that there was not enough time for staff to develop trusting relationships with children, and that there was a need for children to be engaged in a respectful and meaningful way.

Feedback from participants supported these findings, highlighting that participation is supported by creating a respectful and fair culture where children are listened to and their views are acted on. Many of the focus group participants highlighted the importance of children being involved in decisions made regarding their care and support, and that this should be done in an age-appropriate manner, taking into account the child's developmental and communication needs. Participants felt that by actively seeking and encouraging children's participation and amplifying their voice that staff can help to reinforce the child's sense of control over their life and improve the care and support they get.

A number of children with experience of children's social services reported that they were unsure of how decisions around their care and support were made, and felt that they were not informed when major changes in their care were being decided. Participants in other focus groups noted that while children were involved in minor decisions, such as deciding about activities, they were not involved in major decisions, such as when they could see their family.

A number of participants noted that there may be times when decisions are made in a child's best interests in order to keep them safe, but that such decisions may not be in line the child's wishes. Participants stressed that such decisions should only be made when absolutely necessary, that there should be a clear rationale for this, and that any decisions, and consequent actions, should be reviewed regularly. They highlighted that it is the responsibility of staff to support the child to understand the reason for such decisions.

Many of the focus group participants emphasised that open and honest communication between staff and children was key to supporting a child's active participation. This open and honest communication occurred when there was a stable, positive and respectful relationship between staff and children, leading to children feeling comfortable in expressing themselves. A number of participants highlighted the importance of meeting a child 'where they are at', recognising their individual needs and circumstances. Children and families with experience of children's social services reiterated this, noting how much they appreciate staff who treat them as individuals with their own unique experiences. Related to this, a number of participants highlighted the importance of children receiving information in an accessible format and in a way that they understand.

A number of participants noted the need to respect diversity amongst children and felt that this was central to understanding the needs of children and their families. Once these individual needs are understood by staff this informed how best to encourage children and families participation. However, a number of children noted that when they were invited to participate they were made feel like a 'tick box exercise' by staff, and felt the staff were not actively engaging with them to support meaningful participation.

A number of participants discussed child and family participation during care reviews, noting that a safe and friendly environment is essential when engaging with children, and their families, and seeking their participation these reviews. A number of family members with experience of attending care reviews reported varying experiences with staff in children's social services, with some praising the support they received from staff, whereas others noted a feeling of judgment and lack of

consistency. These participants felt the process was inconsistent and not designed to meet the needs of the child and family, but rather to suit professionals.

A number of focus group participants discussed the importance of informing children of the complaints processes that are available to them, and highlighted that it is the role of staff to support a child to make a complaint and also to follow up on such complaints.

Theme 2: Safety and wellbeing

Findings from the evidence review identified that child welfare and protection is a shared responsibility among many people who engage with children.(1) The evidence review also highlighted a growing awareness of the importance of focusing on the wellbeing of the child as a whole, and the need to support children so that they can reach their potential. The evidence highlighted the importance of children receiving the right care and support at the right time to meet their needs.

These findings were echoed by participants in the focus groups. A number of participants working with children with experience of children's social services discussed the importance of the fundamental needs of each child being met, such as safety, access to food, housing, healthcare and education, and that in order to meet higher level needs, services must ensure that these fundamentals are in place. Once these fundamental needs have been met there was scope to work to address other needs so that children could fulfil their potential. For example, participants emphasised the importance of promoting education among children, as well as providing young people with information on alternatives to traditional education, such as practical training. Participants highlighted that in order to reach this potential, children needed to be provided with supports and resources to fully benefit from education, in line with their peers.

The importance of maintaining positive and nurturing relationships between children, their families, and communities was discussed by a number of participants, and was particularly important to children and young people with experience of alternative care.[‡] Participants felt that it was the role of staff to support children to build and sustain ongoing positive relationships with their family, peers and their wider community as this helped to build and sustain a child's sense of identity and place. While participants recognised the challenges in this, they highlighted that ultimately children who are in alternative care will reengage with their families and it was important that they had built some form of relationship with them.

[‡] Tusla has a statutory responsibility to provide Alternative Care Services. Children who cannot live safely with their family are admitted to care and are accommodated through placement in foster care, placement with relatives, or residential care.

The stability of a child's placement when they are living in alternative care, and the relationships formed during a placement, was an important aspect of the focus group discussions. A number of participants highlighted that children require continuity and familiarity where possible and, as such, ensuring placements are right for the child, leads to a sense of stability and resilience amongst children. Foster carers highlighted the importance of placing children with foster carers who could meet their needs and make them feel like part of a family. A number of participants discussed the need for permanency planning for children so that they don't 'drift' in the system, due to multiple placements with foster carers or in children's residential centres, or a return to living with their family for a period of time.

Focus group participants highlighted the need for a well considered and tailored aftercare plan to be in place for children who are leaving care and ensuring that children are involved in developing and reviewing the plan over time. By starting aftercare planning at the age of 16, participants felt that children had time to really prepare emotionally for living independently, and that support services also had time to plan for practical support, such as funding for continuing education and training, and securing suitable housing. Participants highlighted that there was no 'one-size-fits all' approach to aftercare and that an aftercare plan, and the support that goes with it, must meet the needs of the individual child, taking into account their wishes and preferences.

As part of the discussion, participants considered the outcomes that they wanted for children who were at risk or in the care of the State. While participants noted that it was essential to ensure a child's physical safety and improve their immediate circumstances, it was important for services to consider the child's long-term outcomes when planning their care and support. The outcomes participants wanted to see included a child leaving care in a better situation than when they entered, a child having a sense of hope for their future, a child fulfilling their potential, and that overall a child would have a positive experience of care. However, a number of participants noted that children's social services did not take into consideration the developmental stage of the child or their unique circumstances when planning interventions outcomes, which in turn resulted in ineffective care and support being provided to children.

Theme 3: Strengthening families and communities

Findings from the evidence review identified the importance of family and community in a child's life. Children's social services are better able to identify and address issues early when children and their families are linked with services in their communities and can work to ensure best outcomes for children and families,

recognising that, in most instances, children do best when they live with their family.(1)

Feedback from a number of focus group participants aligned with these findings, highlighting the need for a strong emphasis on early intervention to ensure that child welfare concerns were identified in the first instance, so that where a child was at risk that this did not reach a crisis point. Participants discussed that early intervention with families who are struggling supports them to build their capacity to keep the child safe and provide them with a nurturing environment. A number of participants noted that when early intervention was targeted at very young children and their parents, that the intervention had a longer-lasting impact. It was noted by participants that these interventions need to be tailored to the needs of children and families and delivered in a way that is respectful of the family's unique needs and circumstances.

Participants also highlighted the importance of good communication and collaboration between community-based services so that a family's needs are met in a holistic and informed way. Good signposting and awareness of services helped in this and ensured that staff made the right referrals for children and families. One participant noted that it should be down to communities to identify the issues which are impacting upon their children and to find ways of supporting the child, rather than there being intervention from children's social services.

A number of focus group participants stressed that resources are needed to support early intervention at a community level. These participants highlighted how community interventions have helped in reducing fragmentation and competition for funding, while improving buy-in from children and families using the service. Participants from non-statutory services emphasised the importance of community services being resourced sufficiently and on a continuous basis, to ensure their work in helping families and communities to build protective networks has a long-term impact.

Theme 4: Accountability

As identified in the evidence review, accountable services require strong leadership and governance structures which work to strengthen and encourage a culture of openness and learning, and ensure that resources are deployed effectively to achieve high quality, consistent services.(1) These services work collaboratively with a wide range of professionals, organisations and services to ensure that children's needs are met effectively. The evidence shows that accountable services identify short, medium and long-term outcomes and measure the achievement of these

outcomes using a range of agreed indicators. These findings were reinforced by focus group participants.

Participants discussed the importance of effective interagency working, underpinned by a shared sense of responsibility to the child, to ensure children were supported at the right time and in the right way. For children with experience of children's social services this meant that they received the care and support they needed in a timely way and without having to tell their story over and over. A number of participants highlighted the benefits of services and staff being co-located, to facilitate real collaboration where each discipline is interacting and learning from each other. However, participants from statutory and non-statutory services provided examples which showed a lack of interagency working and communication, with participants stating that there was often a lack of clarity around what the criteria was for a child to receive a services, what the referral process was, and who was responsible for following up on a referral. Some participants highlighted that they were unsure if they were making an appropriate referral due to this lack of clarity. The need for flexible pathways to refer children to appropriate services was highlighted, with a number of participants noting that children should be provided with the right support, regardless of whether or not they meet the threshold for intervention by Tusla. These participants highlighted that it is the responsibility of those with a concern about a child's safety and wellbeing to advocate for the right support and to hold Tusla to account for this.

Participants with experience of children's social services, including children, families and foster carers, also noted that communication from children's social services around other services available to support them was often unclear or absent. These participants noted that without understanding clearly what supports other services could offer a service it was difficult to make an informed decision about whether to seek such services.

In relation to information sharing to support both interagency working and intra-agency working, participants noted that the private information of children and families must be treated with sensitivity. However, a number of focus group participants highlighted barriers to effective information sharing, noting a reluctance on the part of statutory services to share information, despite the existence of information sharing systems and policies. These participants noted that data protection legislation, specifically General Data Protection Regulations (GDPR), were often cited as a reason for not sharing information in relation to a child engaged in their services.

Participants with experience of children's social services highlighted the importance of services who are working with them, communicating with them openly and

consistently on an ongoing basis, and sharing relevant information with them while respecting confidentiality. However, a number of these participants felt that there was a lack of effective communication between services, families, and foster carers which led to confusion, delays in care and support, and a lack of trust in relationships between these groups. A number of participants did note that when there was a lead staff member coordinating a child's care and support, this often improved information sharing and learning, which in turn led to better outcomes for children.

A number of participants made general comments on the governance of children's social services, noting that services should have a publicly stated mission and purpose, a clear organisational structure, and transparency around roles and responsibilities. A number of participants felt unclear about Tusla's organisational structure and systems, and for many this led to confusion about appropriate contacts within the organisation and how to go about referring a child to their services.

Participants called for the creation of a positive risk-taking environment in services where staff are trusted to make professional judgments. Participants often felt like the services they worked in were risk averse and their decisions were influenced by minimising risk rather than responding to the needs of children. They called for leaders and managers to support and empower staff to exercise their professional judgment.

Many of the focus group participants emphasised the importance of effective recruitment and retention of staff in children's social services. A number of factors were noted as contributing to this including high caseloads, complex care needs and increasing levels of 'day-to-day bureaucracy' and administrative duties. These factors impacted on staff's ability to engage and support children at risk or in the care of the State in a meaningful way, as well leaving staff with less time to engage in supervision and reflective practice to mitigate the risk of stress and burnout. These participants noted that the high levels of staff movement within Tusla and other organisations, as well as staff turnover, was impacting on children, and on relationships with other professionals.

The need for additional resources was a common theme across focus group discussions and participants highlighted the need for the timely allocation of resources to meet the needs of children as they present to the service. The allocation of resources was an important issue for many participants as they felt that the availability of services was a kind of 'postcode lottery' in that the allocation of services to meet a child's needs was dependent on where they lived. Children engaged in community services stressed the importance of consistent supports and

resources being provided and in knowing for certain how long a service would be available to them. In relation to foster care, a number of focus group participants noted that foster carers require a range of supports to effectively care for and support children. This included training in order to meet the individual needs of children, ongoing supervision and support from a link worker, and regular reviews of the placement. Foster carers also highlighted the need for permanency planning to be built in to a child's care plans from the beginning so that the child could build attachments and develop a sense of security.

Theme 5: Responsiveness

The evidence review identified key themes that describe a responsive service where children are cared for and supported by staff who are skilled, trained and experienced.[(1)] These staff use their professional judgement to ensure that children receive the care and support that is right for them and act as advocates to ensure their needs are met. They also ensure that children's feedback is listened to and taken seriously. Staff reflect on their practice through supervision and engagement with their team to ensure it is meeting the diverse needs of the children they are working with. These findings reflect the views of the focus group participants.

Participants identified the importance of children receiving consistent, up-to-date care and support from trained and experienced staff. They noted that by adopting a child-centred approach, staff naturally focus attention on short, medium and longer-term outcomes for the child, which are informed by the child's wishes and preferences. As part of this child-centred approach, focus group participants highlighted the importance of taking each child's individual developmental needs and unique circumstances into consideration.

Many of the focus group participants emphasised the importance of staff working to meet the child's needs through flexible and tailored care and support. To achieve this, staff need to be trained in specific models of care, have opportunities to put this training into practice, and reflect on the effect of their practice in a meaningful way. Focus group participants highlighted the need for staff to receive regular supervision and support, as well as opportunities for reflective practice to ensure that they were providing high quality, safe and effective care to children.

Across focus groups with staff members, it was highlighted that trained and experienced staff should be trusted and supported to use their professional judgment in order to meet the needs of children. However, a number of participants felt their practice was constrained by regulation and policies, as well as a culture of risk aversion within children's social services. These participants felt that this impacted on the care and support they could provide to children and called for a more open and creative culture.

Consistent staffing was an issue raised across all focus groups, with many participants expressing concern over the high staff turnover, the movement of staff within children's social services in an effort to address staff shortages, as well as the overreliance on short-term agency staff. Participants highlighted the impact of this lack of consistency on a child's sense of stability and their willingness to trust these staff to provide good care and support. Children and young people with experience of children's social services felt that it was difficult to build a relationship with staff when you knew that these staff could change at any time, often without any notice. They also expressed their frustration at having to repeat their story whenever they met a new staff member.

Participants noted that staff needed time to build up trusting relationships with children and families and that often social workers had little time or flexibility to do this. Children expressed enthusiasm for staff who check in and provide them with safe, stable and non-judgmental care in which they are free to express themselves. They also expressed an appreciation for information sharing when done in a way that respected their privacy. Staff and foster care participants noted the importance of children being able to reach their social worker when the need arises rather than only at times of crisis, however, it was felt by some that developing genuine relationships with children was not facilitated by staff.

How this feedback informed the development of the standards

Each individual comment was assessed to determine whether it was within the scope of the standards and, if in scope, how it would be incorporated into the draft standards. Where feedback was out of scope of the standards, it was documented for discussion with key stakeholders to inform future service planning, as well as policy direction, and it was considered for possible inclusion in the development of tools to support staff to implement of the standards. Feedback received from children's focus groups during this process was particularly helpful in informing the children's statements for each standard, as well as the associated features, reflecting what children with experience of children's social services felt was important.

4. Public Consultation

This chapter presents an overview of the analysis of the responses received during the public consultation, as well as the second round of focus groups undertaken during the public consultation process. The feedback from the public consultation and focus groups are presented together in this chapter as there was significant overlap in feedback received.

4.1 Introduction

As set out in chapter 3, during the initial stages of the standards development process, the Project Team identified five initial themes that informed the development of the Draft National Standards for Children's Social Services. In 2021, HIQA undertook an evidence review to investigate how principles could be used consistently to underpin all national standards, irrespective of the setting or service type. Four principles emerged from the findings, these are: a human rights-based approach, safety and wellbeing, responsiveness, and accountability. These four principles replace the eight-theme framework underpinning previous sets of national standards, in use by HIQA since 2012. These four principles were used to frame the Draft National Standards for Children's Social Services that went out for public consultation and respondents were asked for their views on these four principles and how they would work in practice.

During this process, respondents provided feedback on a range of issues that are outside the remit of HIQA, but that are critical to the effective implementation of the standards and improvements within children's social services. The Project Team has discussed this feedback with the Advisory Group and with individual stakeholders with responsibility for developing policy and delivering services and will continue to engage with key stakeholders in this regard.

4.2 Overview of the public consultation process

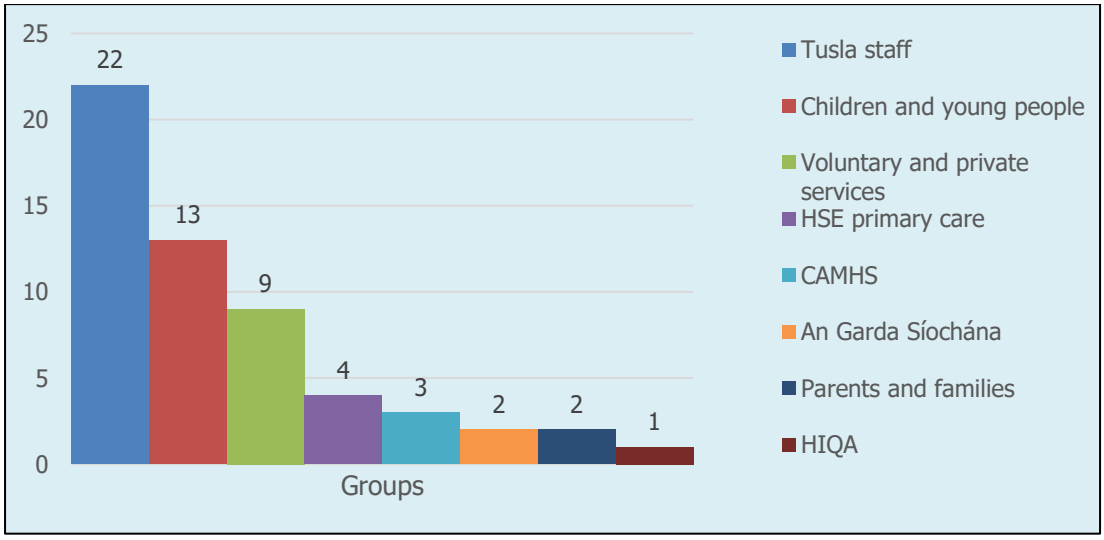
The second public consultation was held when HIQA published the Draft National Standards for Children's Social Services. A six-week public consultation ran from 10 March 2021 to 21 April 2021 to gather feedback on the content and structure of the draft standards, as well as the four principles underpinning the standards. Respondents were also asked to give feedback on what they felt was needed to support the implementation of the standards. The draft standards document was made publicly available to download on www.hiqa.ie and a consultation feedback form was developed to assist people to make submissions. Submissions could be made using an online survey tool, emailed to a dedicated email address, or posted to HIQA.

At the start of the second public consultation, the Project Team notified members of the Advisory Group and asked that they notify the organisations and groups they represent. The Project Team also contacted focus group participants who had previously consented to being contacted, relevant health and social care professionals, advocacy groups and interested stakeholders by email to inform them of the process. The Project Team requested that they share information about the public consultation and encourage their colleagues, children, young people, families and foster carers connected to their services, to participate in the process. In order to reach as wide a range of stakeholders as possible, the public consultation was advertised in HIQA's newsletter and on its website. In addition, a press release about the public consultation was issued, and the consultation was advertised periodically via HIQA's social media channels, including Twitter, Facebook, LinkedIn and Instagram.

There were a total of 81 responses to the public consultation. All responses were considered and the draft standards were revised, where relevant. See Appendix 4 for list of organisations that responded to the public consultation.

During the public consultation process, the Project Team held a further 10 focus groups with a total of 56 participants to discuss the draft standards. The Project Team reengaged with participants and facilitators from the focus groups conducted during the development stage of the standards and a number of these participants took part in the second round of focus groups. A copy of the draft standards, as well as a relevant briefing documents and flyers tailored to the needs of the group, were sent to participants and or facilitators ahead of the focus group. Due to public health restrictions as a result of COVID-19, all of these groups were held online. A breakdown of focus group participants can be seen in Figure 4.

Figure 4: Breakdown of focus group participants held during public consultation (n=56)



During the public consultation, the Irish Foster Care Association (IFCA) conducted two additional focus groups for their members. These groups were facilitated by IFCA and attended by two members of the HIQA Project Team in order to hear feedback and concerns that IFCA members had in relation to the retirement of the *National Standards for Foster Care* and their replacement with the *National Standards for Children's Social Services*.[3] In total, 27 IFCA members attended these two focus groups.

All of the feedback gathered at the focus groups undertaken during the public consultation was reviewed and considered by the Project Team and, where relevant, incorporated into the revised draft standards.

4.3 Results of the public consultation responses

In submitting their feedback, respondents were asked if they were commenting on behalf of an organisation or as an individual. Of the 81 responses to the public consultation, 37 (46%) respondents responded in a personal capacity and 44 (54%) respondents responded on behalf of an organisation.

Of those responses, 78 respondents gave further detail on what capacity they were responding in:

- 29 (37%) stated that they were providing feedback as a staff member or other person working in a health or social care service
- three (4%) stated they were commenting as a person who has used or is currently using a health or social care service and
- 46 (59%) stated they were commenting in an 'other' capacity.

Sixty-eight (84%) respondents gave details of their roles. Examples of the roles of respondents include:

- Clinical psychologist
- Deputy regional manager
- EPIC volunteer
- Foster carer
- Manager of an aftercare service
- Quality assurance manager
- Residential services owner
- Social care manager
- Social care worker
- Social worker
- Staff member in a voluntary service.

The full list of organisations that made contributions to the public consultation are listed in Appendix 4.

4.4 Feedback questions on overall principles and general feedback on the standards

The Draft National Standards for Children's Social Services are underpinned by the principles of a human rights-based approach[§], safety and wellbeing, responsiveness, and accountability. As such, the public consultation form and questions for focus group participants included a question on how respondents felt these new principles would apply in practice

4.4.1 Feedback on the four principles underpinning the standards

In this section of the feedback form, respondents were asked to provide feedback on the four principles as a whole, and how they felt the principles would apply in practice. Feedback from respondents to the public consultation, as well as feedback from focus group participants are presented here.

Public consultation responses

Generally, the four principles were positively received with respondents saying they would encourage a child-centred approach to care and support that considers all needs of the child and their family.

A number of the respondents felt that the four principles were clearer than the eight themes that previous sets of national standards developed by HIQA for children's social services are set out under, noting that this would reduce duplication and would be easier for staff in services to remember and implement.

Many of the respondents welcomed the focus on the rights of the child and their participation in decisions about their care and support. It was felt that the standards made clear the quality of care and support that children and families can expect to receive.

> *"The four principles set out by HIQA, upon which these draft standards rest, encourages a perspective of the care of children that appears all-encompassing and to address all of the needs of children and their families."*

Respondents also indicated that the standards would support services to deliver consistent care and support to children and young people, and hold services accountable for this.

> *"The four principles will ensure that all services working with young people and children will be held accountable. It will also mean that the gaps in*

[§] All national standards developed for health and social care services working with children are written with a children's right-based approach in mind, in order to reflect the specific rights of children.

> *services will be bridged as there will be a consistent response from social services."*

However, a number of respondents also felt that the principles, as expressed throughout the standards, required greater specificity in order to be implemented effectively. They expressed that a lack of specificity might undermine the ability of the standards to have a positive impact on service provision and lead to confusion among services as to how to implement the standards, especially in comparison to the existing sets of standards for children's social services which contain greater procedural detail.

Focus group responses

The principles were welcomed overall by focus group participants who felt that they were well rounded and child centred. As with the written responses to the public consultation, they felt that the move from eight themes, as set out in previous sets of standards, to four principles would reduce duplication across the standards, and felt that they were more concise and clearer.

Several respondents from organisations, such as Tusla and An Garda Síochána, felt that the four principles aligned well with their organisational values and this would make adapting to the new principles and putting them into practice easier. They felt that this would support consistency throughout services involved in the care and support of children.

However, some participants felt that the principles were aspirational and would be difficult to put into practice. In particular, in relation to staff having the opportunity to build ongoing relationships with children, given that children move through different services. In relation to the principle of responsiveness, a small number of participants felt that the term responsiveness might not be familiar to services and children, and there was a possibility that it would be interpreted as a right to fast access to services and treatment.

HIQA's response

In order to support staff to put the standards into practice, changes were made to a number of standard statements and associated features, and detail was added to the descriptions of the four principles. As national standards are outcomes-focused; local policies and procedures are required to set out the detail necessary for services to implement the national standards.

The term responsiveness remains a key principle as the term is explained in its introduction and sets out for those using the standards what responsiveness means in practice.

4.4.2 Feedback that applies to more than one standard

Throughout the public consultation, HIQA received feedback that was relevant to all of the principles and the standard statements set out under the principles, rather than a specific standalone principle or a standard statement. This section sets out this feedback and how HIQA responded to it. This feedback relates to:

- best interests of the child
- accessibility of services
- role of foster carers
- role of Tusla.

Best interests of the child

Public consultation responses

A number of respondents set out that the standards needed to include explicit reference to the paramountcy principle**, that is that the safety and welfare of the child is paramount. These respondents highlighted that the concept of the child's best interests should be included and defined in the standards document. It was noted that while the best interests of the child may not always align with the child's wishes, it was the duty of staff to act in the best interests of the child. For example, a child may wish to live with their parents, however a staff member may assess that it is not safe to do so and must make a decision to take the child into care.

Focus group responses

Similarly, focus group participants felt very strongly about the importance of a child's safety being paramount. They felt that the standards should emphasise that a child is supported to live with their family or maintain relationships with family, only as long as doing so is in their best interests.

HIQA's response

In response to the points made in relation to best interests, an explanation of the best interests principle has been added to overall introduction to the standards. This explanation sets out how the best interests of the child are paramount, recognising that the best interests of a child may not necessarily align with their wishes. Of note,

** As set out in Children First: The National Guidance for the Welfare of Children, the welfare of the child is paramount.(7) This is also referred to as the 'paramountcy principle', which is the key foundation principle of the Child Care Act 1991. Implementation of this principle means being 'child-centred'. Children's interests and welfare are the primary focus in planning and delivery of services.

the introduction to the standards recognises that even when making decisions that go against a child's wishes that this is done in a way that respects their rights.

The principle of best interests has also been strengthened and threaded throughout the standards. For example, reference to the best interests principle has been added to the introduction of Principle 2: Safety and Wellbeing, stating that children are supported to live with their families, when this is in their best interests.

Accessibility of services

Public consultation responses

Respondents highlighted a number of different aspects of accessibility in their contributions to the public consultation. These aspects included: services being accessible to children of all physical and developmental abilities, as well as to children of different ethnicities. A number of respondents also set out that the standards needed a focus on ensuring that a child gets the right service, at the right time regardless of where a child lives. A number of respondents highlighted the importance of the timely allocation of services as a key feature of an accessible service, however many of these respondents noted a particular difficulty in accessing health and social care services for children due to waiting lists and under-resourced services. One respondent described their difficulty in securing mental health services and felt that some staff in children's social services did not view it as their responsibility to ensure children receive help with mental health issues, instead their focus was on basic safety issues. In general, it was noted what when children do not receive the care and support they need in a timely way, they can become isolated from school, childcare, and other services fundamental to their day-to-day wellbeing and development.

Several respondents noted that access to services can vary between geographical areas. They felt that the standards should state that services will strive to provide care and support to children who need it, no matter where they are located. Respondents largely agreed that services should strive for timely provision of services, however they also acknowledged that sometimes gaps and delays in services occur. Respondents felt that where such gaps and delays occurred, services should explain this to children and their families.

A number of respondents expressed that children with additional needs or coming from a minority group may require greater support when accessing services in order to address systemic inequalities and barriers to accessing care and support. These respondents noted that children with additional needs and those coming from minority groups can have poorer health and educational outcomes. They also felt that the standards should set out that services must make a real effort to improve

these outcomes by, in the first instance, ensuring that there is additional engagement and support for these children to access services that meet their needs.

Focus group responses

Focus group participants expressed similar feedback, sharing examples of where lengthy waiting lists, or an absence of a service in a particular area, deeply affected a child's safety and wellbeing, turning a preventable situation into a crisis for the child and family.

HIQA's response

In response to the points made regarding accessibility, the description of how a child experiences the principle of a children's rights-based approach has been amended to include the expectation that all children have equal access to services and that this is received in a timely way. Both this description, and the service provider-focused introduction to the principle, sets out that children do not experience any discrimination when they access services. Furthermore, that all services work together to ensure there are no gaps in the child's care and support regardless of their needs, and that staff work to facilitate children to access the right services at the right time.

Additionally, wording has been added to Standard Statement 4.4 to set out that service providers have arrangements in place to plan, manage and organise their resources so that children receive quality responsive, coordinated and consistent care and support. The features set out under this standard statement now reflect that children will receive care and support no matter where in the country they are located, and that services are responsible for planning this care. It is important to note that while the scope of these standards applies specifically to children's social services, additional work has been undertaken by HIQA to set out arrangements that other health and social care services need to have in place to support effective interagency working to meet a child's needs.[††]

HIQA acknowledges the impact that long waiting lists for services and under-resourced services can have on the child requiring that service. The management of waiting lists and the allocation of resources is not within HIQA's remit, however the Project Team has documented and discussed this feedback with the Advisory Group and with individual stakeholders with responsibility for developing policy and

[††] HIQA and the Mental Health Commission have developed Overarching National Standards for the Care and Support of Children using Health and Social Care Services. These standards cover all health and social care services working with children including hospital services, disability services, mental health services, children's social services, and GP and primary care services.

delivering services, and this will inform future service planning, as well as policy direction.

Role of foster carers

Public consultation responses

A number of respondents expressed the view that the role of foster carers was not sufficiently clear within the Draft National Standards for Children's Social Services, and that the role of foster carers in the care and support of children needed to be clarified and strengthened throughout the standards. Related to this, these respondents did not feel the term "people who care for me" adequately described the role of foster carers in the child's life. A number of these respondents felt that this term lessened or undermined the kind of relationship that foster carers develop with the children that are living with them, with some foster carers noting that they are often the primary caregivers for children and that they are an important part of the child's life.

> *"We [foster carers] raise these young people, and often they live with us into adulthood. We care for them, we are advocates for them. This needs to be recognised beyond 'the people who care for me'."*

They were concerned that only mentioning staff within the standards would diminish their role and ability to advocate for the children who have been placed in their care by Tusla.

During the public consultation, several organisations and a number of individual foster carers expressed concern that the Draft National Standards for Children's Social Services would not be an adequate replacement for the 2003 *National Standards for Foster Care*. A number of these respondents felt that the 2003 *National Standards for Foster Care* should be retained and updated instead of being replaced by a new set of standards. Many felt that these standards allowed foster carers to hold Tusla to account in a non-adversarial way as the service's responsibilities were set out in procedural detail within these standards. However, it was acknowledged by a number of key stakeholders that the level of policy and procedural detail set out in the 2003 *National Standards for Foster Care* is more detailed than would be expected in national standards.

Focus group responses

Participants from focus groups held with IFCA members felt very strongly about the role of foster carers within the standards. They expressed concerns that foster carers would not be supported by the standards and that they would not be able to

hold services, such as Tusla, to account if they lacked this support. They felt that the existing foster care standards specifically called out what a child and their foster carer were entitled to. Foster carers also expressed that they did not feel that they were viewed as part of a child's care team by staff members from services and that important information was not shared with them.

HIQA's response

In order to address points raised in relation to the role of foster carers at the level of detail appropriate to a set of national standards, a number of changes have been made throughout the draft standards document to clarify the role of the foster carer and to set out the responsibilities of service providers in supporting and supervising foster carers.

For example, the role of foster carers has been made explicit in the overall introduction to the standards which sets out the role of foster carers in relation to children who are in the care of the State. Reference to this role has been added into a number of standard statements and features, specifically in relation to the principle of safety and wellbeing where there is reference to foster carers being involved in planning for the child's care and support, as well as being involved in reviewing the effectiveness of this care and support.

In order to address concerns expressed around the language used, the term "people who care for me" has been removed from the standards and replaced with the specific term 'foster carer', in line with feedback from foster carers and other respondents.

Changes have been made to the wording under the principle of responsiveness in Standard Statement 3.3. This statement now sets out that it is the role of the service provider to ensure that there are systems and structures to ensure that both staff and foster carers have the skills, training and experience to deliver child-centred, safe and effective care. Additional features to support this statement have been added under this statement.

To ensure that foster carers receive the support they need to provide care and support for children living with them, a new standard statement and associated features has been added to the standards. Under the principle of accountability, Standard 4.2 sets out that service providers must have robust systems, policies and procedures in place that describe what foster carers can expect from the service provider. It also sets out the requirement for services to have policies in place around recruitment, assessment, supervision, training, and ongoing support of foster carers to ensure that the foster care placement is right for the child.

HIQA recognises that as national standards are outcomes-focused, local policies and procedures may be required to set out the detail necessary for services to implement the national standards. The Project Team has discussed this feedback with the Advisory Group and with individual stakeholders with responsibility for developing policy and delivering services. It is recognised that further work by stakeholders is needed in this area to address the issues raised.

Role of Tusla

Public consultation responses

A number of respondents expressed concern that Tusla would be held accountable for all of a child's needs, even when such services fall within the remit of another organisation.

Respondents noted that in such instances, while it is the responsibility of Tusla to identify and escalate issues, it may be the responsibility of other services to deliver the care required, particularly if specialist care is required and Tusla are not in a position to compel external services to provide this care. These respondents suggested that the standards make clear that each service provider is responsible for what is under their control, and that everyone is responsible for interagency collaboration.

Focus group responses

Focus groups noted that Tusla often lacks resources, usually staffing, to provide the required level of care and support to all children. Participants requested that these limits be taken into account both in the standards and when inspections were carried out.

HIQA's response

A number of changes have been made throughout the document to clarify the role of Tusla in caring for and supporting children at risk or in the care of the State. Examples of this are included in the overall introduction to the standards where the overall purpose and role of Tusla in child protection and welfare is set out, this section also sets out that while services provided and commissioned by Tusla have primary responsibility for the protection and welfare of children, all services involved in a child's life are must demonstrate a commitment to working together to meet the needs of the child.

To provide further clarity on the responsibilities of services, an addition has been made to the introduction of Principle 4: Accountability, stating that when collaborating, services have formalised governance arrangements and service level

agreements that clearly define the relationship, role and responsibilities of both the service provider and the funding body. To facilitate effective collaboration, an additional point was added to the service provider statement in Standard Statement 4.5, setting out that information is shared effectively and information governance arrangements are in place to share relevant information in line with legislation and policy.

HIQA recognises that Tusla cannot oblige other organisations and bodies to provide care. It is expected that Tusla and the services it commissions will have arrangements in place to coordinate care and support within and between services in an integrated way, and this has been reflected in the standards.

4.5 Feedback on each principle

In this section of the feedback form, respondents were asked to provide feedback on each individual principle and the standard statements and features set out under the principle. Respondents were asked to consider the following questions as part of their review:

- Do you think all important areas have been covered in each standard statement or are there any areas that should be included or excluded?
- Are the features listed sufficient to assist staff working in children's social services to meet the draft national standards?

The following sections outline feedback received, specific to each individual principle.

4.5.1 Principle 1: A Human Rights-Based Approach

Public consultation responses

Of the 81 respondents, 61 (75%) provided feedback on Principle 1.

The principle of a human rights-based approach was well-received by respondents who felt it aligned well with existing policies and practices in their own organisations. They also felt that this principle was clearly laid out in a way that children would find easy to understand and apply to their own lives.

As this principle is centred on the rights of the child, a number of respondents, queried if this should be renamed to a *'children's rights-based approach'* as it would strengthen the focus on children and the specific rights that they are entitled to enjoy, as set out under the United Nation Convention on the Rights of the Child (UNCRC). Respondents also noted that this principle should cover all of the rights of the child and as such there should be a specific reference to the UNCRC in the standards.

> *"As these draft standards are for children's services, we believe that consideration should be given to using the term "child rights-based approach" rather than "human rights-based approach". This would be in keeping with the key message of the UNCRC that, while children alongside adults are the holders of human rights, children have specific rights that recognise their special needs and evolving capacities."*

Respondents welcomed the focus within this principle on children being supported to participate in decisions about their care and support, and being informed about their care, even when it is difficult to do so. However, a number of respondents queried how infants, young children and children with developmental issues would be supported to participate in a meaningful way. Respondents also indicated that resources such as having the requisite funding and staffing, as well as training around participation, were needed to support and encourage real participation.

A number of respondents noted that a strong feedback and complaints process would contribute to the improvement of services and called for this to be strengthened in the standards. Respondents with experience of using children's social services felt that it was important that making a complaint should not feel 'scary' for children, and that they should not feel like they will cause problems or face difficulty after raising an issue. It was also suggested that the standards include a feature outlining that if a child makes a complaint through the wrong channel, staff must take steps to ensure the feedback is still responded to or escalated appropriately. Overall, respondents felt that services should have procedures in place for reviewing complaints and feedback, as well as escalating complaints to a third party if required.

Finally, respondents queried how and when relevant information about the child's life would be shared with the child, noting that in the draft standards this process was not clear enough. These respondents felt that it needed to be made clear that children will be able to see any information that relates to themselves, but that other people's private information will not be shared. Additionally, a number of respondents felt that it was important that information be shared in a sensitive and age-appropriate way.

Focus group responses

Generally feedback from the focus group participants reflected that received through the public consultation.

Focus group participants felt that the participation of children in their care and support, as set out in this section, was very important, though it was emphasised that this participation must not be simply a 'box-ticking exercise'. Children who

participated in focus groups expressed that they felt that their participation was sometimes simply an obligation on the part of staff and did not meaningfully contribute to their care and support. Similarly, staff felt that sometimes children's participation in services can sometimes be 'tokenistic' and that participation should be set out in the standards as something actionable by services. Participants stated that it was essential that there were systems in place to facilitate children of all ages, stages of development, and ability to exercise their right to participate in decisions about their lives. However, participants also noted that children should have a right to opt out of participating in decisions and it is the role of staff to advocate for the care and support they need to reach their potential.

It was felt that feedback and complaints by children, families, foster carers and advocates played an important role in in service improvement. A number of participants felt that current complaints procedures were not always accessible and that this should be addressed in the standards. It was also felt that the standards should state the need for an independent review process of complaints available to all children.

HIQA's response

In line with feedback received, this principle has now been renamed 'a *children's rights-based approach* ' to reflect that the principle focuses on respecting and upholding the broader rights of the child when they are in need of care and support from children's social services. In order to strengthen this children's rights-based approach, a specific reference to the UNCRC has been added to Standard Statement 1.1, setting out that services must have arrangements in place to ensure the rights of children, as set out in the UNCRC, are respected and upheld.

In response to points raised about how younger children or children with developmental issues would be supported to participate in a meaningful way, additional wording has been added to the features set out under Standard Statement 1.2. This is to ensure that children are supported to participate in a way that suits their needs and that other important people in their life are involved in this process to support the child. The area of additional resources, staffing, and training to support meaningful participation is acknowledged by HIQA but is outside the scope of these standards. This has been documented by the Project Team and discussed with the Advisory Group, and will be used to inform future policy development.

The feedback and complaints process has been strengthened in the standards by adding additional features under Standard Statement 1.3. Additional features under this standard statement set out that staff will support children in making a complaint and that there will be no adverse consequences for children. The features further set

out that children receive a written response to any complaints they have made, and if a child is unhappy with the outcome of their complaint, they can be ask for an explanation and request that it be reviewed again, or seek support from a third party.

In relation to what information children will be able to view, a number of changes were made to the standards to clarify this. For example, feature 1.2.5 has been added to explain that children are supported to see information about themselves, their family, and things that have happened in their life and that this information is to be shared with them in a sensitive and appropriate way.

4.5.2 Principle 2: Safety and Wellbeing

Public consultation responses

Of the 81 respondents, 60 (74%) provided feedback on Principle 2.

Many of the respondents highlighted that planning for a child's transition between and out of services was a critical time, and that during these transitions the child has very specific needs. These respondents called for greater emphasis in the standards on planning for and managing these transitions, and for the standards to clearly set out who is responsible for following through on the actions needed to support a child during these times in their life.

A number of respondents requested clarity on the role of services post-case closure with respect to boundaries and responsibilities. It was felt that the standards, as worded, placed responsibility on services to continue providing support to families after a case had been closed and that this was outside of the remit of the services.

A number of respondents expressed concern that the standards set out that children are encouraged to build relationships with staff that can last into adulthood. They indicated that there are local policies in place that describe the limits to ongoing staff contact with children who have turned 18. However, other respondents felt that it was positive that this was included in the standards as it focused on child-centred care, recognising that long-term, supportive relationships are central to such care.

There was a request to address the issue of the management of retrospective disclosures of abuse within the standards. It was felt that this is a unique aspect of child protection and welfare and should be set out in the standards in order to effectively assess and follow-on reports made by adults who allege that they were abused as children.

A number of respondents queried the wording of Standard Statement 2.3 which stated that staff will "ensure" children reach their full potential. Respondents noted

that this may set unrealistic expectations that a service cannot fully guarantee. It was suggested that the language around this be changed to say that services and staff will 'support' children to reach their full potential.

Focus group responses

Participants discussed the importance of consistent and positive relationships in a child's life. They felt that in addition to family, important relationships should be expanded to cover those in the child's community. It was noted that relationships developed within school are particularly important and that consistency in these relationships was key to provide stability for children. Most importantly, participants noted that these relationships must be in the child's best interests and must support their wellbeing.

A number of participants highlighted the need for children to have space and time to express their concerns in a safe way, away from family or their care setting, and that these concerns be taken seriously.

HIQA's response

The importance of preparing for transitions between and out of care has been strengthened within Standard 2.3. This standard now states that care plans are updated regularly to reflect the changing needs of the child, as well as preparing them for moving between care settings and in their transition to adulthood. A number of features were also added under this standard, setting out that if a child is moving back to live with their family, the process is planned with the child, their family, their foster carer, and staff so that the move happens at the right time, with the right support, and with the child's needs in mind. Additional features have also been added under Standard 2.3 so that a child receives timely care and support to prepare for becoming an adult and leaving care.

In order to support staff in closing a case with a family, a new feature was added to Standard 2.2 which states that when a case is being closed, that the staff of a service will provide the family with information about resources they can access, if this is needed after engagement with the service is complete. This means that children will be better supported after their case has been closed, and it is clear who is responsible for each aspect during the process.

HIQA acknowledges that services have local policies in place around a young person and their ongoing relationship with people involved in their care and support. However, as other respondents noted, continuity of relationships is a positive factor in a child's life and so this reference remains within the standards.

In response to feedback on retrospective disclosures, additional wording has been added to the service provider statement of Standard Statement 2.1. The service provider statement now sets out that the service provider works in collaboration with other services and professionals to ensure children are safeguarded, this includes the management of retrospective disclosures.

To address the concerns raised around the feasibility of services ensuring that children reach their full potential, the wording of Standard Statement 2.3 has been amended with the service provider statement outlining that services 'support' each child to reach their full potential rather than 'ensuring' that they do so.

4.5.3 Principle 3: Responsiveness

Public consultation responses

Of the 81 respondents, 53 (65%) provided feedback on Principle 3.

A small number of respondents felt there was a disconnect between the child's statement and the service provider statement set out in Standard Statement 3.3. While the child's statement outlined that children can expect staff who are trained to meet their needs, the service provider statements did not place a requirement on services to support their staff to get such training. Respondents suggested that the wording of the two statements be reviewed and amended to ensure they were aligned.

Under the principle of responsiveness, respondents identified staff recruitment and retention as a significant issue facing services, and an obstacle to the successful implementation of this principle in particular, and the standards more generally. A number of respondents felt that due to staff shortages, staff had increasingly high caseloads, placing an undue a burden on staff and contributing to problems with staff retention. It was acknowledged that services cannot control the number of referrals they receive but it was felt the standards should reflect that staff required support and supervision to reduce the potential for staff burnout. Additionally, respondents felt that services should plan and manage their workforce effectively to address staff shortages and turnover, as well as caseload management. There was a strong call for increased resources and staffing to address this issue.

A number of respondents highlighted that communication and information sharing between staff in children's social services with services they commission, and with children, their families and foster carers can often be inconsistent, leading to confusion and at times a lack of trust in the staff. These respondents felt that it was important that essential information was shared with them in a timely and open way, even if the information was difficult.

Focus group responses

In regards to the principle of responsiveness, many participants felt that a skilled workforce was essential to the delivery of high-quality care, in line with the standards. They highlighted that services were responsible for ensuring that their staff were trained and supported, and had the space and time to put their training into action, recognising that new staff in particular required extra time and support in this regard.

A number of participants noted that new staff, by definition, lack experience and felt that stating that staff were always experienced in the standards was unfeasible, rather the standards should reflect that staff need to be supported to gain experience. They also noted the need to tailor caseloads and the complexity of assigned cases in accordance with the experience and skills of any given staff member.

In addition to the skills of staff, participants noted that having the requisite complement of staff was of key importance. While they recognised that this is outside the remit of HIQA, they felt that it was important to note when discussing this principle as it will impact on the achievement of the standards.

As with the public consultation responses, participants also identified strong and ongoing relationships with staff as a key factor in children experiencing positive care and support and fulfilling their potential. Participants recognised that children can experience a number of different relationships as they move through different services in the care system and that as such, a change is inevitable. Children also felt that relationships were important and expressed a desire for consistency, and that it felt like betrayal when they got to know a staff member, only to lose that relationship quickly.

HIQA's response

To better align the two statements of Standard Statement 3.3, the wording of the service provider statement has been amended, setting out that services are responsible for having systems and structures in place to ensure staff, as well as foster carers, have the skills, training, and experience to provide effective care and support.

To address the points raised in relation to staffing and the high turnover of social workers, the service provider statement of Standard Statement 3.1 has been updated. It now states that the service provider will support their staff to develop consistent, continuing and positive relationships with children, in the interest of delivering effective child-centred care and support. Recognition of the importance of

workforce planning is set out under the principle of accountability, specifically under Standard Statement 4.4. This sets out that services have arrangements in place to plan, manage and organise their resources and workforce to deliver quality, responsive, coordinated and consistent care.

Effective communication and appropriate information sharing are key features of the standards, and there is a strong focus on these areas throughout the standards. Further detail is best set out in additional resources and or tools to support the implementation of the standards.

While staffing and workforce management is outside the scope of these standards the Project Team has discussed this feedback with the Advisory Group and with individual stakeholders with responsibility for developing policy and delivering services.

4.5.4 Principle 4: Accountability

Public consultation responses

Of the 81 respondents, 58 (71%) gave feedback on Principle 4.

Under the principle of accountability, the draft standards set out that a child has one dedicated staff member to coordinate their care and support. A number of respondents felt, for a number of reasons, that this requirement was unfeasible. These reasons included: the impact of the high level of staff turnover on sustaining a dedicated staff member; that children use a number of different services on their journey through children's social services and therefore develop a number of significant relationships; the practice of having key working teams in residential services rather than one dedicated staff member. As such, respondents felt that this standard, and the associated features, needed to be more flexible in order to reflect the realities of staffing and services.

However, many of the respondents highlighted that the relationship a child developed with a staff member was of crucial importance. They welcomed the focus the standards put on this relationship and on the responsibility of services to plan and manage their workforces to ensure these relationships could flourish.

> *"Constant changes of staff have been highlighted as causal in children's failure to form relationships with a safe adult they can rely on and talk to resulting in poor mental and physical health, and a generally poor social development."*

The area of quality improvement was a recurring theme in the feedback from the public consultation, with respondents emphasising the need for learning and change

as a result of audits, inspections, events, feedback and complaints. A number of respondents highlighted that the standards should reflect that services should take immediate action if the service was found to be unsafe, and that sustained and coordinated efforts should be made to improve a service when it was found that care and support provided was not adequate.

A number of respondents highlighted the importance of robust organisational processes to ensure compliance with legislation and overcome existing barriers to interagency collaboration. There were also requests for guidance around GDPR and information sharing.

A number of respondents highlighted the challenges that services face in relation to interagency working, specifically when a child requires care from more than one organisation. Feedback from these respondents indicated that, in their experience, it is not always possible to ensure a child receives care from another service due to waiting times and lack of resources. These respondents also highlighted that they are unable to compel another organisation to provide the service needed, leading to a concern around how services would be assessed if they were unable to provide this care. Respondents acknowledged the need for services to develop their own interagency working policies and systems, highlighting that all services have a role in supporting interagency working to ensure the needs of children are met in a timely and coordinated way.

Focus group responses

Participants in the focus groups also questioned where the standards called for one consistent staff member to support a child throughout their journey, as set under Standard 4.4. While they appreciated the call for consistent care and felt it put the onus on services to work towards retention of staff, they felt it would be difficult for services to ensure consistent care throughout a child's engagement in a wide range of services.

The principle of accountability was welcomed as both staff and children stated that it was essential that children's social services were well managed, and that there was a culture of openness, creativity and learning.

Both staff and young people felt that use of the word 'rules' in Standard 4.1 was ambiguous. Staff felt it was unclear what 'rules' referred to and that they wanted to know what exactly was expected of services under the standards. Meanwhile, young people felt that the word was unclear as the standard statement did not specify who set these rules or what they were.

Participants also felt that quality improvement was an essential element of the principle of accountability and queried how quality would be measured when the

standards were implemented. Furthermore, participants called for a clearer requirement in the standards for services to strive for improvement.

HIQA's response

To address the points raised around children having the opportunity to build a relationship with one staff member, reference to having one dedicated staff member has been amended and moved to the principle of responsiveness. Under Standard 3.1, features now set out that a child has the opportunity to build a trusting relationship with one staff member *when using a particular service* and they are given time to build that relationship. If the staff member working with the child is changing, the child knows the reason for this and changes are planned in advance so that the child has time to get to know new staff.

In response to feedback from staff and young people around the use of the word 'rules' in Standard Statement 4.1, this wording has been amended and the statement now sets out that the service follows policies to make sure children get the right care and support.

The need for a focus on continuous quality improvement has been given additional focus in what is now Standard 4.6, with the addition of a number of features. These features set out that children can be confident that the services they use are continuously trying to improve the care and support they receive, that services use feedback in order to improve the care they deliver and that they respond quickly to address concerns about inadequate service provision.

Additional wording has been added to Standard Statement 4.5 regarding effective information governance arrangements. The service provider statement now states that arrangements are in place to ensure information is shared in line with legislation and policy. This is to address concerns around the need for organisations to share information in a way that is in line with legislation.

In order to address points raised around interagency working and coordinating care from multiple services, additional wording has been added to the features set out under Standard Statement 4.5. This sets out that while services will advocate for children to get the services they need, there are times when it is not possible for the service to secure these. The features highlight that if it is not possible to secure additional services, the reasons for this are explained to the child and important people in their life.

4.6 Feedback on the language and accessibility of the draft standards

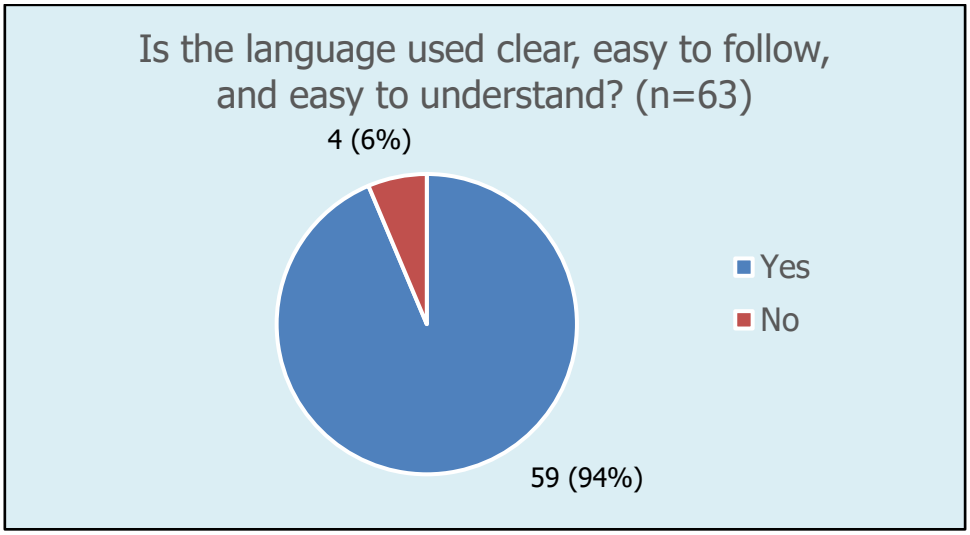
Questions 3.1(a), 3.1(b) and 3.2 sought feedback on the language and accessibility of the draft standards. This section of the document provides an overview of the responses received in relation to these questions.

Language used

Public consultation responses

Respondents were asked if the language used in the draft standards was clear, easy to follow and easy to understand. Sixty-three of the 81 respondents answered this question. Figure 5 shows the number of 'Yes' or 'No' responses to this question.

Figure 5: Responses to the public consultation regarding language used in the standards



Overall, the use of plain English and the voice of the child was strongly welcomed by respondents. The language was described as "accessible, clear and unambiguous". Respondents also felt that the language used was positive and promoted child-centred care.

> *"The language is all aimed at the child and what the child's rights to safe care and effective is, and who delivers this care (staff/service). We found this effective and powerful in terms of accountability for service. The content and structure clearly sets out what the expectations are and how services should deliver this in a very child-centred way."*

However, the use of the term "people who care for me" raised queries from a number of respondents, particularly with reference to foster carers. It was expressed that foster carers have an important role in a child's life and that "people who care

for me" did not adequately describe that role. It was also felt that the term could be confusing for children as staff also provide care.

Focus group responses

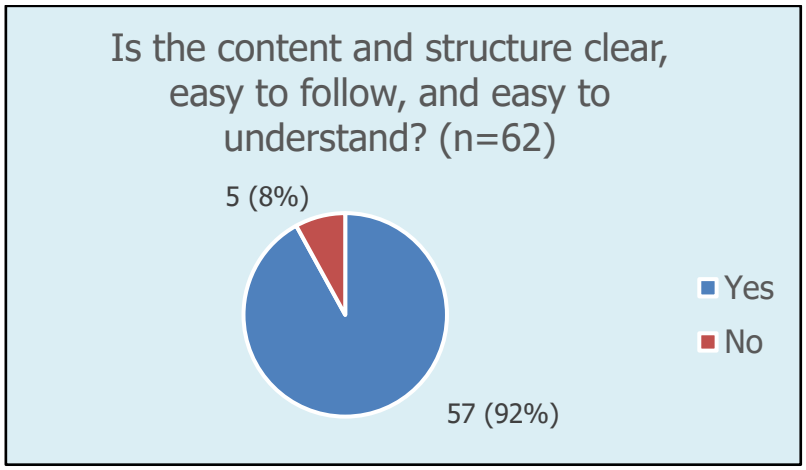
Focus group participants felt that the language used in the standards was child-friendly and positive in tone. However, they did express a need for greater clarity in some of the standard statements so that services could be clear on how they would be assessed against the standard.

Content and Structure

Public consultation responses

Respondents were asked if the content of the draft standards was clear, easy to follow and easy to understand. Figure 6 shows the number of 'Yes' or 'No' responses to this question.

Figure 6: Responses to public consultation regarding the content and structure of the standards



Respondents felt that it was a positive that the child's statement and the service provider statement were set out beside each other in the new standards as it clearly shows these expectations are related and connected to each other. The colour-coding for each of the standards was welcomed as it made the document easy to navigate.

Overall, the standards were described as user-friendly and accessible. However, there were also requests for additional explanatory material for younger children. Feedback from children indicated that in order to make the standards more accessible to younger children there needed to be an accompanying guide or video document with simple language, an appealing design, and use of images and graphics.

Focus group responses

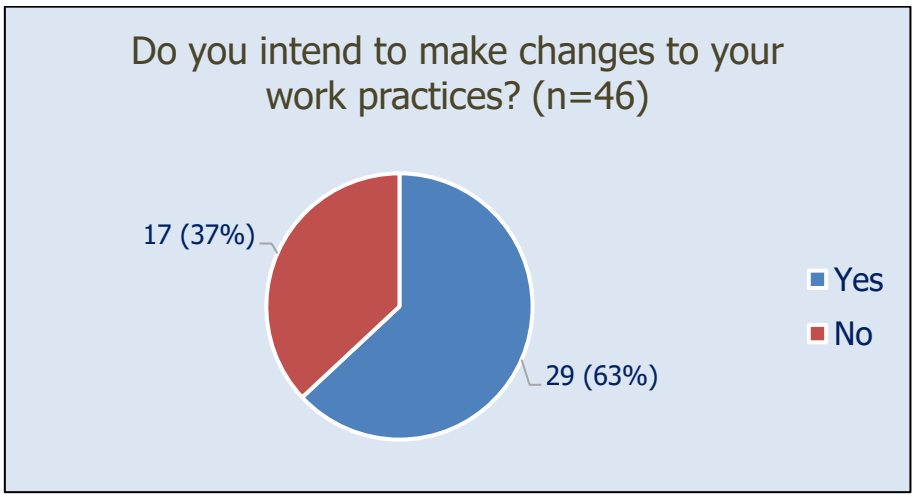
Focus group participants gave similar feedback, expressing that the content was easy to understand and accessible. Both staff and children requested a version of the standards targeted at younger children, using simple language and appealing visuals.

Intention to Change

Public consultation responses

Respondents to the public consultation were asked to indicate if they intended to change their practice after reviewing the draft national standards. The responses can be seen below in Figure 7.

Figure 7: Participants who intend to make changes to their work practices



Those who indicated an intent to change often stated that they intended to place greater emphasis on child participation in their services. Others stated that they intended to ensure that all decisions were explained to children and their families, especially as to why things can or cannot happen. Additionally, some respondents indicated that they would strive to improve the quality of interagency collaboration.

Of those who indicated that they did not intend to change, many felt that they were already implementing what the standards called for in their practice.

Focus group responses

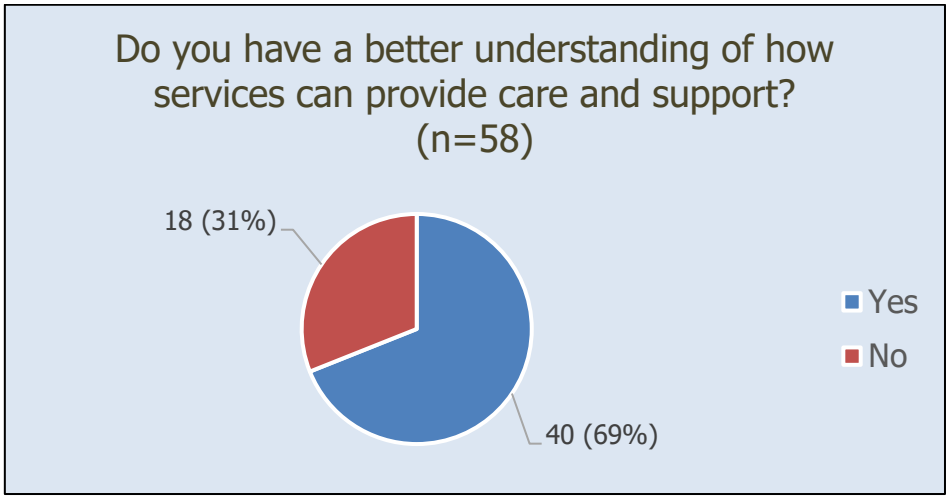
Responses from the focus group participants aligned with the written responses to the public consultation.

Understanding of how services can provide care and support

Public consultation responses

Respondents were asked if they had a better understanding of how services can provide care and support to children using children's social services. Fifty-eight of the 81 respondents answered this question and responses can be seen below in Figure 8.

Figure 8: Understanding of how services can provide care and support



The majority of respondents answered that they had a better understanding of how services can provide care and support. They felt that the standards set out clearly the quality of care that services should strive for. However, some respondents noted that further support tools are required in order to implement the standards consistently.

Those who stated that the standards did not give them a better understanding of how services can deliver care and support, felt that standards lacked specificity on how care and support was meant to be delivered. They called for greater detail on what the standards will look like at a service level.

Focus group responses

Some focus group participants expressed that the standards had given them increased awareness of the need for interagency working. Additionally, some noted that not all services were equally aware of the responsibility to cooperate and it was felt that the standards may improve awareness of this.

Summary

Both the public consultation responses and feedback from focus group participants was reviewed and considered, and the Draft National Standards for Children's Social Services were revised based on the feedback received, where relevant.

A summary of the feedback and subsequent changes to the draft national standards was presented to the Advisory Group at its final meeting and final changes were made to the standards prior to their submission for internal approval.

5. Supporting implementation of the standards

HIQA recognises that additional supports are required in order for services to implement the standards fully. HIQA takes an implementation science approach to the development of tools and or resources to support services to put the standards into practice. This approach looks at the mechanisms of behaviour change and what is needed to support the successful implementation of any intervention. This approach allows HIQA to identify, for example, if it is a knowledge gap or a behaviour change which needs to be addressed to support effective implementation, and to develop tailored tools and resources to meet the specific need.

At each stage of the development of the Draft National Standards for Children's Social Services, the Project Team gathered stakeholder feedback to identify and understand potential barriers[‡‡] to the implementation of the standards, in order to develop relevant tools to address these barriers.

Findings from the analysis of stakeholder feedback gathered throughout the standards development process identified a number of areas that require support. Some of these areas are within the remit of HIQA's Standards Team, for example developing tools to support the area of internal communication within and between services delivered or commissioned by Tusla, and with children, families and foster carers, while others are within the remit of HIQA's Regulation Directorate, such as the development of an assessment and judgment framework for the standards setting out how services will be assessed against the standards. However, many of the areas identified are outside the remit of HIQA, such as the development of service-specific policy and procedures, including foster care policies and procedures, a national policy on interagency working, and systems to support effective workforce planning and resourcing.

This chapter sets out the themes emerging from the analysis of stakeholder feedback on what is needed to support the implementation of the standards.

5.1 Themes emerging from stakeholder feedback

Clarity on what monitoring will look like

Across all stages of the standards development process, stakeholders sought clarity on what HIQA will expect of service providers when the standards are fully implemented. Stakeholders highlighted the importance of knowing what both the HIQA assessment and judgment framework and the inspection process would look like, in order to prepare staff and services for the commencement of the standards.

[‡‡] Barriers are defined as any factors that obstruct the capacity for health and social care services to implement evidence-based interventions.

This is outside the remit of the standards, however points were documented and discussed with relevant stakeholders. Related to this point, a number of stakeholders requested that HIQA develop a communications plan for services setting out the timeframes for the implementation of the standards, and when services would be expected to demonstrate compliance with the standards.

Development of self-assessment tools

While some stakeholders suggested that HIQA develop self-assessment tools for services to assess their own compliance with the standards, a number of stakeholders proposed that their own organisations could develop these tools, noting that these were already in place in a number of services in relation to existing sets of standards.

Interagency working

Stakeholder feedback noted that there were barriers to organisations working together to meet the wider needs of children. Stakeholders indicated that organisations needed to develop relationships and a rapport so that they could successfully work together both when a child needed additional services and when a child was transitioning between and out of services. However, stakeholders emphasised that this collaborative approach must be underpinned by national and local policies which are consistently applied and supported by the relevant organisations.

Effective communication and information sharing

Stakeholder feedback indicated that there was often a lack of effective communication between services, children, families, and foster carers and that this has led to confusion, delays in care and support, and a lack of trust in relationships between these groups. Stakeholders indicated that there was a need to develop good communication systems between these groups to address these issues.

Stakeholder feedback indicated that services should ensure that children, families, and foster carers had easy access to information about services and the rights of the child when using these services, as well as when a child was transitioning between or out of services, as this was often inconsistent. They felt that this would improve the transparency of the service and improve ongoing communication between staff and children, their families and or foster carers.

Related to the area of accessible information, stakeholders felt there was a need for a resource for younger children explaining what the standards mean for them.

Resources and workforce planning

While outside the remit of HIQA, stakeholder feedback at all stages of the standards development process highlighted the need for additional resources to support the implementation of the standards, both in the form of additional staff and an increased rolling budget to better plan for services in the longer-term. Stakeholders set out that this would allow services to adapt and improve, and to offer more effective and efficient services. Related to this, they also called for services to better plan their workforce and provide support to their existing staff in the form of training and workload management.

Staff training

Stakeholder feedback highlighted the need for staff training in a range of areas. Some stakeholders felt that services should commit to continuous professional development and upskilling in order to support the standards into practice. Specific requests were also made for training, focusing on participatory approaches to ensure that staff were supporting children to meaningfully participate in decisions about their care and support, as well as training on implementing a children's rights-based approach. Feedback also highlighted the importance of delivering training to college students who were studying to work in the area of children's social services, so that their practice was informed by standards from the outset. Stakeholders also noted that these standards will be the first set of standards that certain services will have to comply with and that training will be needed to support staff in these services to understand their role in implementing the standards.

Service policies and procedures

Stakeholder feedback indicated that services will need to review their existing policies and procedures to ensure that they are in line with the standards. Stakeholders called for an adequate lead-in time to the implementation of the standards to allow them to address any gaps identified in their policies.

Next steps

HIQA reviewed all stakeholder feedback gathered across each stage of the standards development process to identify what is needed to support the implementation of the standards into practice. Using these findings, the team engaged further with key stakeholders to identify appropriate information materials and tools to develop, within the remit of HIQA. As a result, several resources were developed to support services to put key elements of the standards into practice, including:

- an animation and an easy-to-read leaflet that supports young children to understand what the standards mean for them, and
- a communication toolkit, co-produced with Tusla, to support staff to communicate effectively with children, young people, families and foster carers at important times in their engagement with children's social services.

The animation and easy-to-read leaflet will be available from our website www.hiqa.ie when the standards are published. The communication toolkit is available for download from our website www.hiqa.ie now.

6. Conclusion and next steps

HIQA would like to thank all of those who contributed to the development of these standards through the Advisory Group, consultation sessions, focus groups and the public consultations, as well as individual stakeholder meetings. This involvement helped to ensure that the Draft National Standards for Children's Social Services are appropriate to the Irish context and can be implemented in practice. This will help to contribute to the improvement of the care and support provided to children through the wide range of children's social services they engage in.

Appendix 1 — Membership of the Advisory Group and the HIQA Project Team

Advisory Group membership

Name	Organisation
Áine Higgins Ni Chinnéide §§	Senior Standards Officer, National Disability Authority
Aisling Gillen	Service Director West - Family and Community Support Services, Tusla
Caroline Cullen***	Interim Director of Quality Assurance, Tusla
Catherine Bond	CEO, Irish Foster Care Association
Colette McLoughlin	Head of Policy and Research, Tusla
Eva Boyle	Head of Programme (Children's Services), HIQA
Gordon Hill	Vice President, National Youth Council of Ireland
Jules Kurvink	Volunteer, Empowering People in Care (EPIC)
Karla Charles	Policy Manager, EPIC
Kate Gillen	Social Work Specialist, Department of Children, Equality Disability, Integration and Youth
Laura Molloy†††	Service Improvement Lead, Mental Health, HSE
Linda Creamer‡‡‡	Service Director Dublin North East, Child Protection and Welfare Services, Tusla
Louis O'Moore	Director, Social Care Ireland
Marie Kennedy§§§	Area Manager, Tusla and representing the Social Work Registration Board, CORU
Michele Clarke	Chief Social Worker, Department of Children, Equality, Disability, Integration and Youth
Patricia Finlay	Service Director Dublin Mid-Leinster, Tusla
Paula Long	Regional Director, National Educational Psychological Service
Rachel Flynn	Director of Health Information and Standards, HIQA (Chair)
Rachel McCormack	Board Member, Irish Association of Social Workers
Simon O'Neill	Volunteer, EPIC
Siobhan Greene	Director of Children's Services, Barnardos

§§ Áine Higgins Ni Chinnéide replaced Ruth O'Reilly on the Advisory Group in November 2020.
*** Caroline Cullen replaced Brian Lee on the Advisory Group in February 2021.
††† Prior to the third Advisory Group meeting, the HSE was represented by Patricia Whelehan Kennedy and subsequently by Sinead Reynolds.
‡‡‡ Linda Creamer left the Advisory Group in October 2020.
§§§ Marie Kennedy replaced Roberta Mulligan on the Advisory Group in November 2020.

Stanley Houston****	Lecturer in School of Social Work and Social Policy, Trinity College Dublin
TJ Dunford	General Manager, Primary Care, HSE
Tony O'Donovan	Principal Officer, Irish Youth Justice Services

Project Team

Carol McLoughlin	Standards Development Officer, HIQA††††
Cecil Worthington	Subject Matter Expert, HIQA
Deirdre Connolly	Standards Development Lead, HIQA
Eimear Quinn	Standards Development Officer, HIQA‡‡‡‡
Linda Weir	Standards Manager, HIQA
Shauna McCarthy	Standards Development Officer, HIQA

**** Stanley Houston attended the first Advisory Group in November 2019 and an alternate representative, Trevor Spratt, attended the second meeting of the group in November 2020.
†††† Carol McLoughlin joined the Project Team from January 2020 until March 2021.
‡‡‡‡ Eimear Quinn joined the Project Team in December 2020.

Appendix 2 – Organisations that responded to the Public Scoping Consultation

- Assessment, Consultancy and Therapy Service
- Barnardos
- Brothers of Charity
- CORU
- Crosscare
- Daughters of Charity
- Department of Children, Equality, Disability, Integration and Youth (DCEDIY)
- Fostering First Ireland
- Fresh Start
- Health Information and Quality Authority (HIQA)
- Health Service Executive (HSE)
- Irish Aftercare Network
- Irish Association of Social Workers (IASW)
- Irish College of General Practitioners
- Irish Foster Care Association (IFCA)
- Irish Penal Reform Trust (IPRT)
- Irish Primary Principals' Network (IPPN)
- Mental Health Commission
- National Disability Authority
- St Patrick's Mental Health Services
- Traveller Families Care
- Tusla
- UNESCO Child and Family Research Centre, NUI Galway
- Voices of Young Refugees in Europe
- Youth Advocate Programmes (YAP).

Appendix 3 — Flyer for children for scoping focus group sessions

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

The Health Information and Quality Authority (HIQA) helps to improve health and social care services in Ireland.

Our job is to set rules and making sure that health and social care services stick to them.

We are writing new rules for services working with children to help to make sure that all children are safe and well looked after.

New Draft National Standards for Children's Social Services

Have your say!

HIQA want to hear what you think about:

- What services for children do well and not so well
- How services for children can improve
- What rules can help services for children to work better

How will it work?

- If you decide to take part, a staff member from Tusla will invite you to a session where you can share your ideas.
- The session will last about one hour. There will be different activities, with time for breaks (and cake!).
- A staff member from Tusla will run the session and a staff member from HIQA will write up your ideas.
- We will listen to what you say and write new rules using what you tell us.
- When we have the new rules ready, we will send you a copy and get your ideas on them.

Appendix 4 — Organisations that responded to the Public Consultation

- Adoption Authority of Ireland
- Alcohol Action Ireland
- An Garda Síochána, Youth Diversion Bureau
- An Garda Síochána, Mayo Division
- Child and Adolescent Mental Health Services (CAMHS)
- Child and Family Agency, Tusla
- Child and Family Agency, Tusla, Quality Assurance Directorate
- Child and Family Agency, Tusla, Residential Services West
- Child and Family Agency, Tusla, Mid-West Area
- Children's Health Ireland, Tallaght
- Children's Rights Alliance
- Crosscare
- Daughters of Charity
- Department of Children, Equality, Disability, Integration and Youth (DCEDIY)
- Department of Health, Paediatric and Acute Service Reform Unit
- Department of Health, National Patient Safety Office
- Five Rivers Ireland
- Focus Ireland
- Fostering First Ireland
- Fresh Start
- Health Information and Quality Authority (HIQA), Regulation Directorate
- Health Service Executive (HSE)
- Irish Aftercare Network (IAN)
- Irish Association for Counselling and Psychotherapy (IACP)
- Irish Association of Social Workers (IASW)
- Irish Foster Care Association (IFCA)
- IFCA – Carlow/Kilkenny Members Group
- Limerick Youth Service
- Mental Health Commission
- National Council for the Blind in Ireland (NCBI)
- National Disability Authority (NDA)
- National Orthopaedic Hospital Cappagh
- National Youth Council of Ireland (NYCI)
- New Beginnings
- Office of the Nursing and Midwifery Services Director (ONMSD)
- Office of the Ombudsman
- Ombudsman for Children's Office (OCO)
- One Family

- Orchard Fostering
- Pavee Point Traveller and Roma Centre
- Royal Victoria Eye and Ear Hospital
- Smyly Trust Services
- Social Care Ireland
- The Galtee Clinic
- Youth Work Ireland.

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