



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilfacht Sláinte

Regulation and Monitoring  
of Social Care Services

# Child engagement in the inspection of social care services for children: A scoping review

February 2026

***Safer Better Care***

## About the Health Information and Quality Authority (HIQA)

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.

Visit [www.hiqa.ie](http://www.hiqa.ie) for more information.

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## 1. Report rationale

A key challenge in regulating and monitoring children’s social care services is meaningfully involving children in inspections so that their voices and lived experiences are central to how services are evaluated. While adults can provide useful insights, they cannot fully capture a child’s inner thoughts, feelings, or perspectives on the impact of the care or service they receive. This literature review came about as HIQA identified the need to further develop its engagement with children during inspections.

This project, led by HIQA’s Children’s Services Team, focuses on strengthening how we hear directly from children who use services, particularly those in foster care and child protection and welfare services, where engagement with HIQA inspectors can be more challenging. The project reflects HIQA’s commitment to listening to children who use services, improving practice, and meeting statutory and policy obligations, including those set out in the *Young Ireland: National Policy Framework for Children and Young People* (2023–2028), which affirms every child’s right to be heard.

The project will consider how HIQA can enhance child-centred engagement across the five services it inspects:

- Child protection and welfare services
- Foster care services
- Children’s residential services
- Special care
- Oberstown Children Detention Campus.

Building on existing good practice, the initiative aims to improve the consistency, quality, and impact of engagement with children, ensuring their feedback is accessible and meaningfully reflected in inspection findings. It also aims to increase engagement across all services, for example, child protection and welfare (CPW) services and other services HIQA inspects. It aligns with HIQA’s statutory remit to promote safe, high-quality services for children and with the national standards’ emphasis on participation, rights, and inclusion. Ultimately, this work will support more structured, evidence-informed approaches to hearing directly from children and help them better understand the purpose of inspections and how their input contributes to safer, higher-quality services.

## 2. Introduction

### 2.1 Child participation in decisions in Ireland

The right for children to participate in decisions affecting their lives was established in Articles 12 and 13 of the United Nations Convention on the Rights of the Child (UNCRC).<sup>(1)</sup> The UNCRC determines that children must be heard and that their views have to be taken into account in accordance with age and maturity. The UNCRC General comment no. 12 (2009) states: 'The right of the child to be heard, children's participation in decision-making was defined as the 'ongoing processes, which include information-sharing and dialogue between children and adults based on mutual respect, and in which children can learn how their views and those of adults are taken into account and shape the outcome of such processes'.<sup>(2)</sup>

Ireland ratified the UNCRC in 1992, and there have been commitments to hearing the voice of children and ensuring children's participation in decision-making. The concluding observations of the committee on the rights of the child in 2022 recommended that the State 'strengthen measures to promote the meaningful and empowered participation of all children, including children in disadvantaged situations' in all areas of society, from within the family to national levels.<sup>(3)</sup> Article 42A.4.2 of the Constitution of Ireland requires the State to introduce legislation to ensure that when a child is capable of forming their own views, the views of the child shall be ascertained and given due weight, having regard to their age and maturity, in the context of child protection and care, adoption, guardianship, custody and access proceedings.<sup>(4)</sup> Additionally, the Government of Ireland has published a number of policy documents to support the integration of the right of children to be heard into Irish society, including:

- *Better Outcomes Brighter Futures: the National Policy Framework for Children and Young People 2014-2020* <sup>(5)</sup>
- *National Strategy for Children and Young People's Participation in Decision-Making 2015–2020*<sup>(6)</sup>
- *The National Framework for Children and Young People's Participation in Decision-Making 2021*<sup>(7)</sup>
- *The Participation of Children and Young People Action Plan 2024 – 2028*<sup>(8)</sup>
- *Young Ireland National Policy Framework for Children and Young People 2023-2028*<sup>(9)</sup>.

The *Young Ireland National Policy Framework for Children and Young People 2023-2028*<sup>(9)</sup> was published in 2024 and builds on the *National Framework for Children and Young People's Participation in Decision-Making*.<sup>(6)</sup> It emphasises that children and young people are 'experts in their own lives, and adults do not always know how children feel, what they think or what they like' (p. 24) and commits to ensuring

their views are given due weight. The framework places a specific focus on including seldom-heard groups, such as children in foster care and aftercare. It recognises the need to establish and improve mechanisms for these children to be listened to and involved in decision-making for policy, legislation, services and research.

The Irish Government also funds and or commissions several organisations to advance and protect the rights of children. These organisations include Cormhairle na nÓg, Hub na N’Og, the Ombudsman for Children and EPIC (Empowering People in Care). Hub na N’Og and the Ombudsman for Children engage in projects such as promoting children’s participation in decision-making, raising awareness of children’s rights, and providing advice to governmental bodies on child-related policies.<sup>(10, 11)</sup> Cormhairle na nÓg involve children in Government through youth versions of the local and national government structures known as youth councils and Dáil na nÓg.<sup>(12)</sup> The objective is to provide children with a say in local and national policies that affect them. EPIC is an independent organisation that advocates with and for care-experienced children and young adults in Ireland.<sup>(13)</sup>

While Ireland’s intention to support the right of the child to be heard is set out in legislation and policy, a 2023 report by the Department of Children, Equality, Disability, Integration and Youth found that over half of respondents (59.9%) said they were unsatisfied or very unsatisfied with the voice of children being heard in health and social services. The child’s voice was represented more in social services than in health services. This same report noted that not all elements of the Lundy model, the model which underpins the Irish policies on child and youth participation, were given equal weight. The report stated that when children’s views were obtained, they lacked influence.<sup>(14)</sup> Additionally, a study by Abela et al.(2024) found gaps between the intention to support the child’s right to be heard as laid out by legislation and policy, and the implementation of these rights in day-to-day practice for children availing of child protection services.<sup>(15)</sup>

## **2.2 Child participation in the oversight of social care services**

In Ireland, as of 31 December 2024, there were 22,839 cases open to child social work nationally (child protection and welfare and children in care cases), which included 5,823 children in the care of the state.<sup>(16)</sup> Within the social care sphere, children are more and more regarded as active stakeholders in their own care process.<sup>(17)</sup> However, children typically rely on the advocacy of adults to access social services, placing them potentially in a more vulnerable position and making it more likely that their voices may not be heard.<sup>(18)</sup> Furthermore, literature has found that children who are in care or who are availing of child protection and welfare (CPW) services are often described as ‘hard to reach’ and ‘seldom heard’.<sup>(19)</sup>

There has been an increase in research examining children's experiences of care and CPW services, including how front-line service providers and practitioners hear their voices.<sup>(20-22)</sup> Wilson et al. (2020) highlighted the need for children to receive more information on child protection processes and the need for that information to be more understandable. Holt et al. (2023) noted that participation was about the process and 'feeling what they said mattered and was taken into account'.<sup>(20, 21)</sup> Both of these insights can be applied to regulatory practice. However, there is limited information available on the experience of children who engage with regulators on inspections.

### **2.3 HIQA's current approach to child engagement in the regulation of social care services in Ireland**

HIQA has monitors and inspects CPW, statutory and non-statutory foster care services, statutory children's residential centres (CRCs)\* and Oberstown Children Detention campus<sup>†</sup>. Children's special care units (SCUs)<sup>‡</sup> have been regulated since 2018. HIQA examines the systems in children's services to make sure they protect children, keep them safe, and deliver care that meets national standards, rules, and regulations. Depending on the inspection methodology, inspectors speak with a sample of children in these services to understand their experiences of the care they receive. It is important to note that in certain inspection programmes, inspectors do not meet with children; for example, inspections that focus on the governance and management of a service. In such cases, the views and experiences of children are not gathered directly from interaction with children but may be ascertained from a range of documentation, records and children's files.

HIQA's direct interactions with children in inspections are aligned with Government policy and are grounded in the Lundy Model (Figure 1).<sup>(23)</sup> This model describes four

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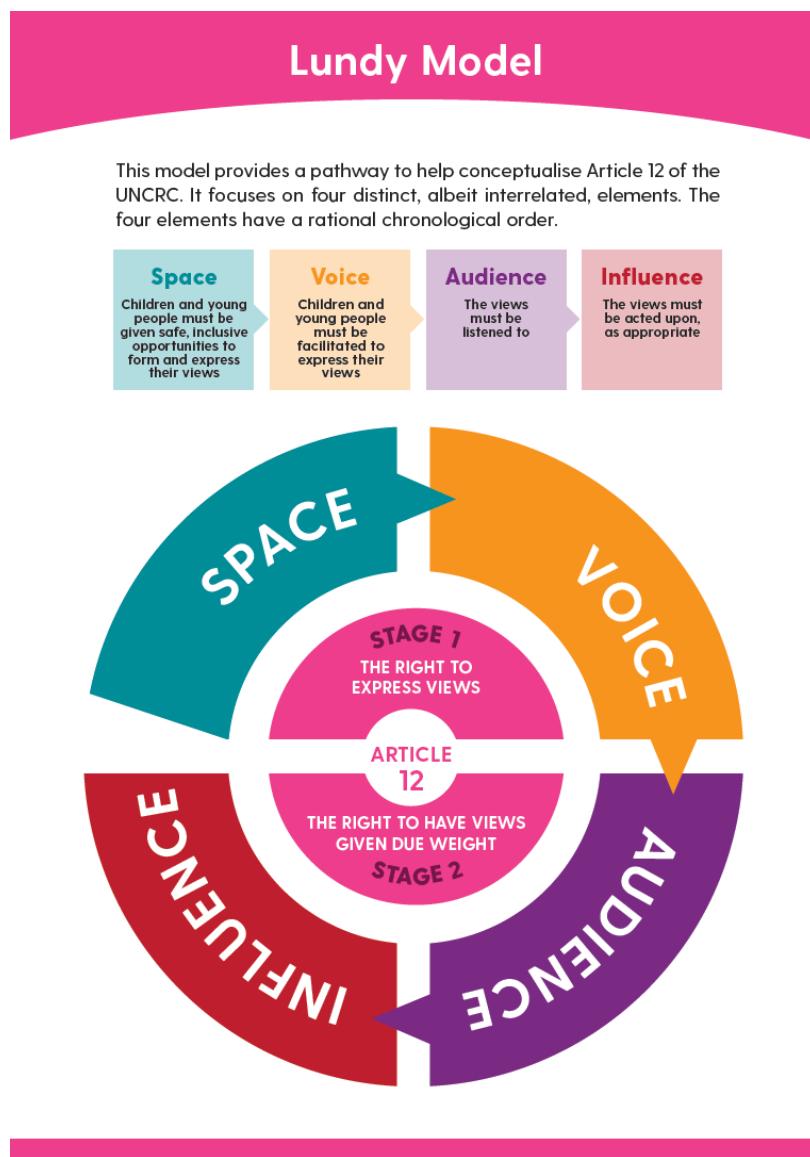
\* A premises providing accommodation, personal assistance, supervision and other essential daily living activities for children who require it.

† Oberstown detention campus is Ireland's national facility for the care and education of children under 18 years referred by the courts on detention or remand orders.

‡ A facility for children detained under a high court order, with very high support needs aged between 11 and 17 years of age, which is intended to be a short-term, stabilising, safe and secure therapeutic environment. It is a premises, or a part of premises, comprising secure residential accommodation in which a child, in respect of whom a special care order or an interim special care order has been made, is detained for the purpose of the provision to that child of special care and includes accommodation and facilities required for the provision of special care.

chronological steps that are required to realise Article 12 of the UNCRC. These include Space, Voice, Influence and Audience.

**Figure 1: The Lundy Model<sup>(7)</sup>**



## Space

HIQA inspectors use three primary methods of engagement with children including:

- conversations with children
- surveys
- observations of interactions.<sup>(24)</sup>

The type of space available to a child and inspector for this engagement is dependent on the service type and the inspection methodology. The manner in which children participate in inspections changes depending on the type of

inspection programme. The information provided in Table 1 outlines HIQA's processes for engagement on inspection in 2024 and 2025.

**Table 1: HIQA's process for engagement with children in the inspection of social care services by service type in 2024 and 2025**

| Service type                                   | Space provided   | Selection process  |
|--|--|--|
| <b>Children's residential centres (CRCs)</b>   | <ul style="list-style-type: none"> <li>▪ Face-to-face conversations on site</li> <li>▪ Observations of daily activities</li> <li>▪ Paper-based survey<sup>§</sup></li> <li>▪ Phone calls with children not at centre at the time of the inspection.</li> </ul> | Children living in the centre at the time of the inspection and on site.   |
| <b>Special care units and Detention centre</b> | <ul style="list-style-type: none"> <li>▪ Face-to-face conversations on site</li> <li>▪ Observations of daily activities</li> <li>▪ Paper-based survey.</li> </ul>  | Children living in the centre at the time of the inspection and on site.   |
| <b>Foster care</b>                             | <ul style="list-style-type: none"> <li>▪ Phone or video calls with children</li> <li>▪ Visits to foster homes</li> <li>▪ Meetings with established children's fora, where available.</li> </ul>  | <p>Children and foster families who meet the inspection remit and whose case notes have been reviewed.</p> <p>Children and adults who opt in via ringing the inspection phone number and requesting a call back.</p> |
| <b>Child protection and welfare</b>            | Phone or video calls with children.  | <p>Children and families who meet the inspection remit and whose case notes have been reviewed by inspectors.</p> <p>Children and adults who opt in via ringing the inspection phone number.</p>                     |
| <b>All services</b>                            | Concerns helpline or email: HIQA provides the facility for members of the public, of any age, to raise concerns or provide feedback on a service. This feedback can be given over the phone, via email or in   | Self selection.  |

<sup>§</sup> Online surveys are not in use. The paper-based survey referenced is currently under review and has not been used for 2025 inspections.

| Service type | Space provided  | Selection process |
|--------------|---|-------------------|
|              | writing. It is then directed to the relevant inspector. |                   |

Inspectors seek verbal consent to speak to children from their legal guardians. Inspectors also endeavour to provide a safe space for children to voice their views on the service and or care they receive. Children are given the option, where appropriate, to speak with the inspector alone, with a peer, or with a trusted adult. A child's right to refuse to engage is always respected.<sup>(24)</sup>

### Voice

Inspectors take into account a child's communication needs when planning their engagement with children. Where English is not a child's first language, translation services are available. Inspectors also take into account a child's age and stage of development when planning for and engaging with children. Inspectors welcome non-verbal communication methods such as observations of body language during face-to-face interactions, and drawings or writing.

There are no specific scripts for conversations with children. Inspectors explain the reason for the conversation and how their answers will be used; for example, they will not be named but may be quoted in a report. They also explain the limitations of confidentiality when an inspector may be concerned about a child's safety.

Inspectors use open-ended questions to explore how the child's rights are respected, and if they feel happy with the service they receive. Topics of discussion include the child's care or safety plan, if they are aware of their rights, if they are allocated a social worker or other worker, and if they feel safe. Areas discussed are aligned to the specific theme, regulations or standards being inspected against.

Children's surveys are provided as an engagement option for children in residential care settings. The objective is to ensure children who do not wish to speak with an inspector, or who are not on site at the time of inspection, can provide feedback on the service.<sup>(24, 25)</sup> The survey focuses on the same topics as the conversations, such as children's rights, with additional questions specific to residential care included if a child has made a complaint.

When inspecting a service where a child lives, inspectors try to engage in everyday activities with children and observe the child's interactions with the staff and carers. Inspectors do this by joining children and staff at mealtimes, playing a game or joining in with other everyday activities.

In circumstances where inspectors cannot engage directly with children, inspectors capture some of their experiences through the review of documentation or case notes. Inspectors look for evidence of the child's participation, such as their engagement in meetings and their views being included in plans. However, this is not the preferred method of gathering information on a child's experiences.

Inspectors also seek to speak with the child's parents or guardians and professionals involved in their care, such as social workers and guardians ad litem\*\*. These conversations usually take place over the phone and or in a focus group and focus on the quality of the service that the child and or their family receives.

### **Audience**

The initial audience for a child's views are the inspectors themselves. Where appropriate and with the child's permission, an inspector may bring a specific concern raised by the child to another party, such as their social worker and staff members working with the child. A wider audience for the child's views is achieved by quoting the child without interpretation in inspection reports. This is done only in circumstances where it does not compromise the anonymity of the child. Where a child's voice is identifiable, inspectors may summarise what they say. In some circumstances where a child is clearly identifiable, the report is not made available to the public, but the child's opinions and views are included in the published annual reports.

### **Influence**

In order for meaningful engagement to take place, inspectors endeavour to listen to and consider the child's views in inspection findings. Children's views are triangulated with other pieces of evidence to help an inspector come to an overall finding regarding a regulation or standard. Such views are recorded in a dedicated section at the start of each inspection report. In addition, following consultation with children living in residential care settings in 2023, HIQA provides an easy-to-read children's summary of the inspection report directly to the centre to outline the inspection findings for children. Furthermore, HIQA produces a yearly overview report, which sets out the overall findings of the inspection and regulation of children's services during the previous year. Each year, a child-friendly, shorter and easy-to-read version of this report is published.<sup>(24, 26)</sup>

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\*\* A person who supports children to have their voice heard in certain types of legal proceedings and makes an independent assessment of the child's interests.

## Levels of Engagement

Variations in service types and inspection methodologies prevent a direct comparison of engagement levels with children. In general, children who live in residential care settings have more opportunities to engage in the inspection process than children in other services, by virtue of the inspectors being present where the children actually reside. Table 2 demonstrates the number of children who engaged with inspectors during inspections from 2014 to 2023. Due to limited opportunities for direct contact, inspections of CPW services had the lowest levels of interaction with children.<sup>(24)</sup> This data highlights the need for HIQA's children's team to review and strengthen how it engages with children and young people across all inspected services.

**Table 2: The number of children who engaged with inspectors during inspections between 2014 and 2024(24)**

| Area of care       | 2014       | 2015       | 2016       | 2017      | 2018       | 2019       | 2020        | 2021       | 2022       | 2023       | 2024       |
|--------------------|------------|------------|------------|-----------|------------|------------|-------------|------------|------------|------------|------------|
| <b>Foster care</b> | 57         | 47         | 131        | -         | -          | 176        | 914         | 51         | 47         | 63         | 20         |
| <b>CPW</b>         | 37         | 23         | 0          | 0         | 0          | 22         | 43          | 36         | 24         | 10         | 9          |
| <b>CRCs</b>        | 53         | 59         | 98         | 61        | 88         | 35         | 60          | 63         | 65         | 45         | 67         |
| <b>SCUs</b>        | 8          | 19         | 7          | 8         | 13         | 11         | 13          | 11         | 16         | 17         | 16         |
| <b>OCDC</b>        | 15         | 35         | -          | 20        | 21         | 12         | 11          | 21         | 28         | 29         | 35         |
| <b>Total</b>       | <b>170</b> | <b>183</b> | <b>236</b> | <b>89</b> | <b>122</b> | <b>256</b> | <b>1041</b> | <b>182</b> | <b>180</b> | <b>164</b> | <b>147</b> |

Note: CPW is child protection and welfare; CRCs are children's residential centres; SCUs are special care units; OCDC is Oberstown Children Detention Campus.

## Challenges to engagement

HIQA seeks to give children many ways to share their experiences, but practical constraints can limit the engagement methods used. As previously stated, the inspection methodology determines whether children are engaged with on foster care and CPW inspections. In 2017 and 2018, the focus of foster care inspections was on the assessment of foster carers and the support and supervision they received. The methodology chosen at the time involved engaging with foster parents, but not with foster children. Consequently, no children in foster care participated in the inspection process during that period. In 2024, the focus of both CPW and foster care inspections was primarily on management of waiting lists and children awaiting the allocation of a social worker. This meant in reality many

children, particularly those awaiting CPW services, had no experience of the service and so could not provide feedback.

During foster care and CPW inspections, inspectors review a child's file and have discussions with Tusla staff members. This information and engagement identifies children who could potentially speak with inspectors. Inspectors request that a Tusla staff member initially contact the parent or guardian and request their consent for their child to speak with inspectors. It is at this point that some parents and children refuse to speak with inspectors, as is their right.

After reviewing the child's file and consulting with staff, inspectors do not meet with a child if there are signs that doing so could increase risk or cause further trauma. This may be because of the 'sensitive nature of the cases' or the 'level of crisis or presenting risk' (pg. 28). <sup>(27)</sup> In 2024, inspectors also found that some children and families waiting for a CPW service were unaware they were on a waiting list, making it inappropriate for inspectors to contact them directly.<sup>(27)</sup>

Resourcing also influences the number of face-to-face engagements on inspections. Due to the size of services and geographical coverage, inspectors are not in a position to engage face-to-face with a high percentage of children who are in foster care or receiving a CPW service. Where face-to-face engagement does happen, it is limited in geographic area and numbers.

The inspection timeline affects how engagements are organised. Because inspections capture a specific point in time, inspectors must speak with children, family members, or professionals during the inspection or shortly after it ends. If a child is unavailable within this timeframe, it is unlikely that the inspector will be able to speak or meet with them.

Both adults and children can contact the inspection team or HIQA directly with concerns, either through the inspection team phone line or the general HIQA concerns line. Between January 2024 and June 2025, two children with experience of social services and 51 relatives made use of this service.

## **Facilitators to engagement**

HIQA's approach to engaging children in the inspection process combines experienced, well-trained inspectors with tailored methods that create safe and meaningful opportunities for children to participate. All members of HIQA's children's inspection team have experience working with children and take part in training and continuous professional development aimed at promoting best practices for engaging with them. Training has been provided by Hub na NÓg and includes a toolkit for child participation. One of the biggest facilitators to engagement is being on site with a child in their residence. This allows children to see and become familiar with inspectors in a safe space.

Encouraged by the figures and practices outlined above, the inspection team identified the goal of enhancing engagement with children during the inspection process. This ensures that, wherever possible, children using social services are able to have their voices accurately represented. The inspection team conducted a scoping review to explore international practices supporting children's right to be heard in social service inspections and to identify ways to improve their participation.

## 2.4 Aim of the report

This report aims to explore how children are facilitated, supported, and encouraged to participate in the inspection of children's social care services. This scoping literature review addresses the central question: what is the scope and nature of available evidence on children's engagement in the inspection of social care services internationally? Areas addressed in this review include interventions implemented to improve engagement; what enables and hinders engagement; the experiences of children who are engaged in the inspection process; outcomes of engagement or lack of engagement; and related theoretical frameworks. This scoping literature review also examines methods for obtaining, analysing, reporting and using child experience data in inspections of children's social services.

**Note on vocabulary**, the term 'children' refers to any individuals under the age of 18 years. There are occasions where the term 'young people' is used when the cohort of individuals referred to includes young adults up to the age of 25 years.<sup>(28)</sup> The term 'inspector' is used to refer to professionals who assess the compliance of a service against national regulations or standards; this includes professionals described in literature as 'supervisors' and 'monitors'.

### **3. Methods**

In order to complete the aims of this research, a systematic scoping review was completed. The scoping review follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR),<sup>(29)</sup> and the theoretical framework proposed by Arksey and O’Malley.<sup>(30)</sup> The review also focused on reviewing child engagement in the inspection of social services across the following jurisdictions: New South Wales (Australia), England, New Zealand, Northern Ireland, Ontario (Canada), Scotland and Wales. The focus was limited to English-speaking jurisdictions with similar health and social care structures to Ireland.

#### **3.1.1 Stage 1: Identifying the research question**

This review aimed to map and summarise the nature and breadth of the available evidence related to the engagement of children in the inspection of children’s social care services.

Specifically, the review addresses:

- i. Opportunities for children to engage in inspection and monitoring procedures
- ii. The experiences of children who have engaged in inspection and monitoring
- iii. The possible challenges and facilitators to engagement
- iv. The possible outcomes of engagement
- v. Interventions implemented to improve engagement
- vi. Related theoretical frameworks used for engagement
- vii. Methods used for obtaining, analysing, reporting and using data from engagement.

#### **3.1.2 Stage 2: Identifying relevant studies**

Eligibility criteria were predetermined using the PICo (Population, Phenomena of Interest, Context) framework for developing a search strategy.<sup>(31)</sup> The full inclusion and exclusion criteria are presented in Table 3. The phenomenon of interest is engagement with children in the inspection and monitoring of children’s social services.

**Table 3: PICo Eligibility Criteria**

| <b>PICo</b>                   | <b>General term</b>   | <b>Inclusion criteria</b>   | <b>Exclusion criteria</b>  |
|-------------------------------|---|---|--|
| <b>Population</b>             | Children accessing social care services.                          | Social care services for children under the age of 18.                                | Settings other than children's social services such as care (over 18 years), acute hospital settings, day care services or respite care. |
| <b>Phenomenon of interest</b> | Engagement with children.   | Inspection processes that involve eliciting the views of children using the services. | Inspection processes that do not involve engagement with children.   |
| <b>Context</b>                | The inspection and monitoring of children's social care services. | Engagement with children by inspectors during the inspection process.                 | Engagement with children in social care services but in a context of daily living.   |

A systematic literature search was carried out using the following electronic databases to access published studies: CINAHL, Medline, PsychInfo, SocIndex and Social Sciences. Quantitative, qualitative, and mixed-methods research studies and literature reviews were included. Theses, dissertations, conference abstracts, editorials and opinion pieces were excluded. In addition, the reference list of the included full-text articles was hand searched for relevant articles not retrieved in the original searches. Forward citation searching of included articles was conducted to identify any further articles for inclusion.

A robust grey literature search was completed. Searches of specific jurisdictions with comparable healthcare systems, infrastructure and human development index scores were completed. The following jurisdictions were targeted due to the availability of English, comparable healthcare and justice systems and similar care settings: New South Wales, England, Northern Ireland, New Zealand, Ontario (Canada), Scotland and Wales. Targeted hand searches were carried out on the websites of identified organisations, including regulatory organisations and government agencies or organisations involved in the regulation of health and social care, for example, Care Inspectorate Scotland, Social Care Wales, and the New South Wales Government. Grey literature documents included policy documents, guidance and guidelines.

Publications prior to the year 2014, those published after the search was conducted in April 2025 and those not published in English were excluded.

Relevant search words were identified following a discussion with inspectors and management of the Children's Services Team in HIQA. Search terms are presented in Table 4.

**Table 4: Search syntax**

|                               |                 |   |
|-------------------------------|-----------------|---|
| <b>Population</b>             | <b>String 1</b> | 'child*' OR 'adolescent*' OR 'youth' OR 'young person' OR 'young people'.   |
|                               | <b>String 2</b> | 'residential' OR 'out of home' OR 'kinship care' OR 'residential care' OR 'out of home' OR 'detention centre' OR 'secure unit' OR 'secure care' OR 'incarcerat*' OR 'group home*' OR 'juvenile justice facilit*' OR 'secure resident' OR 'correctional institution' OR 'congregate care' OR 'child protection' OR 'welfare' OR 'safeguarding' OR 'hard to reach' OR 'seldom heard' OR 'looked after'. |
| <b>Concept</b>                | <b>String 3</b> | 'engag*' OR 'involv*' OR 'participat*' OR 'inclusion' OR 'includ*' OR 'child participation' OR 'consumer participation' OR 'children's rights' OR 'participation rights' OR 'voice' OR 'collaboration' OR 'shared decision-making' OR 'experience*'.  |
| <b>Phenomenon of interest</b> | <b>String 4</b> | 'inspect*' OR 'regulat*' OR 'monitor*' OR 'supervis*' OR 'licens*' OR 'registrat*' OR 'accredit*' OR 'complian*' OR 'enforce*' OR 'oversight' OR 'indicator*' OR 'quality review*' OR 'quality control' OR 'certificate' OR 'investigat*' OR 'review* officer'.   |

### 3.1.3 Stage 3: Study selection

All potential black literature eligible articles were exported to Covidence (an online systematic review management software), which removed duplicates and was used for screening of articles.<sup>(32)</sup> All potential grey literature eligible articles were exported to an Excel document. Two reviewers independently assessed the titles and abstracts of the retrieved studies. During the screening process, disagreements were resolved through discussion between the two reviewers screening the titles and abstracts. Where consensus was not reached, the opinion of a third reviewer was

sought. Two reviewers then evaluated full texts for inclusion, with disagreements again resolved by a third reviewer. Endnote 20.4 was used for reference management.<sup>(33)</sup>

### **3.1.4 Stage 4: Charting the data**

Reviewers extracted data for all articles included after full text review using a customised data extraction form in Microsoft Excel. The extraction form was piloted by reviewers on a random sample of five retrieved studies for discussion. Data was extracted according to the following headings where relevant to the study:

- Author(s)
- year of publication
- publication type (empirical or report etc.)
- country of origin
- participants and setting
- aims and objectives
- sample size
- type of social care services address
- opportunities provided for engagement
- experiences of children
- facilitators to engagement
- barriers to engagement
- outcomes from engagement
- intervention type implemented for engagement
- theoretical framework used
- methods for gathering and using data from engagement
- other key findings that relate to the scoping review questions.

### **3.1.5 Stage 5: Collating, summarising, and reporting the results**

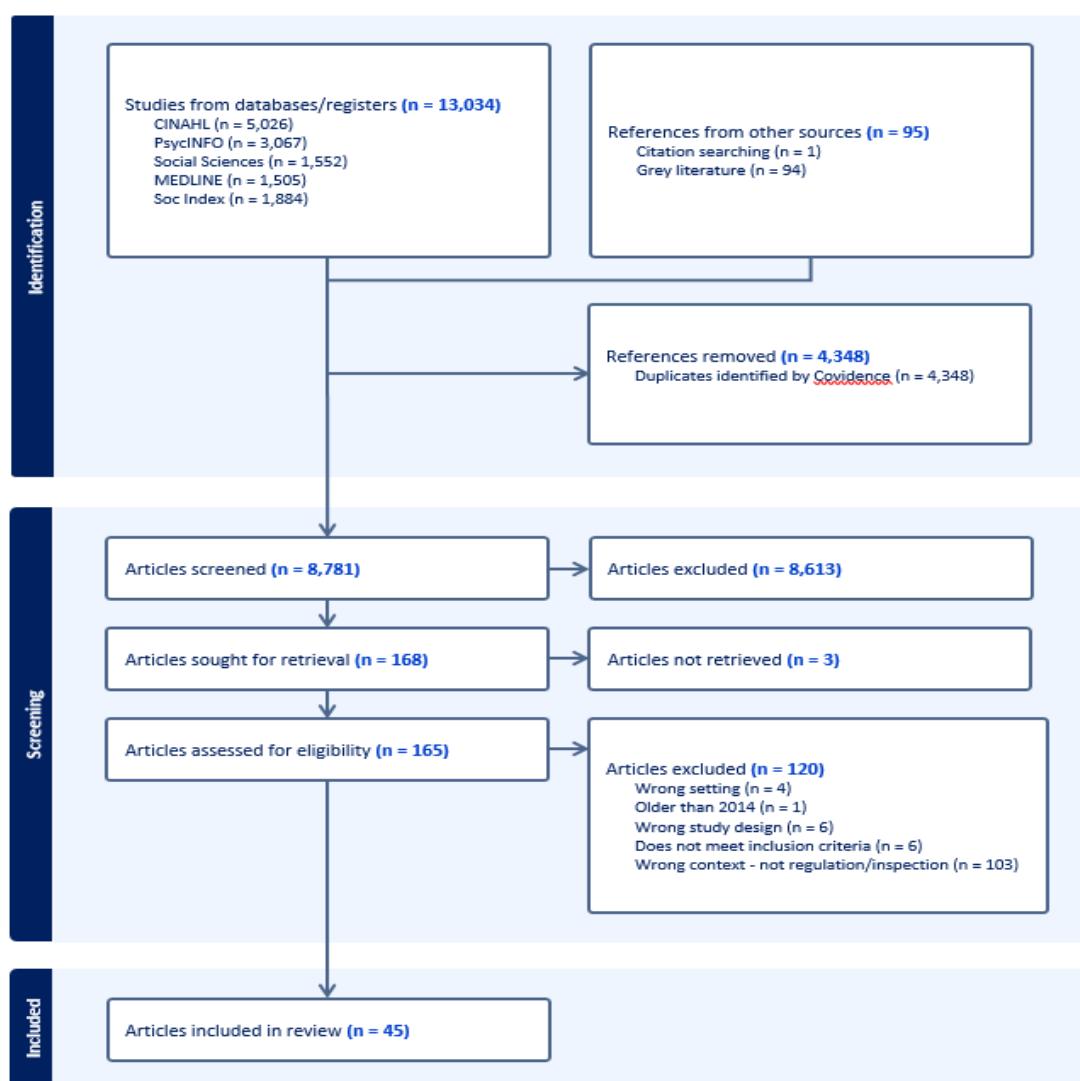
The results were reported in an organised and concise summary in the main body of the text, aligned with the objectives of the review. PRISMA-ScR guidelines were followed.<sup>(29)</sup> Results were discussed, and limitations of the sources were stated. Descriptions of gaps and suggestions for future research were also reported.

## 4. Results

### 4.1 Study selection

The study selection process is presented as a PRISMA flow chart in Figure 2.<sup>(34)</sup> A total of 13,034 records were identified through electronic database searching, targeted web browser searches and through targeted hand searches. After deletion of duplicates, 8,781 records were screened on title and abstract or, in the absence of an abstract, on keywords. This resulted in the exclusion of 8,613 records. Of the remaining 168 records, three were unavailable. After review of the full text of eligible articles (n=165), 45 publications were eligible for inclusion in this review.

**Figure 2: Prisma Flowchart**



#### **4.1.1 Study characteristics from empirical literature**

Of the eight studies identified in the empirical literature, six were from a European jurisdiction and one each from America and Australia. All studies were published between 2014 and April 2025, when the search was carried out. Of the included publications, only one study directly involved young people.<sup>(28)</sup> One was a systematic scoping review,<sup>(22)</sup> three involved the inspectors of children's residential care settings,<sup>(35-37)</sup> one involved service providers,<sup>(38)</sup> and two involved the analysis of published inspection reports.<sup>(39, 40)</sup>

None of the studies focused specifically on the inspection of CPW services. Four studies were based on the inspection of residential care settings.<sup>(35-38)</sup> Two studies were based on the inspection and monitoring of a mix of social care services, including CPW, foster care, special (secure residential) care and residential care.<sup>(39, 40)</sup> One study by Rutz et al. (2018) did not specify the setting.<sup>(28)</sup> The publication characteristics are presented in Table 5.

**Table 5: Characteristics of included publication**

| Author                       | Year | Journal                                    | Jurisdiction | Social care setting                            | Participants                   | Focus of article  | Type of child engagement Described |
|------------------------------|------|--|--------------|--|--------------------------------|---|------------------------------------|
| Alexander <sup>(38)</sup>    | 2015 | Residential Treatment for Children & Youth | USA          | Residential care                               | Service providers              | <p>This study sought to answer three questions:</p> <ul style="list-style-type: none"> <li>▪ Were organisations assessing youth experience of care?</li> <li>▪ What tools were used?</li> <li>▪ At what point in time during the residential intervention is experience of care surveys administered?</li> </ul>  | Survey                             |
| Brady et al. <sup>(39)</sup> | 2019 | Child Care in Practice                     | Ireland      | Foster care, residential care and special care | Analysis of regulatory reports | <p>This paper outlines findings of a secondary analysis of data in relation to participation standards in HIQA foster care, residential care and special care inspection reports. The thematic analysis explores the degree to which the reports found that children in care are provided with the opportunity to influence decisions in relation to their everyday lives, to participate in care reviews, receive information, avail of advocacy</p> | Meet with or talk to children      |

| Author                           | Year | Journal                          | Jurisdiction | Social care setting   | Participants                                      | Focus of article   | Type of child engagement Described         |
|----------------------------------|------|----------------------------------|--------------|---|---|--|--|
|                                  |      |                                  |              |   |   | services and have access to a complaints mechanism.  |  |
| Franklin & Goff <sup>(37)</sup>  | 2019 | Child Care in Practice           | England      | Residential care for children with complex needs and disabilities                     | Inspectors  | This was the UK branch of a larger study, which aimed to develop methodologies for carrying out inspections of residential settings for children with disability. This article's focus was to share positive aspects of practice.  | Interviews and observations                |
| Kennan et al. <sup>(40)</sup>    | 2019 | Practice                         | Ireland      | Child protection and welfare, foster care services and children's residential centres | Social workers and analysis of regulatory reports | The article collates practice examples provided by professional testimonies and HIQA inspection reports to illustrate how Tusla professionals create the conditions to provide children with the opportunity to express a view in a space that is safe and inclusive. It demonstrates how children are facilitated to express their views, and how their views are listened to and acted upon, as appropriate. | One-to-one consultations, feedback surveys |
| McPherson et al. <sup>(22)</sup> | 2021 | Children & Youth Services Review | Australia    | Residential care  | Systematic scoping review                         | To investigate research publications on participation in making life-affecting decisions by children.  | -  |

| Author                      | Year | Journal                      | Jurisdiction | Social care setting | Participants   | Focus of article  | Type of child engagement Described     |
|-----------------------------|------|------------------------------|--------------|---------------------|--|---|--|
| Pålsson <sup>(36)</sup>     | 2017 | Child & Family Social Work   | Sweden       | Residential care    | Inspectors   | To describe and analyse what influence the inspectorate grants children in care, and particularly, how children's views influence the inspection process.   | Interviews with children               |
| Repo <sup>(35)</sup>        | 2024 | Child & Family Social Work   | Finland      | Residential care    | Inspectors   | To determine how deficiencies in residential care are identified by examining: <ul style="list-style-type: none"> <li>▪ What kind of information supervisors use when inspecting children's residential care and</li> <li>▪ How they assess the information's reliability.</li> </ul> | Interviews with children               |
| Rutz et al. <sup>(28)</sup> | 2018 | BMC Health Services Research | Netherlands  | Not specified       | Young care users who grew up in poverty, inspectors' document analysis | This study compares the views on good care of young care users (10 – 19 years of age) and inspectors, seeking to understand what the differences and similarities mean to incorporating the users' views in inspections.  | One-to-one interviews and focus groups |

## 4.1.2 Key areas of engagement of children in the inspection and monitoring of children's social services

### 4.1.2.1 Opportunities for children to engage in inspection and monitoring procedures

Seven articles noted three types of opportunities for children to engage in inspection and monitoring procedures.<sup>(28, 35-40)</sup>

- **Speaking with children:** While a number of different terms were used across the articles, including 'interview', 'meet' and 'consult', inspectors spoke with children either individually or in small groups in order to inform their inspection findings. Pålsson (2017) found that of the Swedish inspection reports assessed, 73% involved at least one interview with a child or young person and an inspector.<sup>(36)</sup> Brady et al. (2019) and Kennan et al. (2019) both noted that inspectors of social services met with children as part of the inspection process.<sup>(39, 40)</sup> Repo (2024) described inspectors engaging children in interviews either individually or in pairs.<sup>(35)</sup> While Rutz et al. (2018) noted that inspectors consulted with adolescents individually and in focus groups.<sup>(28)</sup>
- **Surveys:** Children were also asked to complete surveys on their experience of the services they received. In Kennan et al.(2019), children were asked to complete questionnaires as part of the inspection process.<sup>(40)</sup> In Alexander (2015), 87.9% of residential services sought feedback via a survey from children while they were resident, and 63% used surveys following the young person's discharge.<sup>(38)</sup>
- **Observation:** In studies by Franklin and Goff (2019) and Pålsson (2017), children were observed in their home or in a residential care environment.<sup>(36, 37)</sup>

### 4.1.2.2 Experiences of children who have engaged in inspection and monitoring

The literature reviewed did not examine the experiences of children who have directly engaged in the inspection and or monitoring process. One study explored what children and young people considered to be 'good care', and it found that their views differed from those of inspectors, whose perspectives were largely shaped by legislation and prescribed inspection criteria.<sup>(28)</sup>

### 4.1.2.3 Challenges and facilitators to engagement

There was limited information available on the facilitators and challenges to engagement as it pertained to the inspection and monitoring of social services. None of the studies referenced barriers, while two studies did reference facilitators to engagement. This information related to general engagement or participation in decisions about care, rather than being specific to an inspection process.<sup>(37, 40)</sup> These

studies noted the need to create a safe space for the child to be able to express their authentic views.<sup>(37, 40)</sup> This was being achieved in a number of ways, including:

- spending time with the child
- ensuring a child-centred environment which took account of a child's preferences and communication needs
- the reciprocal sharing of information
- the use of interpreters when required to enable children to communicate in their first language.

According to Kennan et al. (2019), in order to create a safe space for participation and engagement, 'there needs to be a range of options available to children and options that accommodate their individual preferences and abilities' (pg. 12).<sup>(40)</sup>

Openness to a child's individuality and respect for 'non-traditional' communication methods were key requirements for participation. Franklin and Goff (2019) noted the benefits of ensuring that easily accessible alternative and augmentative communication systems are available to children with disabilities living in residential settings.<sup>(37)</sup> This aligns with the UN Committee on the Rights of the Child, which states that all modes of communication are necessary to facilitate children expressing their views.<sup>(41)</sup>

In the six studies where children engaged in interviews during inspections, interviews were carried out by inspectors.<sup>(28, 35-37, 39, 40)</sup> Franklin and Goff (2019) noted that the inspectors involved received specific training.<sup>(37)</sup> Two studies, conducted in Ireland, reported how inspectors on the children's team engage in ongoing continuous professional development, which includes a focus on child engagement.<sup>(38, 39)</sup>

#### *4.1.2.4 Outcomes of engagement in inspection and monitoring*

A key challenge when implementing a child's right to be heard is ensuring that due weight is given to their views. Simply listening is not sufficient, and adults need to be open to being influenced by those views.<sup>(40)</sup> This challenge is evident across five of the included studies, which showed limited influence of the child's voice on inspection outcomes and the need to balance children's views with other information.<sup>(28, 35, 36, 39, 40)</sup>

Two studies found that it was difficult for children to exert substantial influence on the inspection process.<sup>(28, 36)</sup> In their study of inspection reports, Pålsson (2017) found that children's views were represented in inspection reports but were seldom included in the assessment of compliance, nor did they generate requirements for actions from the service.<sup>(36)</sup> Rutz et al. (2018) noted that when inspectors and young people held similar viewpoints, inspectors used the young people's views to support their assessments.<sup>(28)</sup> When viewpoints conflicted, the young person's viewpoints were often separated out from the inspectors, allowing both to be presented within

the report. In such instances, the information from young people did not change the inspectors' judgments.

Pålsson (2017) found that due to a regulatory focus, children were restricted to influencing issues that relate to regulatory standards and not necessarily what is important to the child.<sup>(36)</sup> This was similar to Rutz et al. (2018), who noted that the existing inspection criteria steered the inspection process, and this could not be easily disregarded limiting the inspector's ability to allow the voice of young people influence their decision-making.<sup>(28)</sup> Pålsson (2017) also found that, while inspectors recorded remarks made by 397 children, only 3% of these remarks influenced the outcome of the inspection. A clear finding was that children exerted limited influence in the process of inspection involving their care.<sup>(36)</sup>

Kennan et al. (2019) found that practitioners were of the opinion 'that children's views need to be weighed up against additional factors' (pg. 10).<sup>(40)</sup> While Repo (2024) found that inspectors listened to children but also needed to verify the information given to them.<sup>(35)</sup> This was done by gathering as much information as possible from a variety of sources and testing those sources against each other. Views of children were described as the child's 'subjective truth', which may differ from the 'objective reality' (pg. 7).<sup>(35)</sup> The need to verify all information obtained on inspections ensures accuracy but reduces the influence of any one piece of information, including what children tell inspectors.

#### *4.1.2.5 Interventions implemented and related theoretical frameworks used to improve engagement*

The Lundy model<sup>(23)</sup> was cited in three articles, including Kennan et al. (2019), Brady et al. (2019) and McPhearson et al. (2021), as the framework which underpinned the participation of children in decision-making processes, both in their care and in inspections.<sup>(22, 39, 40)</sup>

While many studies have looked at methods to improve the day-to-day engagement of children in decision-making, there was once again limited information available in relation to improving engagement as it related to the inspection and monitoring of social services. Two studies identified the use of the Lundy Model (2007) to support participation, however, this related to the overall service engagement and was not specific to the engagement of children in inspection processes.<sup>(22, 40)</sup> This included Kennan et al. (2019), who suggested that children can be included in major life decisions through one-to-one consultations, inviting them into care planning meetings, and supporting their participation through using youth-friendly processes and language, such as using worksheets to explore and record their views before meetings.<sup>(40)</sup>

Rutz et al. (2018) recommended that people using services be involved before the inspection criteria has been set, proposing that this would allow inspectors to discuss

various views to form their opinion and prioritise criteria.<sup>(28)</sup> McPherson et al. (2021) noted the importance of participation at a policy level in order to support the bridging of the gap between the language of participation and reality.<sup>(22)</sup>

Policymakers can support participation practices by recognising children as unique stakeholders. This can be achieved by entering into intergenerational dialogue with children with experience in residential care in policy-making processes, giving due consideration to their views and respecting their lived experience. This could lead to a better understanding of the practices that enable children's participation in decision-making at individual and systemic levels.<sup>(22)</sup>

#### *4.1.2.6 Methods used for obtaining, analysing, reporting and using data from engagement*

Three articles noted that inspectors used information from engagement with children in their inspection reports, including quotes.<sup>(28, 35, 36)</sup> These studies as previously discussed, used the information provided by the children as a piece of evidence, which required verification and needed to be weighted in light of the other information known about the service.

Five articles noted that inspection reports were published on the regulatory body's website, making them available to the public.<sup>(22, 35, 39, 40)</sup>

## 4.2 International review results

### 4.2.1 Child engagement in the inspection of social care services: a scoping review of international jurisdictions

This review provides an overview of child engagement in the inspection of social care services in seven jurisdictions:

- New South Wales (Australia)
- England
- New Zealand
- Northern Ireland
- Ontario (Canada)
- Scotland
- Wales

For each of the international jurisdictions, the review addresses the following key areas:

- inspection framework for children's social care services
- relevant legislation, national frameworks and policy relating to the engagement of children in inspections of social care services
- opportunities provided for engagement.

Each jurisdiction's regulatory authority and methods of engagement are presented in Table 6.

**Table 6: Government and regulatory agencies' methods of engagement with children in the inspection and monitoring of children's social services**

| Jurisdiction                       | Ratified the UNCRC | Regulatory authority  | Social service inspected                   | Method of engagement   |
|------------------------------------|--------------------|---|--|--|
| <b>New South Wales (Australia)</b> | Yes since 1990     | The Office of the Children's Guardians                                      | Child-related organisations                | No information available   |
| <b>England</b>                     | Yes since 1991     | Officer for Standards in Education, Children's Services and Skills (Ofsted) | Educational and care services for children | <ul style="list-style-type: none"> <li>▪ Online questionnaire</li> <li>▪ Meeting with children.</li> </ul> <p>Observations of children</p> |

| Jurisdiction            | Ratified the UNCRC | Regulatory authority                                    | Social service inspected   | Method of engagement   |
|-------------------------|--------------------|---|--|--|
|                         |                    | The Care Quality Commission (CQC)                       | Care homes, hospitals, General practitioners, in-home services, dentists, mental health and community services | <ul style="list-style-type: none"> <li>■ Online questionnaire distributed by provider</li> <li>■ Phone or video calls with children (for community-based services)</li> <li>■ Observations of children (on-site inspections).</li> </ul> |
| <b>New Zealand</b>      | Yes since 1993     | Aroturuki Tamariki (Independent Children's Monitor)     | Centres for children in care (residential and foster care)   | Meeting with children  |
| <b>Northern Ireland</b> | Yes since 1991     | Regulation and Quality Improvement Authority (RQIA)     | Children's home (residential care)   | <ul style="list-style-type: none"> <li>■ Speaking with children</li> <li>■ Questionnaires, both paper based and electronic.</li> </ul>   |
| <b>Ontario (Canada)</b> | Yes since 1991     | The Ministry of Children, Community and Social Services | Residential and foster care services   | Meeting with children  |
| <b>Scotland</b>         | Yes since 1991     | The Care Inspectorate                                   | Social care and social work services, day care and support services  | <ul style="list-style-type: none"> <li>■ Questionnaire</li> <li>■ Meeting with children</li> <li>■ Phone calls.</li> </ul>   |
| <b>Wales</b>            | Yes since 1991     | Care Inspectorate Wales                                 | Social care and child care including care homes, fostering and   | <ul style="list-style-type: none"> <li>■ Meeting with children (onsite)</li> <li>■ Speaking with children</li> <li>■ Questionnaires</li> </ul>   |

| Jurisdiction | Ratified the UNCRC | Regulatory authority | Social service inspected                         | Method of engagement   |
|--------------|--------------------|----------------------|--|--|
|              |                    |                      | adoption services, secure accommodation services | <ul style="list-style-type: none"> <li>▪ Observation.</li> </ul> |

#### 4.2.2 New South Wales (Australia)

In Australia, both federal and state laws govern children's social services. In each state and territory, the government holds statutory responsibility for child protection and welfare services and operates according to independent governing acts. Each state and territory also has individual departments that coordinate child protection and welfare services.

While the governing acts differ across each state and territory, key pieces of Commonwealth legislation provide collective guidance, in particular the Family Law Act 1975 and the Australian Human Rights Commission Act 1986.<sup>(42, 43)</sup> These acts have established guiding principles, which are applicable to child protection and welfare services nationally. These principles are:

- the best interest of the child
- early intervention
- culturally appropriate care and Aboriginal and Torres Strait Islander Child Placement Principles
- participation of children in decision-making.

Australia is a signatory to the UNCRC, and many of the principles of the Convention are included in Australia's child protection legislation.<sup>(1)</sup> Legislation in all Australian jurisdictions supports involving children in decision-making (to the extent that their age and maturity allow). This includes consulting with and seeking the views of children on issues affecting their lives where appropriate.

##### 4.2.2.1 *Inspection framework for children's social care services*

In New South Wales (NSW), the Department of Communities and Justice (DCJ) is the key agency with statutory powers and responsibilities for the safety and wellbeing of children. The Office of the Children's Guardian is a statutory NSW government agency responsible for regulating and overseeing select child-related organisations to keep children safe.<sup>(44)</sup>

The Office of the Children’s Guardian undertakes regular visits to agencies to determine whether their systems meet the requirements of the Code of Practice and whether these systems are consistently implemented. Assessors visit agencies’ offices and may also visit residential care units, where relevant. During on-site visits, assessors review a sample of records to see whether the system the agency has described can be seen in practice, and they speak with staff and review a sample of practice. Assessors talk to the agency about what is observed in the records reviewed, and where there are significant gaps in practice, assessors may ask the agency if there are other materials that should be reviewed to understand the agency’s systems.<sup>(45)</sup> There is no information provided about how the Office of the Children’s Guardian engages with children in its assessment, monitoring and investigation processes.

#### *4.2.2.2 Relevant legislation, national frameworks and policy*

The Office of the Children’s Guardian administers and enforces the following legislation:

- The Children’s Guardian Act 2019<sup>(46)</sup>
- The Children’s Guardian Regulation 2022<sup>(47)</sup>
- The Child Protection (Working with Children) Act 2012<sup>(48)</sup>
- The Child Protection (Working with Children) Regulation 2013.<sup>(49)</sup>

#### *4.2.2.3 Opportunities provided for engagement*

In recent years, a number of organisations have reported findings about children’s experiences of out-of-home care (OOHC). These reports involved the engagement of children but were not completed as part of an inspection process:

- A 2021 report published by the NSW Advocate for Children and Young People (ACYP) aimed to provide an opportunity for children and young people in OOHC across NSW to express their views, outline their experiences and their suggestions around what needs to change. Multiple methods of engagement, in addition to individual in-depth interviews and small focus group discussions (6 focus groups), took place, with 99 children and young people aged between 6 to 24 years with OOHC experience.<sup>(50)</sup>
- A report by the Australian Human Rights Commission published in 2021 identified ways to embed the views of children and their families in the future development of policy and services. For this report, small group activity-based consultations and individual interviews were carried out, supplemented by a survey. In this report, 35 consultations took place with 232 children across all Australian jurisdictions between July and October 2023; children with OOHC experiences participated in 11 of these consultations.<sup>(51)</sup>
- A 2020 report by the CREATE Foundation (an independent organisation which advocates for care-experienced children) focused on hearing from children

with a care experience and used interviews and surveys to gain a better understanding of their experiences of participation. A total of 30 children aged 12 to 18 with an OOHC experience participated in the consultation<sup>(52)</sup>

#### *4.2.2.4 Tools to support engagement*

From the three reports outlined above, multi-methods were used to gather the views of children. These included surveys, interviews and focus groups. To support engagement, the Australian Human Rights Commission's methods were guided by the Lundy Model of child participation. Multiple methods of engagement, including activity-based methods, were used as opposed to discussion only, to consider the different communication preferences and needs of the child. Two versions of consultation and survey questions were developed for the 10 to 13 and 14 to 17-year-old cohorts. The consultation approach was tested on children as part of the development process, including one First Nations group of children. This ensured culturally appropriate and child and youth-friendly materials.<sup>(51)</sup>

In the ACYP report, where survey responses were used, survey questions were also tested with children with OOHC experience to ensure they were appropriate, relevant and easily understood. Initial interviews also provided an opportunity to get additional feedback and refine the questions for the remainder of the consultation. Furthermore, child friendly and age-appropriate interview scripts were used.<sup>(50)</sup>

In the ACYP report, children were recruited to participate through carers, caseworkers and care agencies. The ACYP team worked in conjunction with the Department of Communities and Justice (DCJ) Strategy, Policy and Commissioning team in the planning and development of this project. ACYP also advertised the project through its networks and through its website and email channels.<sup>(50)</sup>

In all three reports, children were provided with information about their participation, and consent was obtained. In the ANCYP report, children aged 14-years or over provided consent for themselves, while children aged 14 or below required consent from their carers or the DCJ, depending on their care status.<sup>(50)</sup> In the Australian Human Rights Commission report, three versions of information sheets and consent forms were developed for children aged 10 to 13 years, those aged 14 to 18 years and for parents, carers or guardians. All children provided written consent to take part in the consultations, and parent, carer or guardian consent was additionally obtained for children aged younger than 15 years.<sup>(51)</sup>

In the Create Foundation's report, children were contacted by phone or email and invited to participate. Researchers explained to children and their carers the nature of the consultation, including that participation was voluntary, they could withdraw at any time, and their answers were confidential. This was explained in language appropriate to each young person's age, and researchers ensured participants understood the information prior to commencing the survey. Information was made

available to children and their carers in a Participation Information Sheet on the CREATE Foundation website that could be accessed at any time. The process for consent was detailed at the beginning of the survey, which explained that by continuing with this survey, you are giving your consent to participate. After completing the consultation, participants could elect to receive a \$25 voucher to thank them for their time and insights.<sup>(52)</sup>

To ensure children felt safe and empowered during the interviews, ACYP staff implemented a trauma-informed safety plan. The safety plan included pre-interview safety checks, explaining the safety process to participants, and post-interview follow ups to check in and ensure the child or young person was safe and supported. ACYP also adapted each session as needed using the following techniques:

- the choice to have a support person in the room, such as a guardian, support worker or carer
- adapted communication techniques and language depending on the communication needs of participants
- allowing participants to choose the most comfortable setting for the discussion, such as the ACYP office, at their school, in their case worker's office, or at local cafes and youth services.<sup>(50)</sup>

In the Create Foundation report, quotes from participants were recorded verbatim in order to retain the authenticity of their words and have been used as such in the main findings of this report.<sup>(52)</sup> In the Australian Human Rights Commission report, the content from the activities, the notes taken in the consultations, the surveys and the audio tapes of the consultations (where consent to record was provided) were content analysed to identify themes in the data. All information was then coded under these themes, and when possible, by specific priority groups. Two members of the Children's Rights Team independently coded each consultation. Following each consultation, children received a written summary of what they had shared during the session. This aimed to show children that they had been heard and understood how their views had been represented. This also sought to show children how their views would be presented to policy makers, alongside the views of their peers.<sup>(51)</sup>

### **4.2.3 England**

#### *4.2.3.1 Inspection framework for children's social care services*

There are a number of bodies involved in the inspection and regulation of children's health and social care services. Ofsted is the Office for Standards in Education, Children's Services and Skills, and they inspect services providing education and skills, as well as care services for children and young people. Ofsted primarily uses the 'Social Care Common Inspection Framework' to inspect children's social care services. The Care Quality Commission (CQC) monitors, inspects and regulates hospitals, care homes, general practitioners, services provided in the home, dentists,

clinics, community services and mental health services to ensure they meet the CQC's fundamental standards of quality and safety.

#### *4.2.3.2 Relevant legislation, national frameworks and policy*

The relevant Ofsted legislation includes:

- The Care Standards Act 2000 (Registration)(England) Regulations 2010<sup>(53)</sup>
- Children's Homes (England) Regulations 2015, and its associated guidance.<sup>(54, 55)</sup>

The relevant CQC legislation includes:

- The Health and Social Care Act 2008<sup>(56)</sup>
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014<sup>(57)</sup>
- The Care Quality Commission (Registration) Regulations 2009.<sup>(58)</sup>

Since 2016, Ofsted and the CQC have carried out a number of joint inspections on how local areas fulfil their duty to children and young people, up to the age of 25, who have special educational needs or disabilities (SENDs).<sup>(59)</sup> These inspections are carried out under the Children Act 2004<sup>(60)</sup> to ensure that local areas are meeting their requirements under the Equality Act 2010.<sup>(61)</sup> Both Ofsted and the CQC engage with children as part of their inspection framework.

#### *4.2.3.3 Opportunities provided for engagement*

##### **Ofsted**

Each year, Ofsted uses online questionnaires to gather a range of views about different types of settings.<sup>(62)</sup> This includes the views of children, parents and carers, staff, foster carers and adopters. The questionnaires for children address the following areas:

- Do you feel safe where you live or stay?
- Do you get along with the staff where you live or stay?
- Do you get on with the other children where you live or stay?
- Do the staff where you live or stay ask you about things that are important to you?
- Do the staff where you live or stay listen to you?
- Do you spend time with people who are important to you?
- In the last week, did you do something fun?
- What would you like to tell us about the place you live?<sup>(62)</sup>

Ofsted's inspection framework sets out how inspectors always try to meet with children during the inspection of independent fostering agencies, children's homes and secure children's homes.<sup>(63-66)</sup> Opportunities to gather the views and experiences of children include:

- asking children to show inspectors around the premises
- holding structured meetings (as a general guideline, meetings do not include more than five children)
- spending time in the company of staff and children, observing their interactions
- having individual conversations
- joining in leisure activities such as computer or console games
- preparing snacks or drinks
- spending mealtimes with children
- conversations during homework
- outdoor activities.<sup>(63-66)</sup>

Post inspection, where possible, Ofsted inspectors arrange with the registered manager (or person in charge) to give feedback to children living in children's homes and secure children's homes, as appropriate to their age and understanding. Inspectors will make efforts to address matters raised by children.<sup>(65, 66)</sup>

### **Care Quality Commission (CQC)**

Across all services, the CQC use feedback from people using services to help them reach its judgments. CQC inspections also include Experts by Experience, who are people with experience of a service who gather this feedback from service users during inspections.<sup>(67)</sup> The CQC's current methods for engaging with carers and children were informed by a 2014 report: *Getting it right for children and Young People*.<sup>(68)</sup> In this report, the author acknowledged that getting children's views is a challenge if it is not to be tokenistic and encouraged the following methods to include children:

- encouraging young adults (19 and over) with previous experience of care to take part in inspections
- interviewing children and parents who are using services
- having bespoke engagement activities for parents and children ahead of inspection
- holding focus groups (outside of school time) with members of the children's council
- having annual in-patient questionnaires for children and parents
- encourage feedback from children using mobile technologies.

While the above changes were implemented by the CQC and informed its current methods of engagement with children and their carers, there was no analysis of the impact of these changes available for these authors to review.

#### *4.2.3.4 Tools to support engagement*

### **Ofsted**

To ensure the circulation of surveys, Ofsted sends links to the questionnaires annually to each provider by email and asks them to distribute those links on its behalf. Ofsted shares responses with the inspector for the service or setting and uses them to inform the planning and scheduling of inspections. If there are no responses from a service or setting, this also forms a line of enquiry for the inspection.

During an inspection, the inspector may make alternative arrangements to speak to children, such as telephone calls at a pre-arranged time. Sometimes, inspectors will spend time observing activities and situations where children are present rather than engaging in direct communication with them. The purpose of this is to limit any stress caused to children. Inspectors also must balance spending sufficient time observing interaction between staff and children and avoiding causing children distress or confusion due to disruption of routines and feelings of security.

Inspectors are encouraged to adapt their inspection times to ensure children attending school or college are included in inspection activity whenever they can.<sup>(63-66)</sup>

Inspectors should bear in mind the limits of spoken consultation with some children, particularly those who are disabled or have complex healthcare needs, and consider their specific communication needs. For some children, the inspector may request the assistance of staff who know and understand the child's preferred means of communication, particularly if this is unique to the child. In other instances, it may also be appropriate for the inspector to spend time observing children on how they interact with staff and respond to their environment. Inspectors should discuss with the provider how they gather children's views and give them feedback about any consultation, and, where appropriate, use these systems to talk to children during the inspection. Where children use a form of sign language, an independent trained signer will accompany the inspector if this is necessary. Children, including those with limited or non-spoken communication, are invited to share their views in a letter to the inspector.<sup>(63-66)</sup>

Inspectors demonstrate safe and sensitive practice by:

- agreeing with staff when and where conversations with children are taking place, who is involved and that children may leave the meeting at any time
- being sensitive to the fact that some children may not want to be involved in the inspection
- explaining to children that they will not include comments that will identify them in the inspection report or in feedback to staff working in the home without their permission
- ensuring that staff are aware of any arranged meetings with children and that children may leave the meeting at any time

- explaining that if information indicates they or another child may be at risk of harm, the inspector will share this with an appropriate person who can take the necessary action.

Inspectors respect the privacy and confidentiality of personal information at all times. They always involve staff in any decisions about children's involvement in the inspection.<sup>(63-66)</sup>

Post-inspection, inspectors also complete a child-friendly summary following every inspection, which includes pictures and is set in simple, concrete sentences. Where children need an adapted form of summary, the report is sent to the provider with a request for the document to be adapted into a suitable format.<sup>(65, 66)</sup>

In the Ofsted report *The Big Listen*, through focus group discussions, looked-after children and care leavers reported they want inspectors to ask whether they are happy and whether they feel safe. They also want them to ask about the relationships they have with foster families, carers and social workers, as well as school staff. Several of the care leavers included in discussions were in a young offender institution; here they had very little contact with their local authority or social worker. They said Ofsted should ask about the help they get from carers to keep them in school and prevent them from being excluded. Some children were sceptical about the impact of inspections. They did not believe that inspections always captured the reality of being a child in their school or local authority.<sup>(69)</sup>

Following this report, Ofsted plan to better capture the voices and views of children and care experienced young people to improve the regulation and inspection of children's social services. It plans to do this through the use of further focus groups, as well as engaging more widely with children and care-experienced young people. This will help Ofsted to design and develop their inspection frameworks and regulatory approaches. Ofsted will also look at making surveys more accessible for children in supported accommodation who speak English as an additional language, such as children seeking asylum. It will also continue to focus training of children's social care inspectors on the need for children's views and experiences to be at the centre of their decision-making and actions.<sup>(69)</sup>

## **Care Quality Commission (CQC)**

Experts by Experience support inspections by the CQC. An Expert by Experience can include a family carer of a child who uses health services or a young person with experience of using the services. Experts by Experience help the CQC gather the evidence through meaningful conversations with people using services, as well as friends and families. For community-based services, Experts by Experience will also speak to people by phone or video chat. They will also make other observations while taking part in assessments of services.<sup>(70)</sup> While not available for review, it would be interesting to

analyse if the engagement of experts by experience had a material impact on both the number and quality of feedback received from children and their carers.

#### **4.2.4 New Zealand**

##### *4.2.4.1 Inspection framework for children's social care services*

In New Zealand, the primary responsibility for monitoring and inspecting centres for children in care lies with Aroturuki Tamariki – the Independent Children's Monitor. Aroturuki Tamariki monitors the quality of care provided by agencies such as those provided under the Oranga Tamariki Act, Barnardos, and the Open Home Foundation. It assesses compliance with the Oranga Tamariki Act 1989 and associated *National Care Standards and Related Matters Regulations* (NCS Regulations). Aroturuki Tamariki monitors system-wide performance, including early intervention services, care and protection services (including residential care, foster care, and other forms of care), youth justice services, and transitions out of care.<sup>(71)</sup>

##### *4.2.4.2 Relevant legislation, national frameworks and policy*

Aroturuki Tamariki (Independent Children's Monitor) operates under the Oversight of Oranga Tamariki System Act 2022<sup>(72)</sup> and the Oversight of Oranga Tamariki System Legislation Amendment Act 2025.<sup>(73)</sup>

The Oversight of Oranga Tamariki System Act 2022 (the Oversight Act) strengthened oversight of the services provided to tamariki children experiencing the Oranga Tamariki system.<sup>(72)</sup> As the regulator, Aroturuki Tamariki works alongside two other oversight partners: the Children and Young People's Commission as the advocate, and the Ombudsman as the agency responsible for investigations and complaints. Aroturuki Tamariki works together with these groups to check that the law is being applied correctly, services are being delivered effectively, and that those services are improving outcomes for children.

##### *4.2.4.3 Opportunities provided for engagement*

Aroturuki Tamariki monitors the oranga tamariki system by focusing on the stories and lived experiences of children, young people, families, caregivers and community. They explicitly state that the voices of children are at the centre of its monitoring approach, since their experiences provide essential insight into whether the NSC Regulations are being met. They use a mixed-methods approach for monitoring, collecting and analysing qualitative information from the communities they visit, and triangulating<sup>6</sup> it with quantitative data they gather from agencies they monitor.<sup>(74)</sup>

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<sup>6</sup> Triangulation is the use of information from more than one source or approach when investigating in order to increase confidence in the scope of findings.

From 2023 to 2024, Aroturuki Tamariki heard from 1,865 people; of these, 416 were children, family and caregivers, and 1,449 were professionals. The ethnicity and gender of the children and families spoken with were representative of the ethnicity and gender of the care population. However, they reported hearing from fewer children under 10 years of age during this period compared to the previous one. They attributed this to the nature of their work. They spoke to caregivers of children of all ages to provide insight into the experiences of those younger. Around one in four children they heard from had an identified disability, which is in line with the proportion of children in care estimated to have a disability. The ethnicities of the families engaged with were also broadly representative of the ethnicities of children in care.<sup>(75)</sup>

#### *4.2.4.4 Tools to support engagement*

Aroturuki Tamariki visit every community (service area) once every three years. While on site, they conduct discussions with children, caregivers, front-line staff, and other relevant stakeholders. They use a structured framework of questions when engaging with children, their families and communities, ensuring a consistent approach to discussions. Notes are taken during interviews, information is coded (using codes tied to outcomes and system-elements), and themes are extracted.<sup>(75)</sup> In their fourth year of monitoring compliance with the NCS Regulations, Aroturuki Tamariki returned to the regions they visited three years ago to see if the experiences of children and their caregivers had changed. They heard some examples of good practice, but overall, not much had changed.<sup>(74)</sup>

The structured framework of questions is based on its Outcomes Framework. Its Outcomes Framework draws on the six wellbeing outcomes in the Government's Child and Youth Wellbeing Strategy and incorporates key dimensions from the Whānau Ora Outcomes Framework and the Oranga Tamariki Outcomes Framework. The six outcomes are:

- Manaakitanga: Children have positive reciprocal relationships based on genuine care, generosity and respect. Parents, caregivers and family have what they need to meet the needs of children.
- Whanaungatanga: Children have strong, healthy and positive relationships and connections with their family and people around them.
- Rangatiratanga: Children and their families are involved, empowered, and supported to become self-determining and leaders of their own lives.
- Aroha: Children feel loved, supported, safe and cared for, and are capable of receiving kindness through love and giving love to others.
- Kaitiakitanga: Children feel protected and are kept safe by having all aspects of their wellbeing acknowledged, nurtured and supported.

- Mātauranga: Children are learning and developing skills and knowledge about themselves, their culture, their potential, their future, and their role and place in this world.<sup>(76)</sup>

Aroturuki Tamariki staff are trained in listening and speaking with children and have experience in working with different communities, including Māori communities. They come from a range of backgrounds and areas of expertise, including social work, psychology, education and law.<sup>(77)</sup>

After they visit communities, they share back with them what they heard. In this way, they acknowledge the participation of individuals (particularly children, family and caregivers), validate what they heard and offer agencies insights into what is working well and the barriers to improving outcomes. Following a community visit, those who participated in the visit are asked to rate their engagement with Aroturuki Tamariki staff. All aspects of the visit are rated from socialisation, participation and interviews through to sharing back. Previous feedback on monitoring staff rated them as four out of five, and over 86% of participants said they would recommend participating in a monitoring visit to others. Participants also gave them a rating of four out of five for the time they spent with Aroturuki Tamariki and saw the reports they produce as contributing to positive change.<sup>(77)</sup>

## 4.2.5 Northern Ireland

### 4.2.5.1 *Inspection framework for children's social care services*

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.<sup>(78)</sup>

RQIA registers and inspects independent and statutory health and social care services, including children's homes. RQIA inspects children's homes at least twice a year. During announced and unannounced inspections, RQIA assess the quality of the services provided against service-specific regulations and minimum care standards.<sup>(78)</sup>

### 4.2.5.2 *Relevant legislation, national frameworks and policy*

The legislative framework and standards, which govern children and young people's social care services, include:

- The Children (Northern Ireland) Order 1995<sup>(79)</sup>
- The Representations Procedure (Children) Regulations (Northern Ireland) 1996<sup>(80)</sup>
- The Children (Northern Ireland) Order 1995 - regulations and guidance - volume four: Residential care<sup>(81)</sup>
- The Children's Homes Regulations (Northern Ireland) 2005<sup>(82)</sup>

- The Minimum Standards for Children’s Homes (Department of Health) (2023).<sup>(83)</sup>

RQIA inspect children’s homes against the Children’s Homes Regulations (Northern Ireland) 2005 and the Minimum Standards for Children’s Homes (Department of Health) (2023).<sup>(83)</sup>

#### *4.2.5.3 Opportunities provided for engagement*

RQIA has commenced pilot publication of inspection reports relating to children’s services following a 2022 public consultation. Up to 2023, RQIA did not publish inspection reports relating to children’s services with the aim of protecting the privacy of children and young people. It did this to prevent attempts by anyone who would seek to target or exploit these children and young people. However, it was determined that withholding publication of reports relating to services for children and young people prevented the wider public from having information about the quality of services being provided and how they are functioning.<sup>(84)</sup>

These inspection reports provide information on RQIA’s methods of engagement with children. In preparation for inspection, information is reviewed about the service to help plan the inspection. A range of documents are examined to determine that effective systems are in place to manage the home and deliver safe care. RQIA inspectors seek to speak with children, their relatives or carers, visitors and staff for their opinion on the quality of care and their experience of living, visiting or working in this home.<sup>(84)</sup>

#### *4.2.5.4 Tools to support engagement*

RQIA provides information to children, relatives or carers, staff and other stakeholders on how they could provide feedback on the quality of care and support in the home. This includes questionnaires and an electronic survey, which are available for a specified time frame. Children who were less able to tell RQIA about how they found life in the home were observed in their surroundings and in their engagement with staff.<sup>(85)</sup>

### **4.2.6 Ontario**

#### *4.2.6.1 Inspection framework for children’s social care services*

The Ministry of Children, Community and Social Services (MCCSS) sets policy, oversees sector performance, introduces and updates regulations, and ensures compliance with the Child, Youth and Family Services Act, 2017 (CYFSA).<sup>(86)</sup> It is responsible for licensing and inspecting children’s residences (group homes, foster care agencies, treatment homes, and so on), and foster care services operated by children’s aid agencies and private foster agencies. Under the CYFSA Act, MCCSS conducts scheduled annual inspections (for license renewals) and unannounced inspections (to respond to concerns, complaints, or to check compliance).<sup>(86)</sup>

#### *4.2.6.2 Relevant legislation, national frameworks and policy*

The CYFSA 2017 is the main law governing child protection services, residential care, and licensed caregivers. Supporting regulations under CYFSA (for example, O. Reg. 156/18, and updates) set out standards, rights, licensing, and quality standards for care providers.<sup>(87)</sup>

Licensed residential services in Ontario must meet 12 quality standards under the CYFSA regulatory framework. There are regulations for unannounced visits by child protection workers, which include instances where serious harm or death of children in care has occurred or where prohibited discipline practices have been reported in residential settings. The law also requires periodic reviews of CYFSA (every five years) to assess how well it is working, including aspects like rights of children, accountability and quality of services.<sup>(88)</sup>

Under the CYFSA, it states that an inspector conducting an inspection may question a person, including a child, on matters relevant to the inspection. It also states it is a child's right to meet with inspectors and that an inspector shall meet privately with a child who is receiving residential care in the place being inspected, if the child requests such a meeting.<sup>(87)</sup>

#### *4.2.6.3 Opportunities provided for engagement*

When MCCSS employees visit a children's residence for a licensing inspection, they are required to interview the children residing there. The focus of these inspections is on a physical inspection of the residence, a review of policies and procedures of the licensee, file reviews, and interviews amongst a sample of staff (including foster parents) and residents.<sup>(89)</sup>

In 2022, the Ministry of the Solicitor General published a report of the expert panel on the deaths of children and youth in residential placements. In this report, residential staff were concerned about the skill sets of the MCCSS employees who speak with children and youth. It was suggested that they should be required to have trauma informed and child development training before interviewing young people.<sup>(90)</sup> However, there was no information on whether this suggestion was acted upon or what the outcomes were.

#### *4.2.6.4 Tools to support engagement*

There was a Residential Licensing Checklist used by ministry inspectors to ensure children's out-of-home care licensees are complying with ministry legislation, regulations, policies and guidelines. The child interview section (including 16 questions) ensures inspectors hear directly from children about their understanding of rights, participation in care planning, treatment in the residence, privacy, health, daily life, cultural identity, and whether complaint procedures are accessible and effective.<sup>(91)</sup>

In a narrative report summarising the results of a licensing review conducted for the North Eastern Ontario Family and Children Services in 2014, 10 children were interviewed. These interview questions addressed areas such as the child's own natural family, health care, purchase and possession of goods, communication, daily chores, discipline, placement decision, housing requirements, fire safety, basic care, clothing, food and nutrition, foster care plan review, placement change, geographical and cultural isolation, children's rights, and abuse investigations. Questions were modified to be age appropriate.<sup>(92)</sup>

#### **4.2.7 Scotland**

##### *4.2.7.1 Inspection framework for children's social care services*

The Care Inspectorate undertakes inspections of social care and social work services provided by local authorities, as well as day care and support services. Inspections are done in partnership with other relevant inspectorates such as Healthcare Improvement Scotland (HIS). This is to support the integration of health and social planning in local authority Community Planning Partnerships (CPPs), to reduce the duplication of inspections, and to lessen the impact on services in preparing for inspections.

##### *4.2.7.2 Relevant legislation, national frameworks and policy*

The Care Inspectorate is guided by:

- The Public Services Reform (Scotland) Act 2010<sup>(93)</sup>
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011<sup>(94)</sup>
- The Health and Social Care Standards.<sup>(95)</sup>

The Promise Scotland (2020) was implemented to support the transformation of how Scotland cares for its children, care-experienced adults and families. In a briefing on inspection and regulation, the Promise Scotland states that children's voices and their experiences must be the focus of inspection and investigation processes. There must be significant emphasis on listening and responding to what they are reporting about service and professional provision. Inspections should be guided primarily by the perspectives and experiences of those receiving care. As a minimum, inspections must integrate meaningful participation methodologies into how they assess the quality of services and understand how to listen, present and collate their voices into the inspection process. It also states that when using 'young inspectors' as part of inspection processes, they must receive significant support and training.<sup>(96)</sup>

##### *4.2.7.3 Opportunities provided for engagement*

The Care Inspectorate's approach to inspection places a strong emphasis on listening to, and taking account of, the views of children as well as their parents and carers.

Key inspection tasks include:

- a review of children's records
- a staff survey
- children and parent or kinship carer surveys
- review of position statement and written evidence
- focus groups for staff
- meetings with children and families
- three meetings with service leaders (partnership discussions).<sup>(97)</sup>

Surveys are available for children, their parents and caregivers. Questions asked in the children's survey include:

- Where do you live most of the time?
- Which worker gives you most of the help you need?
- I know why my worker is involved with my family and me?
- My worker listens to my views and opinions about what matters to me?
- My worker spends time with me and gives me the help I need?
- I have someone who has explained my rights to me?
- I get the right help to make and keep loving and supportive relationships with people who I care about?
- I have an adult I can trust to talk to about things that are important to me or when I am not happy about something?
- I have someone who can help me to express my views?
- I feel safe where I live now?
- What would need to change to help you to feel safer?
- I have an adult I can talk to if I don't feel safe?<sup>(98)</sup>

Questions asked in the parent and carer survey include:

- Where do your child(ren) live most of the time?
- Workers responded quickly when concerns were first identified about my child(ren)?
- Are your child(ren) safer because of the help and support they received from workers?
- Has your child(ren) had the right help to keep loving and supportive relationships with people who they care about?
- Workers communicated well and helped me to understand what needed to change to keep my child(ren) safe?
- Workers listened to me and took my views seriously when decisions were made to help keep my child(ren) safer?
- I have had an opportunity to speak with an independent advocacy worker?
- I have found the involvement of services helpful?
- Please tell us which, if any services, you found helpful.
- Please tell us, which, if any, services you did not find helpful.

- Do you have any other views or comments you would like to share with the inspection team?
- Was it easy to complete this survey?
- Please tell us what could make this survey better.<sup>(99)</sup>

## Children's experiences

In a joint inspection of services for children and young people at risk of harm in North Lanarkshire community planning partnership (conducted by the Care Inspectorate, Education Scotland, His Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland), 59 children and 42 parents and caregivers were engaged. This included face-to-face meetings, telephone calls and surveys. The findings from the engagement showed that almost all children said they had someone who could help them express their views, and over two-thirds of children felt that a member of staff listened to their views and opinions about what mattered to them. Most said they had an adult they could trust to talk about things that were important to them, or if they were unhappy about something.<sup>(100)</sup>

## Feedback to people who use services and carers

Providing direct verbal feedback to people using services and their carers allows inspectors to show that their views have been fully considered alongside other evidence. It also tells them how these have influenced the Care Inspectorate's judgments and how they propose to reflect them in the report. As part of the Care Inspectorate's commitment to keeping The Promise, it is currently testing different methods of formally feeding back to children in a small number of services during 2024.<sup>(101)</sup>

Following a joint inspection of services for children at risk of harm (by the Care Inspectorate, Education Scotland, His Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland), feedback forms were completed by inspectors from the different agencies to understand what worked well and what could be improved in the current programme. This included a section on amplifying the voices of children, and asked how well inspectors put the views and voices of children at the heart of the joint inspection. This section also asks for comments on how this can support a review of the current joint inspection programme.<sup>(102)</sup> Information, however, on how this feedback was acted upon and the outcome of any actions was not available.

### 4.2.7.4 Tools to support engagement

To ensure children using services are heard from as much as possible, the Care Inspectorate's inspection methodology has been developed to enable their views to be prominent. Tools used include making surveys available for a three-week period

to children and their parents or caregivers. The Care Inspectorate also supports this by involving young inspection volunteers in service inspections and maintaining a robust process that allows children to make complaints.

### **Young inspection volunteers**

Young inspection volunteers play an important role in inspection by hosting focus groups, carrying out one-to-one interviews and facilitating group discussions with young people using services and professionals providing the services. Young inspection volunteers have the voice of experience and have the knowledge and understanding of these services. They receive a comprehensive training programme, which includes information on the organisations inspected, confidentiality, boundaries and group work. They also receive ongoing support from external agencies contracted to work with the Care Inspectorate to assist in recruitment, training and support. Young inspection volunteers also receive optional access to further education, opportunities to attend conferences and development events, and benefit from an ongoing structured support framework which is tailored and responsive to their needs and circumstances.<sup>(103)</sup>

In 2024, there were 13 young inspection volunteers, who were aged from 18 to 28 years. On joining the Care Inspectorate, the young inspection volunteers spend five days together learning what happens during an inspection and taking part in training before going out to a service. Four times a year, they come back together to share their learning and develop their skills further, such as preparing for inspection, communication, and interviewing. This has helped to build the confidence of the young inspection volunteers to listen effectively to children, helping to improve the services that support them. The nature of post-inspection support (for example, debriefing, peer support and feedback on their contribution) is not fully detailed in the literature.

In addition, young inspection volunteers have informed improvements in the methodology of many areas, including scrutiny and regulation, complaints and communications. They also have fully participated in staff recruitment at all levels and co-designed and facilitated training for peers, sharing their knowledge and experiences while building their skills in presenting to others.<sup>(104)</sup>

There was no information available about the number of inspections youth inspectors were involved in. There was also no information available on what the impact was on the number, quality and experience of the children who had engaged with a youth inspector or the impact on the youth inspector themselves.

### **Complaints Process**

In 2021, one of the commitments made by the Care Inspectorate was to respond to complaints in a timely, thorough and proportionate way, and to provide feedback to the person who made the complaint in a way that they will understand.<sup>(105)</sup> The Care

Inspectorate's young inspection volunteers were central to the review of the existing complaints system and the subsequent identification of a *Text to Complain* service for children. It worked alongside staff within the complaints team to consider what was not working well for children. The young inspection volunteers considered the following three areas as important to children and young people: accessibility, confidentiality and rapid response. The Care Inspectorate launched the *Text to Complain* service in early 2021. This resulted in a service where children can now text if they are not happy about their care. The young inspection volunteers also co-produced a short video about the *Text to Complain* service and designed a poster that is available to print.<sup>(104)</sup> There was no information available on the impact of this change in process.

## 4.2.8 Wales

### 4.2.8.1 Inspection framework for children's social care services

Care Inspectorate Wales (CIW) inspects services registered with them to check that they provide safe care. CIW takes a rights-based approach to inspection and ensures that people's rights are being respected and their quality of life enhanced.<sup>(106)</sup> CIW inspects children's services, including care homes for children, fostering services, adoption services, advocacy services and secure accommodation services.<sup>(107)</sup>

### 4.2.8.2 Relevant legislation, national frameworks and policy

In Wales, children's social care services are governed by the following legislation:

- Social Services and Well-being (Wales) Act 2014<sup>(108)</sup>
- Regulation and Inspection of Social Care (Wales) Act 2016<sup>(109)</sup>
- Children (Secure Accommodation) (Wales) Regulations 2015<sup>(110)</sup>
- Social Services and Well-being (Wales) Act 2014 Part 6 Code of Practice (Looked After and Accommodated Children).<sup>(111)</sup>

If a child from Wales is placed in England, section 25 of the Children Act 1989<sup>(112)</sup> will apply instead of section 119 of the 2014 Act<sup>(108, 110)</sup> but the 2015 Regulations will apply in part.<sup>(113)</sup>

### 4.2.8.3 Opportunities provided for engagement

During an inspection visit, inspectors will engage with and listen to people using services, along with their relatives, friends and carers, and talk to them about their experience of care. Children, parents and relatives are interviewed as part of the inspection process.<sup>(106)</sup> They also give out questionnaires to children, professionals and relatives where appropriate.<sup>(107)</sup> No further information was provided on the interviews or questionnaires.

#### 4.2.8.4 Tools to support engagement

Where people are unable to communicate directly with CIW, they may use a specialist inspection tool, SOFI2 (Short Observational Framework for Inspection), where it is appropriate to do so, to observe and draw conclusions about how individuals are supported. The SOFI2 is not used specifically by CIW in the inspection of child protection and welfare services; however, it is used when people using the service may be unable to say what their care and treatment is like. For example, people with dementia or young children. It provides a snapshot observation and can be used flexibly to record interaction and engagement for a group of individuals or on a one-to-one basis.<sup>(106)</sup> CIW also produces child-friendly versions of their reports, such as its annual reviews, inspection reports and national reviews of care planning for children.<sup>(114, 115)</sup>

To support the development of guidance to advise organisations opening children's homes in Wales on what is needed to ensure a quality service, an engagement event with 44 care-experienced children aged between 5 and 15 years was conducted. CIW and the Children's Commissioning Consortium carried out a child-friendly workshop with templates and tools. A variety of aids were used, such as post-it notes, pens, colours, and Makaton (an assistive signing system) for non-verbal children. Inspectors engaged with a pre-formed group where all children participated. This was followed by games to show appreciation to the children who engaged and to make the experience fun. The workshop focused on five questions for the young people to express their views and make a recommendation:

- What makes a house feel like home?
- What is the right size of a good home is and how many children who should live together?
- What the inside of a good home should look like, including their thoughts on the individual rooms and shared spaces?
- What the exterior of a good home should look like, including the gardens and outside space?
- Where a good home should be located, and what should be in the surrounding community?<sup>(116)</sup>

### 4.3 Summary of findings

This review presents a comprehensive analysis of empirical literature published on the engagement of children in the inspection of social care services. It also reports a comparative analysis of legislative and policy frameworks on the engagement of children in the inspection of social care services across the following jurisdictions: New South Wales (Australia), England, Canada (Ontario), New Zealand, Northern

Ireland, Scotland, and Wales. The findings from both the empirical and grey literature are summarised in the sections outlined below.

### **4.3.1 Legislation, national frameworks and policy across jurisdictions**

Legislation, national frameworks and polices were unique to each jurisdiction reviewed. Within some jurisdictions, individual regions or territories had legislation and policies individual to that area. A consistent feature among the reviewed jurisdictions, as in Ireland, is that they all ratified the UNCRC in the early 1990s.

The independent regulation of children's social services was universal across all jurisdictions, although relatively new in New Zealand (2019). In Ontario, inspection lay within the remit of another government department rather than being an independent entity. All jurisdictions, except for Ontario, had legislation that provided for the inspection of services for children-in-care, either residential or foster care. Five of the jurisdictions, England, Scotland, Wales, Northern Ireland and New Zealand, also inspected broader social care services, which included child protection and welfare services. While in New South Wales (Australia) legislation allowed for the inspection of 'child-related organisations.' Ontario only inspects foster care and residential care internally through the Ministry.

### **4.3.2 Opportunities provided for children to engage in inspection across jurisdictions**

There were many commonalities across empirical and grey literature with regard to the methods used to engage children in the inspection of children's social services, including:

- face-to-face conversations, either one-to-one or in small focus groups
- phone calls
- questionnaires, either online or paper based
- observation or engagement with children during activities of daily living.

The grey literature indicated that engagement happened during or shortly after inspections. England, however, used national surveys to inform decisions on which services should be inspected for the year.

Both the grey and empirical evidence showed that children most often met with the professionals conducting the inspection. In two jurisdictions, Scotland and England, there was the option to meet with a 'youth inspector volunteer' or 'expert by experience.' In Scotland, these are adults who have experience of the services being received. They are responsible for gathering information and are provided with training and support to achieve this goal.

In some jurisdictions, children were consulted regarding social services, but outside of the inspection process; the methods of consulting children in these instances included interviews, focus groups and questionnaires. For the consultations that took

place during inspection, additional methods of engagement included observations of and engagement in activities of daily life (Table 7).

**Table 7: Comparison of child consultations within or outside of inspection process**

|                                  | <b>Inspection</b>   | <b>Outside Inspection</b>   |
|----------------------------------|---|---|
| <b>Methods</b>                   | <ul style="list-style-type: none"> <li>▪ Semi-structured interviews</li> <li>▪ Small focus groups</li> <li>▪ Observations of and engagement in activities of daily life</li> <li>▪ Questionnaires.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Semi-structured interviews</li> <li>▪ Focus groups</li> <li>▪ Questionnaires.</li> </ul>   |
| <b>Selection of participants</b> | <ul style="list-style-type: none"> <li>▪ Children using the specific service being inspected.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Children in receipt of any social service not specific to a particular provider.</li> <li>▪ General child population.</li> </ul> |
| <b>Purpose</b>                   | <ul style="list-style-type: none"> <li>▪ Registration or licencing of a service</li> <li>▪ Service-specific improvements.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ National or regional policy development.</li> </ul>  |

#### **4.3.3 Tools used to support engagement across jurisdictions**

As discussed above, one of the primary tools used to engage with children were questionnaires. Where questionnaires were available to review, the general themes of the questions were similar. In broad terms, the questionnaires looked to gain a child's opinion on:

- how safe the child felt they were in their home
- if their right to privacy was being respected
- if they were being listened to
- if they were engaged in education
- if they had their health needs met
- if they had an assigned "key worker" or social worker.

While speaking with children was a primary method of engagement, the questions or themes addressed during conversations were rarely available across the literature. In New Zealand, however, Aroturuki Tamariki use a structured framework of questions when engaging with children, their families and communities, ensuring a consistent approach to discussions. The structured framework of questions is based on its Outcomes Framework.<sup>(76)</sup> In Ontario, a Residential Licensing Checklist includes a child interview section (including 16 questions), which focuses on children's

understanding of their rights, participation in care planning, treatment in the residence, privacy, health, daily life, cultural identity, and whether complaint procedures are accessible and effective.<sup>(91)</sup>

For much of the grey literature, inspectors endeavoured to personalise their interactions with children to meet their communication preferences and needs. There was also a focus on the reduction of harm, especially for children who may be distressed by the changes in routine that could result from an inspection and or an interaction with an inspector. Inspectors were noted to link with people who knew the child best to determine how to engage with the child.

#### **4.3.4 Experiences of children who have engaged in inspection and monitoring**

There was very limited information regarding children's experience of engaging in the inspection process. There were no peer-reviewed articles identified which addressed this topic.

Some jurisdictions reported requesting feedback on the inspection process from children. In New Zealand, when asked about their methods of engagement, participants scored inspectors a four out of five for socialisation, participation, interviews and for sharing information back. Over 86% of participants (both children and adults) would recommend participating in the inspection process.<sup>(77)</sup> In jurisdictions where experts by experience or youth inspectors were available to engage with children on inspection (Scotland and England), there was no information on whether this had any impact on the number of children engaged with or the child's experience with the youth inspectors.

One report, Ofsted's *The Big Listen*, did engage with children and their families regarding their involvement with the inspection process. This report noted that some children were sceptical about the impact of inspections and noted they did not believe inspections captured the reality of being a child in their school or local authority.<sup>(69)</sup>

#### **4.3.5 Challenges and facilitators to engagement**

The empirical evidence found that legislation, regulations, and standards in each jurisdiction determined the focus of an inspection. This often does not align with the priorities of a young person using the service and engaging in the inspection process. As such, children may not see the benefit or purpose of engagement with inspections. Additionally, the focus or methodology of an inspection can greatly influence whether inspectors hear children's voices during the process.

When looking at facilitators to engagement, there were a number of common elements reported as part of an inspection process and outside of the inspection process. These included:

- ensuring tools used to engage with children take into account their cultural and linguistic backgrounds, by getting input from both care-experienced and youth consultation groups
- targeting materials at different age ranges for both consent and participation information and engagement materials
- ensuring inspectors or researchers had training and or expertise in the area of communicating with children
- conducting inspections or engagements in locations familiar to the child, such as their home, school, or a community organisation.

#### **4.3.6 Outcomes of engagement in inspection and monitoring**

When inspectors engaged with children through interviews or surveys during an inspection, they included the children's opinions and views in the inspection reports. In most jurisdictions, direct quotes were used to ensure that the child's authentic voice was represented (England, Scotland, Wales and New Zealand); in other jurisdictions (New Zealand and Northern Ireland), the children's views were paraphrased or narratively reported.

The empirical literature reported that children could often have limited influence on the outcomes or findings of an inspection. This is partly due to the gap between the methods and legislation underpinning an inspection and the young person's priorities, as noted in the challenges section.

Not all jurisdictions outlined if or how they provided feedback to children who engaged in inspections. Some jurisdictions provided verbal feedback to children at the time of the inspection, in others, the provider of the service was requested to provide children with information on the outcome of the inspection. Two regulators provided summary reports to children (HIQA and Ofsted); in HIQA's case, this was limited to annual reports and in residential care and detention centres only.

#### **4.3.7 Interventions implemented to improve engagement**

The grey literature often highlighted how inspectors tailored interactions with children to match their communication preferences and needs. The *Big Listen* in England and *Getting it Right for Every Child* in Scotland identified improvements to support engagement, including:

- engaging with children when designing inspection frameworks
- making surveys more widely available
- using social media to enhance the organisation's profile
- introducing and training parents to be experts by experience.<sup>(68, 69)</sup>

There was, however, no evidence available at the time of writing to indicate whether the changes had affected engagement with children.

#### **4.3.8 Related theoretical frameworks used for engagement**

The majority of empirical articles and jurisdictions did not articulate a specific framework guiding engagement with children; however, in instances where a framework was explicitly referenced, the Lundy Model was the one most frequently identified.<sup>(23)</sup>

#### **4.3.9 Methods used for obtaining, analysing, reporting and using data from engagement**

A recurring theme within the grey literature was the adaptation of engagement methods to align with children's cultural, linguistic, and developmental circumstances. Where indigenous language or cultural groups were present, regulators made efforts to translate questionnaires and other engagement tools and to tailor them in a culturally sensitive way. For example, questionnaires from the Care Inspectorate Wales were available in Welsh as well as in English. In Australia, children and elders from First Nations communities were consulted during the development of materials before they were used. In New Zealand, regulators explicitly tailored engagement tools for cultural and linguistic relevance, with a particular focus on Māori children and young people, and increasingly on Pacific communities as well.

In addition, some jurisdictions created engagement materials tailored to different age ranges. Many provided materials or questionnaires specifically for pre-teen children and teenagers. While the exact age varied, the dividing point was generally around 13 or 14 years.

The literature highlighted the importance of adapting engagement methods for children with disabilities. Some adaptions used included: meeting with a child's carers regarding how best to communicate with them, the use of pictures and assistive sign systems to support communication, and a focus on observation of daily activities and interactions.

## 5. Discussion

This scoping review highlighted that children's voices are underrepresented in inspection processes, an area that remains underexplored both internationally and in empirical research. At the same time, the legislative remit for different jurisdictions to inspect children's services are not uniform, and they are often weighted towards residential care settings. Most of the information found, both in empirical and grey literature, is notably related to children in care, especially those in residential settings. There is little evidence regarding how children in child protection and welfare services are engaged with during inspections. It is hoped that by highlighting this gap or bias in the data, it may become the focus of future research.

The engagement of children in the inspections of children's social services is complex. Inspectors are limited to working within the legislative remit within their jurisdiction. At the very least, it requires both consent from legal guardians and assent from the child themselves. HIQA inspectors are much more likely to gain consent and assent for interactions that take place where the child lives. This is likely partly because people perceive the child's home as a safe space. The accessibility of the inspector also appears to facilitate participation, as children can gradually become familiar with the inspector within their environment, allowing the inspector to integrate into daily routines with minimal disruption. These conditions foster more natural interactions compared with formal methods, such as scheduled phone or video calls and surveys.

The research highlighted a number of ways to strengthen the voice of the child in the inspection of children's social services. It is clear that many jurisdictions trialled interview and survey questions with children before using them more widely. This trialling helped to ensure that such questions were relevant and sensitive to the children's culture and experiences. Empirical evidence also recommended that children and care-experienced adults be engaged with prior to the design of inspections. Aligning inspection parameters with what matters to children would allow their voices to have more influence on inspection outcomes. This open dialogue was part of the methodology for developing national standards for children's social services, including the *Draft Overarching National Standards for the Care and Support of Children using Health and Social Services in Ireland*.<sup>(117)</sup>

Jurisdictions such as Scotland and England are also implementing changes to the inspection process, including:

- the prioritisation of children's voices
- extending the time surveys, which inform inspections, are available online
- the engagement of experts by experience or youth inspectors, with recommendations that parents should also be included as experts by experience

- advertising of listening or feedback sessions, which make clear that the public, especially parents and children, are encouraged to attend.

While there are many suggested methods to improve the gathering and inclusion of children's voices in inspections, many of which appear logical and supportive of engagement, there is little or no systematic information on what has actually been effective.

Across and within jurisdictions, the provision of feedback is not consistent. Methods of providing feedback included verbal feedback, written feedback or requests for providers and staff to provide feedback. Within HIQA, children who engage with the inspection process may see their words being used within the inspection report. Those who live in children's residential centres or detention centres receive a two-page summary report. HIQA plans to review this feedback mechanism in early 2026. Children in foster care, special care, and child protection and welfare services do not currently receive individual summary reports, although an annual summary report is published for these services. HIQA recognises that children who take part in inspections may not always see how their views influence the process and is exploring ways to make this impact more visible in future reports.

## 5.1 Strengths and limitations

This comprehensive review of empirical and grey literature explored the scope and nature of the evidence regarding how inspectors engage with children on inspection of social care services. The study had some limitations. Limiting the literature to only English publications and English-speaking jurisdictions prevents insights and input from non-English speaking countries. This is of particular note because three of the eight peer-reviewed articles came from jurisdictions that were not included in the grey literature search due to language barriers.

The literature search was restricted to publications from 2014 to the end of April 2025. This time frame was selected as it marks the beginning of formal monitoring and regulation of children's social services in Ireland, as well as the introduction of *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014–2020*.<sup>(5)</sup> While this focus ensures relevance to the contemporary Irish context, it also excludes earlier international literature that may provide valuable insights into the development of regulatory approaches and the promotion of children's participation over a longer period.

Finally, the evidence presented in this report draws on literature from multiple children's social care service types, contexts, and jurisdictions, which may limit its transferability to the Irish children's social care regulatory setting. Limited evidence was available on children's engagement in the inspection of CPW services internationally, with most attention on residential and foster care. This may bias the

results, as children who live at home with family may have different knowledge and experiences of inspections to those who are in the care of the state.

## 5.2 Future consideration

The findings of this review and the consultation with children highlight several areas for further development. The following considerations may guide HIQA's future work:

- The literature review shows limited national and international research on inspections of children's social services, with most studies focused on residential care. HIQA may consider further research in this area, as it was outside the scope of the current review.
- HIQA may also explore research into the experiences of children who have taken part in inspection or monitoring activities. Addressing this gap would provide insights into how children experience these processes, whether they feel their voices are heard, and the factors that support meaningful participation.
- HIQA may consider involving children and young people with experience of social services in the design of inspections, building on existing approaches used in programmes such as thematic inspections.
- HIQA may consider using a survey to gather children's feedback on the services they are in receipt of and the methods and tools used to engage during inspections, and how best to improve.
- HIQA to consider the skills and competencies required to engage effectively with children, including the potential need for a tailored training needs analysis with a focus on trauma-informed practice.
- HIQA to consider service prioritisation when conducting future direct consultations with children and young people.

## 5.3 Next steps

The following steps will be implemented by HIQA in the next phase of this project:

- To consult directly with children and stakeholders to identify effective ways of capturing children's views on the services they receive.
- To establish, through consultation, how young people would prefer to receive feedback from inspections.
- Based on the feedback of children, young people and stakeholders, to develop a methodology for engaging children during inspection.
- To evaluate the impact of changes to HIQA methodology regarding engagement with children and young people on inspection.
- To determine and implement training to facilitate appropriate child-centred engagement during inspection.

- To expand on HIQA's methods of providing feedback to children in all services inspected; this will support awareness of their influence on the inspection findings.
- To ask children in residential care about their views on the current easy-to-read summary reports for children in these services in order to make improvements and to consider publication of such reports.

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