



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# National Standards for the Protection and Welfare of Children

For Health Service Executive Children and Family Services

**July 2012**



*Safer Better Care*



# About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive continuous improvement in Ireland's health and personal social care services, monitor the safety and quality of these services and promote person-centred care for the benefit of the public.

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

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.
- **Social Services Inspectorate** – Registering and inspecting residential centres for dependent people and inspecting children detention schools, foster care services and child protection services.
- **Monitoring Healthcare Quality** – Monitoring the quality and safety of health and personal social care services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Ensuring the best outcome for people who use our health services and best use of resources by evaluating the clinical and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.





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# 1. Introduction

All children have a right to be safe and to have access to appropriate services and support to enable their growth and development. Children who are not receiving adequate care and protection in their own homes and community are amongst the most vulnerable in society. It is vital, therefore, that these children have access to the appropriate services and supports they require.

Following the publication of the *Commission to Inquire into Child Abuse Report (2009)* the Government published the *Report of the Commission to Inquire into Child Abuse, 2009: Implementation Plan* which commits to giving the highest priority to the care of children to ensure that they are safe and protected and that their welfare is promoted.

The provision of effective and safe services for children not receiving adequate care and protection is fundamental to their wellbeing and healthy development. These children need an approach whereby all services working with them are child-centred and share a commitment to work in their best interests and achieve the best possible outcomes for them.

Under the Child Care Act, 1991, the Health Service Executive (HSE) has a statutory duty to promote the welfare of children not receiving adequate care and protection. Social workers and social care workers play a key role in child protection and welfare by protecting children at risk and supporting families in need.

The HSE statutory child protection function is delegated to HSE Children and Family Services, which has, over time, developed and increased its range of services to meet its statutory obligations to protect children by providing preventative services to support families in adequately caring for their children. However, there will always be some children who will need to be protected from the immediate risk of serious harm.

The *National Standards for the Protection and Welfare of Children* have been developed by the Health Information and Quality Authority (the Authority) to support continuous improvements in the care and protection of children in receipt of HSE child protection and welfare services. These outcome-based Standards provide a framework for the development of child-centred services in Ireland that protect children and promote their welfare. The Health Act 2007 establishes a statutory function for the setting of standards by the Authority.

The Standards are designed to follow a child's journey within the child protection system to ensure that his/her safety and welfare is being protected. Along that journey children will need to be supported through the provision of accessible information, access to services, screening of referrals, assessment to ensure that appropriate services are made available, and the taking of timely action to protect children at risk of harm. This is underpinned by child-focused planning and review and monitoring processes. It requires a





systematic approach involving good leadership, interagency cooperation, skilled and experienced staff, and the effective management and deployment of resources – with the child always at the centre of everything that is done.

The setting of standards and the monitoring of compliance with them are important levers in driving improvements in the effectiveness and safety of health and social care services for children and families.

Standards help to set public, service provider and professional expectations; create accountability; and support everyone involved in playing a part in securing continuous improvement.

*Children First: National Guidance for the Protection and Welfare of Children (2011)* (*Children First*) promotes the protection of children from abuse and neglect. This national guidance outlines what different statutory and non-statutory bodies, and the general public, should do if they are concerned about a child's safety and welfare. It also sets out specific protocols for the HSE and An Garda Síochána, the two bodies with statutory responsibility for child protection and welfare.

*Children First* also highlights how other HSE front-line staff should deal with suspected abuse and/or neglect of children and emphasises the importance of multidisciplinary, interagency working in the management of concerns about children's safety and welfare. The Government will enact specific legislation to underpin *Children First*. *Children First* should be used in conjunction with all relevant legislation and the *National Standards for the Protection and Welfare of Children*.

The Authority does not have a remit to regulate individual health and social care practitioners – they are regulated through their relevant professional regulatory bodies. However, health and social care regulators have a common purpose to protect children and to drive improvements in the quality and safety of health and social care. Therefore, the regulatory activities, including standards, of the Authority have been designed to complement the activities of other health and social care regulators.

## 2. Legislative Framework

The legislative framework, which currently governs services for the protection and welfare of children, includes the Child Care Act, 1991 and the Health Act 2007.

Future legislation which is to be introduced includes *Children First* legislation and the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Bill 2012.



## 2.1 Child Care Act, 1991

The Child Care Act, 1991 is underpinned by the basic tenet that the welfare of the child is of paramount importance. It places statutory duties on the HSE as a service provider, which includes identifying children at risk, providing care and family support services and promoting the welfare of children who are not receiving adequate care and protection. Section 3 of the Child Care Act, 1991 outlines the functions of the HSE:

3. (1) It shall be a function of the Health Service Executive to promote the welfare of children in its area who are not receiving adequate care and protection.
- (2) In the performance of this function, the HSE shall—
  - (a) take such steps as it considers requisite to identify children who are not receiving adequate care and protection and co-ordinate information from all relevant sources relating to children in its area;
  - (b) having regard to the rights and duties of parents, whether under the Constitution or otherwise—
    - (i) regard the welfare of the child as the first and paramount consideration, and
    - (ii) in so far as is practicable, give due consideration, having regard to his age and understanding, to the wishes of the child; and
  - (c) have regard to the principle that it is generally in the best interests of a child to be brought up in his own family.
- (3) The HSE shall, in addition to any other function assigned to it under this Act or any other enactment, provide child care and family support services, and may provide and maintain premises and make such other provision as it considers necessary or desirable for such purposes, subject to any general directions given by the Minister under section 69.

## 2.2 Health Act 2007

The Health Act 2007 makes provision for the reform of the regulation of health and social care services in Ireland. The Act provides for the establishment of the Authority and the Office of the Chief Inspector of Social Services as part of the Authority.

Under section 8(1)(b) of the Health Act 2007 the Authority has the function:

- (b) to set standards on safety and quality in relation to —
  - (i) services provided by the Executive or a service provider in accordance with —





- (I) the Health Acts 1947 to 2007, except for services under the Mental Health Acts 1945 to 2001 that, under the Health Act 2004, are provided by the Executive,
  - (II) the Child Care Acts 1991 and 2001,
  - (III) the Children Act 2001,
- and
- (ii) services provided by a nursing home as defined in section 2 of the Health (Nursing Homes) Act 1990.

Under section 8(1)(c) of the Health Act 2007, the Authority has the function to monitor compliance with standards and to advise the Minister for Health and the HSE accordingly.

### 3. Purpose of the Standards

The purpose of these Standards is to describe the attributes of the HSE Children and Family Services, in carrying out its functions to protect and promote the welfare of children who are not receiving adequate care and protection and to address concerns in relation to the quality and safety of care which children are receiving.

By setting out these attributes the service can identify its strengths and areas for improvement. The Standards also enable children, their families and carers to see what constitutes an effective and safe service. All the Standards focus on the best outcomes for children and inform them about what they can reasonably expect of services.

By implementing these Standards, the HSE Children and Family Services will continuously improve the services they provide to children and families.

### 4. Scope of the Standards

These Standards will apply to HSE Children and Family Services or any subsequent agency that takes on the HSE's statutory functions under section 3 of the Child Care Act, 1991 which include:

- protecting and promoting the welfare of children at risk in the community
- supporting and protecting children in the care of the State.



## 5. Principles informing the Standards

*The National Standards for the Protection and Welfare of Children* are based on key principles which guide services on how to protect children and promote their welfare. The principles are to:

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

## 6. Themes in the Standards

The Authority has devised a framework for developing standards which was developed following a review of international and national evidence, engagement with international and national experts and applying the Authority's knowledge and experience of the Irish health and social care context. Based on this framework (see Figure 1 on page 8) there are six themes described in these Standards. The first two themes relate to the dimension of quality, and the other four themes relate to the key areas of capacity and capability. The dimensions of quality are:

- **Child-centred services** – how services place children at the centre of what they do. This includes the concepts of supporting families, access, equity and protection of rights.
- **Safe and effective services** – how services deliver best achievable and safe outcomes for children and families, using best available evidence and information.

Delivering improvements within these quality dimensions depends on services having capability and capacity in four key areas:



- **Leadership, governance and management** – the arrangements put in place by a service for clear accountability, decision making, risk management as well as meeting their strategic, statutory and financial obligations.
- **Use of resources** – using resources effectively and efficiently to deliver best achievable outcomes for children and families for the money and resources used.
- **Workforce** – planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies.
- **Use of information** – actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The Standards are grouped into the six themes outlined above. The Standards are made up of standard statements and features.

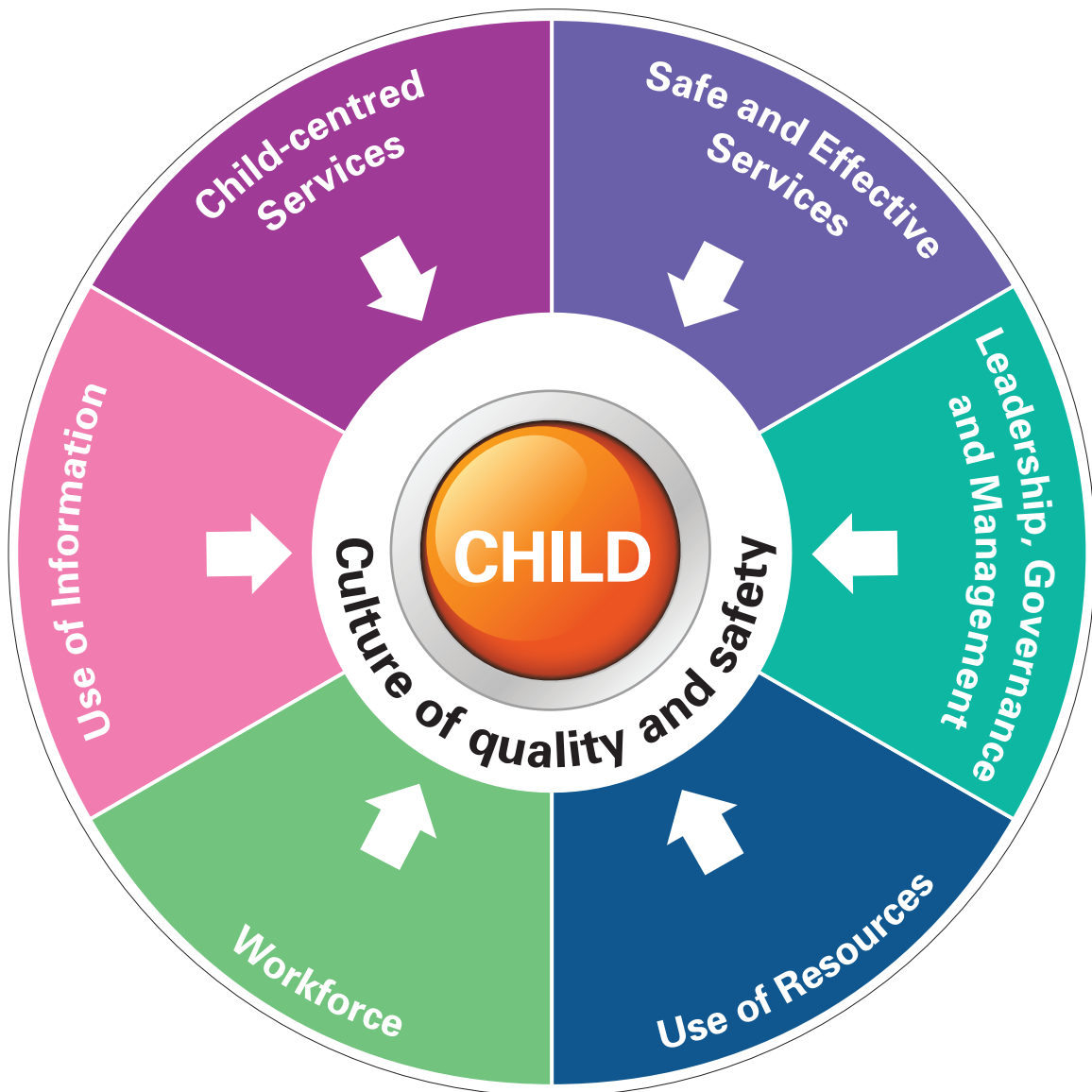
The Standard statement describes the high-level outcomes required to deliver quality services for the protection and welfare of children.

The features under each Standard give examples for the HSE Children and Family Services of what the service should consider in order to meet the Standard and achieve the required outcome.

The list of features provided under each Standard statement heading is not an exhaustive list and the service may meet the requirements of the Standards in other ways.



Figure 1. The themes of the Standards



## 7. How the Standards were developed

Under section 8(1)(b) of the Health Act 2007, the Authority has statutory responsibility to develop standards for health and social care services.

These Standards have been developed through a structured process aimed at reflecting best practice in social care regulation.

A review of international and national literature was undertaken and used to inform the drafting of the Standards. The Standards take account of published research, standards in other jurisdictions and in Ireland, expert opinion, Government policy and reports by national and international governmental and non-governmental organisations.

The Authority convened a Standards Advisory Group in June 2011 comprising of representatives from the HSE, Department of Children and Youth Affairs, Department of Education and Skills, Irish Youth Justice Service, An Garda Síochána, representatives from other regulatory bodies, experts from the academic and legal fields, and representatives from non-statutory organisations providing services to children and other key stakeholders. The function of the Standards Advisory Group is to advise on a set of draft Standards for public consultation.

*Draft National Standards for the Protection and Welfare of Children* were published and launched for public consultation on 22 March 2012 by the Authority. A national public consultation was carried out from 22 March to 17 May 2012. There were over 50 submissions received to the consultation process which were analysed and used to inform the development of the Standards.

## 8. Monitoring of compliance with the Standards

The Authority monitors the compliance of the HSE Children and Family Services, both nationally and within each HSE integrated service area, with the Standards.



## 9. How the *National Standards for the Protection and Welfare of Children* will relate to other Children's Standards

The Authority currently inspects a number of children's services which are assessed against standards developed by the Department of Health and Children. These standards are:

- **Residential standards** – *National Standards for Children's Residential Centres* (2001)
- **Special care units** – *National Standards for Special Care Units* (2001)
- **Foster care services** – *National Standards for Foster Care* (2003).

The Department of Justice Equality and Law Reform developed standards for children detention schools: *Standards & Criteria for Children Detention Schools* (2008). Children detention schools are inspected by the Authority against these standards and under provisions made in section 185 of the Children Act, 2001.

The above standards assess the quality and safety of care provided to children in the individual care setting, for example, foster care, residential care, special care, and detention.

*The National Standards for the Protection and Welfare of Children* will assess the wider performance of the HSE Children and Family Services, as a service provider, in relation to its statutory functions to provide adequate care and protection to children, under section 3 of the Child Care Act, 1991 and its statutory duties under *Children First*.

## 10. Terminology used in the Standards

### Families

Throughout the Standards the term 'families' is used. The term 'family' includes:

- children's birth families
- guardians and foster carers.

### Service

The term 'service' refers to HSE Children and Family Services for the purpose of this document.





## 11. Summary of the *National Standards for the Protection and Welfare of Children*

<b>Theme 1: Child-centred Services</b>	
Standard 1:1	Children’s rights and diversity are respected and promoted.
Standard 1:2	Children are listened to and their concerns and complaints are responded to openly and effectively.
Standard 1:3	Children are communicated with effectively and are provided with information in an accessible format.

<b>Theme 2: Safe and Effective Services</b>	
Standard 2:1	Children are protected and their welfare is promoted through the consistent implementation of <i>Children First</i> .
Standard 2:2	All concerns in relation to children are screened and directed to the appropriate service.
Standard 2:3	Timely and effective action is taken to protect children.
Standard 2:4	Children and families have timely access to child protection and welfare services that support the family and protect the child.
Standard 2:5	All reports of child protection concerns are assessed in line with <i>Children First</i> and best available evidence.
Standard 2:6	Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare.
Standard 2:7	Children’s protection plans and interventions are reviewed in line with requirements in <i>Children First</i> .
Standard 2:8	Child protection and welfare interventions achieve the best outcomes for the child.
Standard 2:9	Interagency and inter-professional cooperation supports and promotes the protection and welfare of children.
Standard 2:10	Child protection and welfare case planning is managed and monitored to improve practice and outcomes for children.
Standard 2:11	Serious incidents are notified and reviewed in a timely manner and all recommendations and actions are implemented to ensure that outcomes effectively inform practice at all levels.
Standard 2:12	The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.

<b>Theme 3: Leadership, Governance and Management</b>	
Standard 3:1	The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.
Standard 3:2	Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.
Standard 3:3	The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.
Standard 3:4	Child protection and welfare services provided on behalf of statutory service providers are monitored for compliance with legislation, regulations, national child protection and welfare policy and standards.

<b>Theme 4: Use of Resources</b>	
Standard 4:1	Resources are effectively planned, deployed and managed to protect children and promote their welfare.

<b>Theme 5: Workforce</b>	
Standard 5:1	Safe recruitment practices are in place to recruit staff with the required competencies to protect children and promote their welfare.
Standard 5:2	Staff have the required skills and experience to manage and deliver effective services to children.
Standard 5:3	All staff are supported and receive supervision in their work to protect children and promote their welfare.
Standard 5:4	Child protection and welfare training is provided to staff working in the service to improve outcomes for children.

<b>Theme 6: Use of Information</b>	
Standard 6:1	All relevant information is used to plan and deliver effective child protection and welfare services.
Standard 6:2	The service has a robust and secure information system to record and manage child protection and welfare concerns.
Standard 6:3	Secure record-keeping and file-management systems are in place to manage child protection and welfare concerns.



# The Standards

## Theme 1

# Child-centred Services

Children are individuals, members of a family and a community, with rights and responsibilities appropriate to their age and stage of development. Services working with children promote a child-centred approach through recognising children's rights, including their right to be listened to and to participate in decisions made about them, taking into account their age and maturity.

A child-centred approach promotes children's safety and welfare and supports proactive interventions in order to create a supportive environment and identify any additional supports that children and families may require as early as possible.

Child-centred services consider the 'whole child', in the context of their family, carers, school, friends and local community. As children grow up, their needs change. Flexible child-centred services respond to children's individual needs, age, stage of development and social circumstances and coordinate the service around the needs of children and families.

Children's services value diversity and are inclusive of all groups of children and families who may be in a minority as a result of their culture, gender, religion, race, ethnicity, sexual orientation, disability, or geographical location. Services promote equity and reduce inequalities through recognising these differences and facilitating access for each child and their family.

Clear, open and honest communication is central to encouraging children and families to seek advice and use services and is important in building trust and ensuring continuity of service provision. Child-centred services communicate appropriately with children and families according to age, development and communication, literacy needs and where this is in the best interests of the child.



## Standard 1.1

### **Children's rights and diversity are respected and promoted.**

Features to meet the requirements of this Standard include:

- 1.1.1 All rights of children under the United Nations *Convention on the Rights of the Child* are upheld, respected, valued and promoted.
- 1.1.2 Children are supported in understanding their rights to ensure that they can effectively exercise them.
- 1.1.3 Children are made aware of their right to be protected from abuse and neglect and kept safe and are taught how to keep safe.
- 1.1.4 Children are treated with dignity and respect, their equality is promoted and services respect their age, gender, sexual orientation, disability, race, religious beliefs, geographical location, membership of an ethnic group or Traveller community.
- 1.1.5 The privacy and confidentiality of children is respected and promoted, where appropriate.



## Standard 1.2

### **Children are listened to and their concerns and complaints are responded to openly and effectively.**

Features to meet the requirements of this Standard include:

- 1.2.1 Children are listened to and their views are understood and taken seriously when decisions are made that directly affect their lives.
- 1.2.2 The service is cognisant of the difficulties some children may have in communicating a concern and has measures in place to address communication difficulties and facilitate children in reporting concerns and complaints.
- 1.2.3 Children are facilitated to communicate a concern and report child abuse and/or neglect and are listened to when they share these concerns.
- 1.2.4 Children are consulted with on a regular basis for feedback to identify areas for service improvement.
- 1.2.5 Children are kept fully informed of developments during their involvement with the service, where appropriate.
- 1.2.6 Children are provided with access to external sources of advocacy and independent representation, if required.
- 1.2.7 There is a complaints procedure that is transparent, open and accessible. The service ensures an appropriate and timely response to all complaints and addresses the issues raised.





## Standard 1.3

### **Children are communicated with effectively and are provided with information in an accessible format.**

Features to meet the requirements of this Standard include:

- 1.3.1 Children and families are communicated with effectively in a clear, honest and sensitive manner about the service provided and the implications of decisions made.
- 1.3.2 The service communicates effectively with other professionals and agencies to avoid repetition or confusion in information provided to/by children and families.
- 1.3.3 The service communicates with children and families at regular intervals during their involvement with the service.
- 1.3.4 Information on child abuse and neglect is provided to children in an age-appropriate, accessible format, which takes account of their communication and literacy needs.
- 1.3.5 The service engages in regular campaigns to raise awareness about child abuse and neglect, how to report concerns of abuse and neglect and how these reports will be dealt with.
- 1.3.6 Information is disseminated to the public on child protection and welfare services and how to report a concern and access services.



## Theme 2

# Safe and Effective Services

The safety and welfare of the child is paramount in all children's services. A safe and effective service endeavours to protect children from the risk of harm. The service values the safety and welfare of children and regularly monitors all aspects of the service to identify safe practice, minimise risk and learn from adverse events.

*Children First* provides a framework for the assessment and management of child protection and welfare concerns, assists in identifying children's needs, assessing and managing risk and putting plans in place to protect children and promote their welfare. It is recognised that risk cannot always be eradicated. However, safety must be an integral part of the culture in the HSE Children and Family Services and must be embedded in the daily work practices and processes of its staff.

Safe services also need to be effective, both in the decisions taken by social workers and the interventions provided to protect children and to support families. An effective service ensures that children and families have timely access to supports, and responds and adapts to their changing needs in a managed way.

In safe and effective services social workers are supported in making appropriate evidence-based assessments and decisions and managing risk to provide interventions and supports that are more likely to protect children not receiving adequate care and protection. Social work teams need to continuously monitor and evaluate the case-management process and standards of service provision. Learning is disseminated to improve the management of child protection and welfare concerns and service delivery.

A responsive and effective child protection and welfare service consults with children and their families throughout the assessment, management and review processes, and all decisions regarding children are made in consultation with them and their families, where possible. Interagency and interdisciplinary cooperation ensures a comprehensive response to all concerns about children, avoids gaps in service response and provides mutual support for professionals in complex cases.

Safe and effective services are open, transparent and accountable. Learning from good practice is shared internally with staff and the service reports publicly at national level on its response to and management of child protection and welfare concerns and serious incidents.



## Standard 2.1

### **Children are protected and their welfare is promoted through the consistent implementation of *Children First*.**

Features to meet the requirements of this Standard include:

2.1.1 *Children First* is implemented by all staff, in line with their roles and responsibilities.

2.1.2 The service has policies, procedures and guidelines which:

- clearly reflect the requirements of *Children First*
- ensure that priority is given to keeping children safe
- are disseminated and implemented consistently by all staff working with children.



## Standard 2.2

### **All concerns in relation to children are screened and directed to the appropriate service.**

Features to meet the requirements of this Standard include:

- 2.2.1 All reports of child protection and welfare concerns are screened in order to establish their appropriateness to the HSE Children and Family Services.
- 2.2.2 Preliminary enquiries are carried out to clarify the nature of the concern and all relevant information is documented.
- 2.2.3 Defined thresholds of significant harm or neglect guide social workers on the assessment of risk of abuse/neglect and on the appropriate course of action to take.
- 2.2.4 Immediate action is taken, where appropriate, to ensure no child is exposed to continued risk of harm or neglect.
- 2.2.5 Where there is a suspected case of physical or sexual abuse and/or wilful neglect, the service shares the information with An Garda Síochána in order to protect the child and/or other children from significant harm.
- 2.2.6 The child is referred to the appropriate service based on preliminary enquiries and the level of risk to his/her safety and welfare.
- 2.2.7 A social worker uses all relevant information including the age and vulnerability of the child, defined thresholds of significant harm or neglect and his/her professional judgment to decide on the most appropriate course of action, in the best interests of the child.
- 2.2.8 All relevant information regarding the child is documented, including the rationale for all decisions made.
- 2.2.9 Appropriate feedback is provided to the person who made the referral, within the confines of confidentiality and in line with *Children First*.



## Standard 2.3

### **Timely and effective action is taken to protect children.**

Features to meet the requirements of this Standard include:

- 2.3.1 All staff who come into contact with children:
- recognise and are alert to the signs that children may need help or protection
  - take necessary action to minimise the risk of harm to children
  - refer children to other professionals and services, where appropriate.
- 2.3.2 Procedures are in place to ensure staff know how to deal with children's concerns and demonstrate what action has been taken.
- 2.3.3 Decisions regarding children are based on best available information. There is no undue delay in taking prompt action simply for the purpose of gathering more information.
- 2.3.4 The service has access to specialist legal advice, if required, at the earliest opportunity when there are concerns about the safety and welfare of children.
- 2.3.5 Care and supervision proceedings are instigated to protect children from further harm and neglect, when necessary.
- 2.3.6 The service takes urgent action in line with legislative requirements and national guidance, where children are in need of urgent care and protection.
- 2.3.7 The service is aware of the impact of long-term harm and neglect on children's wellbeing and takes active steps to promote their safety and welfare.
- 2.3.8 The service focuses on the experiences of the child when providing child protection and welfare interventions.



## Standard 2.4

### **Children and families have timely access to child protection and welfare services that support the family and protect the child.**

Features to meet the requirements of this Standard include:

- 2.4.1 Children and families have timely access to services, based on identification of need, assessment of risk and where decision making is clear and transparent.
- 2.4.2 The service is planned and delivered using models of service provision and takes into account best available evidence, national policy, *Children First*, the needs of children and families and available resources.
- 2.4.3 Children and families are not discriminated against according to age, gender, sexual orientation, disability, marital status, family status, race, religious belief, membership of an ethnic group or Traveller community or geographical location when accessing services.
- 2.4.4 The service promotes and supports early intervention for child protection and welfare concerns, to identify and support families when there are early indications of concerns about the welfare of children.
- 2.4.5 The service uses specific interventions such as family welfare conferences and family support to promote strengths within a family and prevent risk of harm to children.
- 2.4.6 Information is provided on how to access the different types of support services, including access to services in the community, and this is readily available to all children and families in accessible formats and at different locations (for example, schools, crèches, community care centres, and youth clubs).
- 2.4.7 Special consideration is given to vulnerable groups of children as outlined in *Children First*.
- 2.4.8 A child's welfare needs are determined through assessment.
- 2.4.9 The assessment of welfare needs is completed within the required timeframes and an appropriate plan is put in place.
- 2.4.10 A child welfare or family support plan is developed with the social worker, child and his/her family and any professionals involved. The child welfare plan or family support plan is agreed with the child and his/her family and is reviewed at regular intervals in line with best practice.





- 2.4.11 The service responds appropriately on receipt of further reports of child welfare concerns for children previously known to the service.
- 2.4.12 The assessment is factual and objective, sets out the potential risk of harm to the child, identifies personal and family strengths and support networks, and clearly describes the needs of the child.
- 2.4.13 The closure of individual child welfare cases is appropriately planned and agreed with the social work team leader. This child, his/her family and all professionals involved are informed when the case is closed.
- 2.4.14 Child welfare and family support plans are reviewed and where it is considered that the child may be at risk, the case is escalated and referred to child protection services.

## Standard 2.5

### **All reports of child protection concerns are assessed in line with *Children First* and best available evidence.**

Features to meet the requirements of this Standard include:

- 2.5.1 An initial assessment is carried out with the child to reach a preliminary conclusion about the risk of harm in order to plan an appropriate response.
- 2.5.2 An accountable, qualified and experienced social worker carries responsibility for the initial assessment which is completed within the required timeframes.
- 2.5.3 The initial assessment considers:
  - the child's developmental needs
  - the age and vulnerability of the child
  - the needs of other children in the setting
  - the family's capacity to respond appropriately to the child's needs
  - wider family and environmental factors
  - risk behaviours.
- 2.5.4 The service responds appropriately when further reports of child protection concerns are received about children previously known to the child protection system.
- 2.5.5 A social worker sees the child without his/her family present and observes and communicates with the child in a manner appropriate to his/her age and understanding.
- 2.5.6 Relevant people are contacted (for example, the child, his/her family, An Garda Síochána, health and social care personnel) during the initial assessment to ensure all relevant information is available and that all of the child's needs are properly considered.
- 2.5.7 An Garda Síochána is notified, when necessary, of child protection concerns and there is ongoing liaison between the HSE Children and Family Services and An Garda Síochána.
- 2.5.8 The initial assessment is followed with a more comprehensive assessment of risk and need involving other services and agencies, as appropriate such as Child and Adolescent Mental Health Services (CAMHS).



- 2.5.9 A strategy meeting is convened at any stage of the process, to facilitate the sharing and evaluation of information between professionals and to prepare a plan of action for the protection of the child. All decisions and actions taken at the strategy meeting inform the progression of the case and are documented.
- 2.5.10 The social worker coordinates all inter-professional and interagency involvement, maintains frequent contact with all personnel involved and ensures that updates are given regularly and relevant information is shared.
- 2.5.11 All decisions are made in the best interests of the child and are recorded in writing.
- 2.5.12 Decisions are made based on all available information and take account of the views of the child and family.
- 2.5.13 It is recognised that the assessment is an ongoing process and each child's needs and the risk of harm are assessed over time to reflect changes in circumstances.
- 2.5.14 Where the risk of significant harm and/or neglect threatens the safety of children or where there is a possibility of parents or carers removing children without notice, the service uses legislation effectively to protect children.
- 2.5.15 An agreed approach to assessment is shared by the service and professionals involved in child protection cases, which is child-centred and ensures that all aspects of risk and need are covered.
- 2.5.16 The assessment report is factual and objective, sets out the ongoing risk of harm to the child, identifies personal and family strengths and support networks, and clearly describes the needs of the child.

## Standard 2.6

### **Children who are at risk of harm or neglect have child protection plans in place to protect and promote their welfare.**

Features to meet the requirements of this Standard include:

- 2.6.1 A child protection conference is convened to formulate a child protection plan, where a child is identified as being at significant risk of harm and/or neglect.
- 2.6.2 An appropriately trained person chairs the child protection conference who is not directly involved in the assessment and management of the child protection case.
- 2.6.3 The child's family attends the child protection conference, unless it is identified that their attendance would have a negative impact. The child is involved depending on his/her age and level of understanding.
- 2.6.4 The child protection plan is based on findings from the assessment. Decisions and judgments are based on all the available evidence obtained through existing records, initial and ongoing assessments and any other relevant specialist assessments.
- 2.6.5 The contents of the child protection plan are consistent with the information set out in *Children First*.
- 2.6.6 The child protection plan is explained to and agreed with the child in a manner which is in accordance with his/her age and understanding.
- 2.6.7 The child protection plan is explained to and agreed with the family/carer, who receives a written copy of the plan and are clear about the planned outcomes for the child.
- 2.6.8 The child protection plan considers the child's long-term and immediate needs. Decisions are clearly recorded in the child protection plan which identifies roles, responsibilities, monitoring and review arrangements.
- 2.6.9 The child protection plan forms part of the child's statutory care plan, where a child is in the care of the HSE.
- 2.6.10 The person with lead responsibility for overseeing the implementation of the plan is clearly identified.
- 2.6.11 The child protection plan is reviewed in line with *Children First*.
- 2.6.12 All children for whom there are unresolved child protection issues including neglect are placed on the Child Protection Notification System (CPNS).
- 2.6.13 The CPNS is updated and managed in accordance with *Children First*.



## Standard 2.7

### **Children's protection plans and interventions are reviewed in line with requirements in *Children First*.**

Features to meet the requirements of this Standard include:

- 2.7.1 A child protection review is convened to review progress in the case, in line with requirements in *Children First*.
- 2.7.2 An appropriately trained person chairs the review who is not directly involved in the assessment and management of the case.
- 2.7.3 Informed decisions are made about children, which puts their safety and needs first.
- 2.7.4 The service is provided to the child until such time as the case is closed.
- 2.7.5 The closure of individual cases is clear, appropriately planned and agreed with the social work team leader. The child, his/her family and all professionals involved are informed that the case is closed.



## Standard 2.8

### **Child protection and welfare interventions achieve the best outcomes for the child.**

Features to meet the requirements of this Standard include:

- 2.8.1 Decisions are based on evidence of what is likely to bring about best outcomes for the child.
- 2.8.2 Agreed actions are carried out and help or support is provided to the child and/or the family that has been identified in the child protection plan/child welfare plan/family support plan for as long as it is needed.
- 2.8.3 Alternative actions are considered in the child protection plan/child welfare plan/family support plan which may help the child if original actions in the plan do not continue to meet the child's needs.
- 2.8.4 Where the level of risk to the child changes or there is lack of progress, the arrangements made are reviewed and appropriate actions are taken to help the child, amending and updating the child protection plan/child welfare plan/family support plan where necessary.
- 2.8.5 Services and professionals work together with children and families to protect each child and meet his/her needs taking account of all available assessment information.
- 2.8.6 Support networks are made available to children and families.





## Standard 2.9

### **Interagency and inter-professional cooperation supports and promotes the protection and welfare of children.**

Features to meet the requirements of this Standard include:

- 2.9.1 There are national, standardised protocols and procedures for information sharing and for the referral, assessment, case management and review of child protection and welfare concerns for interagency and inter-professional working, within and between services.
- 2.9.2 Where services are provided by more than one agency, children and families are aware of the roles and functions of each agency.
- 2.9.3 There are clearly defined and agreed duties and responsibilities for agencies and professionals involved with children and families to ensure the implementation of all agreed actions and plans.
- 2.9.4 The service supports and promotes positive and cooperative relationships with other agencies and contributes to effective case management and improved outcomes for children and families.
- 2.9.5 Professionals share appropriate information to support the assessment and planning of interventions to protect children, in line with service-specific guidance.
- 2.9.6 Regular contact is made by the HSE Children and Family Services with other agencies to monitor the progress of child protection plans, child welfare plans and family support plans.
- 2.9.7 Child protection and welfare training is provided on a multidisciplinary and an interagency basis to facilitate key learning and strengthen working relationships.



## Standard 2.10

### **Child protection and welfare case planning is managed and monitored to improve practice and outcomes for children.**

Features to meet the requirements of this Standard include:

- 2.10.1 There is an operational structure and system which supports social workers to spend the majority of their time undertaking work that directly benefits children and families and which values continuity of social worker contact with children and families.
- 2.10.2 There are defined, manageable caseloads for all social workers, which are reviewed on an ongoing basis to ensure best outcomes are achieved for children and families.
- 2.10.3 Each child who is identified as being at risk of significant harm or neglect is assigned a social worker.
- 2.10.4 The service has structures in place to support cooperation and good working relationships between members of the social work team and professionals and support workers in other disciplines.
- 2.10.5 Social workers are facilitated to work in partnership with each other to build, strengthen and promote service improvement in the best interests of children and families.
- 2.10.6 There are arrangements for the social work team to hold meetings at regular specified intervals to discuss overall progress in case planning and management and provide social workers with opportunities to:
  - have frequent case consultations to explore and reflect on their direct work and plans for children and families, which is separate from ongoing case supervision arrangements
  - reflect on service effectiveness and case decision making, separate from arrangements for individual support, supervision and performance management.
- 2.10.7 Line managers work with and help social workers to engage with children and families in both family and multidisciplinary contexts to support and facilitate best practice.
- 2.10.8 There are procedures in place for the identification and management of complex cases.



- 2.10.9 There are procedures for cover during periods of leave to ensure continuity in service provision to children and families.
- 2.10.10 The HSE monitors and reviews the case management process and standards of service provision and disseminates all learning from reviews to improve the management of child protection and welfare concerns and service delivery.

## Standard 2.11

**Serious incidents<sup>1</sup> are notified and reviewed in a timely manner and all recommendations and actions are implemented to ensure that outcomes effectively inform practice at all levels.**

Features to meet the requirements of this Standard include:

- 2.11.1 All serious incidents which impact on children's safety and welfare are notified in line with HSE policy and procedures.
- 2.11.2 There are clear local and national lines of responsibility for the notification of serious incidents in line with national legislation, policy and standards.
- 2.11.3 Serious incidents are notified to the Health Information and Quality Authority in the required format and within the specified timeframe.
- 2.11.4 There is a robust system for the review of serious incidents.
- 2.11.5 There are systems to monitor the progress of individual serious incident reviews to ensure the review is carried out in line with all requirements.
- 2.11.6 Action plans are put in place following the review and these are implemented in accordance with the timeframes outlined in the review.
- 2.11.7 The service ensures the prompt and effective dissemination and implementation of the recommendations and learning from serious incident reviews to front-line and management staff within appropriate timescales.
- 2.11.8 The learning from the monitoring and evaluation of all serious incidents and serious incident reviews is communicated both internally in the service and externally to the public. The lessons learned are used to inform the development of best practice and improve service provision.

<sup>1</sup> Serious incidents include deaths. A full definition of serious incidents is given in the Glossary of terms at the end of this document.



## Standard 2.12

### **The specific circumstances and needs of children subjected to organisational and/or institutional abuse and children who are deemed to be especially vulnerable are identified and responded to.**

Features to meet the requirements of this Standard include:

- 2.12.1 The service works with parents and the public to raise awareness about and promote the safety and protection of:
- children subjected to organisational and/or institutional abuse
  - especially vulnerable children including children with disabilities, homeless children, children who are exposed to human trafficking and separated children seeking asylum.
- 2.12.2 The assessment of individual concerns and/or reports of abuse in an institutional or organisational setting consider the possibility of abuse of other children and this is recorded as part of the assessment.
- 2.12.3 The use of historical information regarding any previous incidents of reported abuse is gathered to identify any possible patterns of abuse.
- 2.12.4 There are clear procedures in place for the management and investigation of allegations of abuse in line with *Children First*, with due regard to the sensitivities and legalities involved.
- 2.12.5 Professionals work closely together where there are multiple reports of abuse of children in an institutional or organisational setting to ensure that all children who might be involved are protected.
- 2.12.6 There is close liaison between the HSE and An Garda Síochána where there are concerns about the organised abuse of children by an adult or adults.
- 2.12.7 Reports of the abuse of children by an older child or children are managed in accordance with *Children First* with due regard to the sensitivities and legalities involved.
- 2.12.8 Retrospective disclosures are managed in line with *Children First*.

## Theme 3

# Leadership, Governance and Management

Effective governance in services for children and families is guided by provisions made in Irish and European legislation, regulations, *Children First* and national policy documents. It is accomplished by directing and managing activities using good business practices, objectivity, accountability and integrity.

In an effective governance structure, overall accountability for the delivery of services is clearly defined and there are clear lines of accountability at individual, team and service levels so that all individuals working in the service are aware of their responsibilities and to whom they are accountable.

The statement of purpose for the service promotes transparency and responsiveness by accurately describing its aims and objectives, the services provided, including how and where they are provided. Good governance systems support safe and effective service delivery with minimal variation in provision across the system through the ongoing audit and monitoring of its performance.

Effective leadership and management ensure that the service fulfils its statement of purpose and achieves its objectives. The deployment of necessary resources through informed decisions and actions facilitates the delivery of effective and safe services to children and families.

A well governed service has robust systems in place for the notification and review of serious incidents. The learning from the review of serious incidents is disseminated to front-line and management staff within appropriate timescales to inform the development of best practice and service improvements.

The effectiveness of services sourced externally is monitored through formalised agreements. The safety of services is assured by monitoring compliance with legislation and acting on national policy, standards and recommendations from relevant statutory bodies.



## Standard 3.1

**The service performs its functions in accordance with relevant legislation, regulations, national policies and standards to protect children and promote their welfare.**

Features to meet the requirements of this Standard include:

- 3.1.1 Staff demonstrate a knowledge of legislation, regulations, policies and standards for the protection and welfare of children, appropriate to their role and responsibility and this is reflected in all aspects of their practice.
- 3.1.2 The appropriate action is taken on recommendations made by relevant regulatory bodies.
- 3.1.3 The appropriate action is taken on recommendations made following an investigation into the service.
- 3.1.4 New and existing legislation, regulations and national policy are reviewed to determine what is relevant to the service, how it impacts on practice and to address any gaps in compliance. Feedback, as appropriate, is provided to the Department of Children and Youth Affairs to inform policy.



## Standard 3.2

### **Children receive a child protection and welfare service, which has effective leadership, governance and management arrangements with clear lines of accountability.**

#### Features to meet the requirements of this Standard include:

- 3.2.1 The service has clearly defined governance arrangements and structures that set out lines of authority and accountability, stipulate individual accountability at national, regional and local levels and specify roles and responsibilities.
- 3.2.2 Management at national, regional and local levels demonstrate leadership and a commitment to continuous improvements in child protection and welfare services. Leaders demonstrate that they understand the needs of children that they provide services to, and direct resources to services for the care and protection of children.
- 3.2.3 The service has a statement of purpose for the service which details:
  - the service's basis in legislation, and its statutory functions
  - description of the service provided for children and families and how the service will protect children and promote their welfare
  - objectives of the service including how resources are aligned to deliver these objectives
  - models of service delivery and aligned resources necessary to protect children and promote their welfare.
- 3.2.4 There are strategic and operational plans for the service which set clear direction for delivering a quality child protection and welfare service and these are implemented at national, regional and local levels.
- 3.2.5 Service objectives and plans take account of:
  - the welfare and protection needs of children who are not receiving adequate care and protection
  - the complex needs of children and families
  - the particular needs of especially vulnerable children, as outlined in *Children First*
  - legislation and regulations
  - national strategies, policies and standards



- consultation with stakeholders
- best available evidence
- resources available
- information relevant to the provision of safe services.

3.2.6 The service is monitored and evaluated against strategic objectives annually and action is taken to bring about improvements.

3.2.7 The service is audited on a regular basis to assess, evaluate and improve the provision of child protection and welfare services to children in a systematic way in order to achieve better outcomes for children.

3.2.8 There is participation in national audit to monitor all aspects of child protection and welfare service provision and to ensure consistency and equity in the quality of services across all HSE integrated service areas.

3.2.9 There is an established risk management framework and supporting structures for the identification, assessment and management of risk.

3.2.10 Effective arrangements are in place to monitor adverse events, complaints and concerns to ensure that they are appropriately addressed and monitored, the necessary actions are taken, trends are detected and learning takes place.

3.2.11 The service publicly reports on the effectiveness and safety of the service at national level, on a regular basis.

## Standard 3.3

### **The service has a system to review and assess the effectiveness and safety of child protection and welfare service provision and delivery.**

Features to meet the requirements of this Standard include:

- 3.3.1 There is a robust monitoring system that reports regularly on the compliance of the service with national child protection and welfare standards, policy, legislation and regulations.
- 3.3.2 All aspects of service provision are monitored and evaluated on a regular basis, to identify and mitigate potential risks to the safety, protection and welfare of children.
- 3.3.3 The learning from the monitoring and evaluation of the quality and safety of services is communicated to those providing the service and to the public. The lessons learned are used to improve service provision and delivery.



## Standard 3.4

### **Child protection and welfare services provided on behalf of statutory service providers are monitored for compliance with legislation, regulations, national child protection and welfare policy and standards.**

Features to meet the requirements of this Standard include:

- 3.4.1 Formalised agreements are in place for the provision of child protection and welfare services for children and families, which are sourced externally.
- 3.4.2 Formalised agreements include the scope of service provided, resources required to deliver the service, monitoring and governance arrangements, including compliance with national policy, *Children First* and relevant standards.
- 3.4.3 External service providers are monitored on a regular basis to assure the service provided to children and families is compliant with legislation, regulations, these Standards and national policy.

## **Theme 4**

# **Use of Resources**

The effective management and use of available financial and human resources is fundamental to delivering child protection and welfare services that meet the needs of children and families.

A well run service uses resources effectively and seeks opportunities to provide an improved service to achieve better outcomes for children and families. Resource decisions take account of the needs of children and families and the levels of demand on the service. Individuals making decisions on the use of resources must be accountable for the decisions made and ensure these decisions are well informed.



## Standard 4.1

### **Resources are effectively planned, deployed and managed to protect children and promote their welfare.**

Features to meet the requirements of this Standard include:

- 4.1.1 The service demonstrates an understanding of the levels of need and demand for services in order to inform the planning and allocation of resources and services.
- 4.1.2 There are clear plans that take account of the funding and resources available to provide a quality service for children and families.
- 4.1.3 Resources are effectively deployed to meet prioritised needs.
- 4.1.4 The service convenes regular meetings with all the agencies that provide services to vulnerable children and families to support the delivery of safe and effective services, which protect children and promote their welfare.
- 4.1.5 The service demonstrates transparent and effective decision making when planning, procuring and managing the use of resources in services that receive public funding.
- 4.1.6 The financial performance and cost-effectiveness of the service is monitored and evaluated on an annual basis to improve service delivery.



## Theme 5

# Workforce

Each staff member has a key role to play in delivering an effective and safe service to children and families. The HSE Children and Family Services organises and manages its workforce to ensure that staff have the required knowledge, skills, experience and competencies to protect children and promote their welfare and to provide an effective service to children and families.

Safe recruitment practices ensure that staff have the required competencies to undertake duties associated with their roles and responsibilities. All staff receive support and supervision to enable them to perform their job to the required standard. The performance of staff is appraised at regular specified intervals.

Staff are registered with their professional regulatory body, where relevant (for example, social workers are registered with the Health and Social Care Professionals Council) to assure the public that they are competent to deliver safe services to children and families.

Providing a child protection and welfare service can be complex and demanding for the staff involved. The service protects its workforce from the risk of work-related stress, bullying and harassment, and listens and responds to their views.

As aspects of service provision change and develop over time, the service supports staff to continuously update and maintain their knowledge and skills whether they are directly/indirectly employed by the service. The training needs of the workforce are monitored on an ongoing basis and identified training needs are addressed to ensure the delivery of effective and safe child protection and welfare services.

It is important that all staff working with children and families receive specific training in child protection and welfare to ensure that they are well equipped with the knowledge and skills to recognise the signs of abuse and/or neglect and what action is required to protect children from significant harm.



## Standard 5.1

### **Safe recruitment practices are in place to recruit staff with the required competencies to protect children and promote their welfare.**

Features to meet the requirements of this Standard include:

- 5.1.1 Staff with the required competencies are recruited in line with employment and equality legislation, and recruitment is informed by evidence-based human resource practices.
- 5.1.2 A contemporaneous, accurate and secure personnel file is kept for all staff and includes the:
  - full name
  - date of birth
  - evidence of identity
  - curriculum vitae
  - references
  - satisfactory Garda Síochána and police vetting
  - qualifications
  - record of previous employment, including details of any gaps in employment
  - training undertaken and completed
  - relevant registration status with professional bodies in respect of professional staff employed.
- 5.1.3 Orientation and induction training is provided to all staff on commencing work in child protection and welfare services.



## Standard 5.2

### **Staff have the required skills and experience to manage and deliver effective services to children.**

Features to meet the requirements of this Standard include:

- 5.2.1 There are sufficient staff with the required skills, experience and competencies to meet the needs of children using the service.
- 5.2.2 There is an appropriate skill-mix of staff to meet the needs of children not receiving adequate care and protection.
- 5.2.3 The service has contingency plans in place in the event of a shortfall in staffing levels.
- 5.2.4 The service promotes continuity of staffing to achieve better outcomes for children.
- 5.2.5 Staff:
  - have the necessary competencies to work with children using the service
  - are registered with the relevant professional statutory body in compliance with legislation
  - engage in continuing professional development and keep up to date with evidence-based practice in their area of practice.
- 5.2.6 Managers are competent, hold appropriate qualifications and have sufficient practice and management experience to manage the service and meet its stated purpose, aims and objectives.



## Standard 5.3

### **All staff are supported and receive supervision in their work to protect children and promote their welfare.**

#### Features to meet the requirements of this Standard include:

- 5.3.1 Supervision and support is provided to staff so they are clear regarding accountability and reporting lines, and the appropriate child protection and welfare procedures to be followed.
- 5.3.2 All staff are supported and managed to effectively exercise their personal, professional and collective accountability for the provision of effective and safe services to children.
- 5.3.3 There are procedures to protect the workforce by minimising the risk of violence, bullying and harassment by other members of the workforce or people using the services.
- 5.3.4 Staff are provided with access to support and advice. Staff are provided with regular supervision and support by appropriately qualified and experienced staff.
- 5.3.5 There is an annual formal appraisal of each individual staff member's performance by his/her line manager.
- 5.3.6 Written records are kept of each supervision, support and performance appraisal given to staff. The record is signed by the supervisor and individual at the end of each supervision, support and performance appraisal session and is available for inspection.
- 5.3.7 There are procedures to inform the relevant professional regulatory body, where they have reasonable evidence to suggest that the performance or conduct of a health or social care professional may be below the requirements of the professional regulatory body.
- 5.3.8 Staff are facilitated to make protected disclosures about the effectiveness and safety of the service in line with legislative requirements, where appropriate.
- 5.3.9 Training and development opportunities are provided to staff to equip them with skills required to meet the needs of children using the service.
- 5.3.10 Accredited management training is provided to all managers who are managing staff.
- 5.3.11 Training in supervision theory and practice is provided to managers who supervise staff.

## Standard 5.4

### **Child protection and welfare training is provided to staff to improve outcomes for children.**

Features to meet the requirements of this Standard include:

- 5.4.1 A child protection and welfare training needs analysis is periodically undertaken with all staff and the relevant training is provided as part of a continuous professional development programme.
- 5.4.2 A training, educational and development programme with a specific focus on child protection and welfare is provided to staff. It has clear objectives, is reviewed annually and is tailored to:
- equip staff with skills and knowledge of the relevant children's care legislation, regulations, national and local policies, *Children First*, procedures and protocols appropriate to their role
  - equip staff with skills and knowledge to deal with those children who are especially vulnerable (Part IV, *Children First*), including children with mental health difficulties
  - take into account and use where appropriate, the experiences of children and families
  - facilitate specific staff members to develop skills to ensure the delivery of safe and effective child protection and welfare services
  - be delivered on a multidisciplinary and interagency basis to facilitate key learning and strengthen working relationships.



## Theme 6

# Use of Information

Quality information and effective information systems are central to planning, delivering, managing and improving the quality of child protection and welfare services.

Quality information is central to effective decision making as abuse and neglect rarely present with a definitive picture. It is the totality of information that gives the clearest picture of the situation so it is vital that all information is recorded accurately and stored securely by the service. Effective services respect the right of children and families to access their personal information and facilitate access where appropriate.

Children's services share information with other agencies in the best interests of the child. Sharing of information is governed by protocols and managed in a sensitive, lawful and appropriate manner.



## Standard 6.1

### **All relevant information is used to plan and deliver effective child protection and welfare services.**

Features to meet the requirements of this Standard include:

- 6.1.1 Information governance arrangements are in place to ensure that the service complies with legislation, uses information ethically and uses best available evidence to protect personal information and to support the provision of child protection and welfare services.
- 6.1.2 There is a robust system for managing information to support the delivery of effective child protection and welfare services.
- 6.1.3 Standardised information is collated, managed and shared at local, regional and national levels to support effective decision making, in compliance with legislation.
- 6.1.4 Children and families have access to personal information held by the service in compliance with legislation and in the best interests of the child.



## Standard 6.2

### **The service has a robust and secure information system to record and manage child protection and welfare concerns.**

Features to meet the requirements of this Standard include:

- 6.2.1 Information supports the management of child protection and welfare concerns and is compliant with all information requirements as outlined in *Children First*, national standards and relevant legislation.
- 6.2.2 All relevant and up-to-date information is recorded on a secure integrated management system, on every child about whom there is an ongoing child protection/welfare concern. A designated person manages all information in accordance with *Children First*.



## Standard 6.3

### **Secure record-keeping and file-management systems are in place to manage child protection and welfare concerns.**

Features to meet the requirements of this Standard include:

- 6.3.1 All records and files are handled sensitively with standardised procedures for the filing, archiving, transfer, secure storage and destruction of records.
- 6.3.2 Each child's record is:
- factual, accurate, and legible
  - maintained and filed in chronological order
  - dated and signed after each entry
  - regularly updated
  - accessible at all times during periods of leave
  - compliant with all information requirements as outlined in *Children First*, national standards and relevant legislation.
- 6.3.3 Records are secured and protected from unauthorised access.
- 6.3.4 Regular audits evaluate the record-keeping and file-management system and practices.



## Bibliography

- All Wales Child Protection Procedures Review Group. *All Wales Child Protection Procedures (2008)*. Cardiff: All Wales Child Protection Procedures Review Group; 2008.
- Child Care Act, 1991 (as amended). Dublin: The Stationery Office; 1991.
- Children Act, 2001. Dublin: The Stationery Office; 2001.
- Child, Youth and Family. *Working Together to Keep Children and Young People Safe*. Wellington: Child, Youth and Family; 2010.
- Child, Youth and Family and New Zealand Police. *Child Protection Protocol*. Wellington: Child, Youth and Family and New Zealand Police; 2010.
- Children Act 1989. London: Her Majesty's Stationery Office; 1989.
- Children Act (Scotland) 1995. London: The Scottish Office; 1995.
- Children Act 2004. London: Her Majesty's Stationery Office; 2004.
- Children and Young Persons (Care and Protection) Act 1998. New South Wales. New South Wales Government; 1998.
- Children and Young Persons (Care and Protection) Regulation 2000. New South Wales: New South Wales Government; 2000.
- Children, Young Persons and their Family Act, 1989. Wellington: New Zealand Parliamentary Counsel Office; 1989.
- Children's Aid Society. *Child Protection Standards in Ontario (2007)*. Ontario: Children's Aid Society; 2007.
- The Data Protection Act 1988. Dublin: The Stationery Office; 1988.
- Data Protection (Amendment) Act 2003. Dublin: The Stationery Office; 2003.
- Department for Children, Schools and Families. *Working Together to Safeguard Children*. Nottingham: Department for Children, Schools and Families; 2010.
- Department of Community Services. *Interagency Guidelines for Child Protection Intervention (2006)*. New South Wales: Department of Community Services; 2006.
- Munro, E. (2011), *The Munro Review of Child Protection Final Report: A child-centred system*, London: Department for Education (available online at <http://www.education.gov.uk/munroreview>).





Munro, E. (2011), *The Munro Review of Child Protection Interim Report: The Child's Journey*, London: Department for Education (available online at <http://www.education.gov.uk/munroreview>).

Munro, E. (2011), *The Munro Review of Child Protection Part One: A Systems Analysis*, London: Department for Education (available online at <http://www.education.gov.uk/munroreview>).

Department of Families, Housing, Community Services and Indigenous Affairs, *National Framework for Protecting Australia's Children 2009-2020*. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs; 2009.

Department of Children and Youth Affairs. *Children First: National Guidance for the Protection and Welfare of Children (2011)*. Dublin: The Stationery Office; 2011.

Department of Health and Children. *National Standards for Children's Residential Centres (2001)*. Dublin: The Stationery Office; 2001.

Department of Health and Children. *National Standards for Special Care Units (2001)*. Dublin: The Stationery Office; 2001.

Department of Health and Children. *Our Duty to Care (2002)*. Dublin: The Stationery Office; 2002.

Department of Health and Children: *National Standards for Foster Care*. Dublin: The Stationery Office; 2003.

Department of Justice, Equality and Law Reform. *Commission of Investigation: Report into the Catholic Diocese of Cloyne (2010)*. Dublin: The Stationery Office; 2010.

Department of Justice, Equality and Law Reform. *Commission of Investigation: Report into the Catholic Archdiocese of Dublin (2009)*. Dublin: The Stationery Office; 2009.

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

Department of Health, Social Services and Public Safety. *Standards for Child Protection Services (2008)*. Belfast: Department of Health, Social Services and Public Safety; 2008.

Department of Health, Social Services and Public Safety. *Co-operating to Safeguard Children (2003)*. Belfast: Department of Health, Social Services and Public Safety; 2003.

Health Act 2007. Dublin: The Stationery Office; 2007.

Health Information and Quality Authority. *Draft National Standards for the Protection and Welfare of Children: For Health Service Executive Children and Family Services. Consultation Document 22 March 2012*. Dublin: Health Information and Quality Authority; 2012.



Health Information and Quality Authority. *Draft National Standards for Safer Better Healthcare: Consultation Document September 2010*. Dublin: Health Information and Quality Authority; 2010.

Health Information and Quality Authority. *National Standards for Safer Better Healthcare: June 2012*. Dublin: Health Information and Quality Authority; 2012.

Health Information and Quality Authority. *Inspection of the HSE Fostering Service in HSE Dublin North Area*. Dublin: Health Information and Quality Authority; 2010.

Health Information and Quality Authority. *Inspection of the HSE Fostering Service in HSE Dublin North Central Area*. Dublin: Health Information and Quality Authority; 2010.

Health Information and Quality Authority. *Inspection of the HSE Fostering Service in HSE Dublin North West Area*. Dublin: Health Information and Quality Authority; 2010.

Health Information and Quality Authority. *Guidance for the Health Service Executive for the Review of Serious Incidents including Deaths of Children in Care*. Cork: Health Information and Quality Authority; 2010.

Health Information and Quality Authority. *National Children in Care Inspection Report 2008*. Cork: Health Information and Quality Authority; 2009.

Health Service Executive. *HSE Child Protection and Welfare Practice Handbook (2011)*. Dublin: Health Service Executive; 2011.

Health Service Executive. *Draft Interim Standards for Child Protection (2010) (unpublished)*.

Health Service Executive. *Roscommon Child Care Case: Report of the Inquiry Team to the Health Service Executive*. Dublin: Health Service Executive; 2010.

National Board for Safeguarding Children in the Catholic Church. *Safeguarding Children (2008)*. Maynooth: National Board for Safeguarding Children in the Catholic Church; 2008.

Office of the Minister for Children and Youth Affairs. *The Agenda for Children's Services (2007)*. Dublin: The Stationery Office; 2007.

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

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

Organisation for Economic and Cooperative Development (OECD). *Doing Better for Children (2009)*. Paris: OECD; 2009.

Persons Reporting Child Abuse Act 1998. Dublin: The Stationery Office; 1998.



Scottish Executive. *Framework for Standards for professionals for child protection (2004)*. Edinburgh: The Scottish Executive; 2004.

Shannon, G. *Child Law (2nd Edition)*. Dublin: Thomson Round Hall; 2010.

Shannon, G. and Gibbons, N. *Report of the Independent Child Death Review Group*. Dublin: Department of Children and Youth Affairs, 2012.

The Children (Northern Ireland) Order 1995. Belfast: Office of Law Reform; 1995.

The Scottish Government. *National Guidance for Child Protection in Scotland (2010)*. Edinburgh: The Scottish Government; 2010.

United Nations. *Convention on the Rights of the Child*. New York: United Nations; 1989.

Welsh Assembly Government. *Safeguarding Children: Working Together under the Child Care Act, 2004 (2006)*. Cardiff: Welsh Assembly Government; 2006.



## Glossary of terms

This glossary details key terms and a description of their meaning within the context of this document.

**Accountability:** being answerable to another person or organisation for decisions, behaviour and any consequences.

**Adverse event:** an incident which results in harm to an individual.

**Agencies:** an agency is the term used to cover agencies of central government other than statutory and non-statutory organisations.

**Advocacy:** the practice of an individual acting independently of the service provider, on behalf of, and in the interests of children and families, who may feel unable to represent themselves.

**Assessment:** the purposeful gathering and structured analysis of available information to inform evidence-based decision making. Although assessment is an ongoing process, key junctures in the child protection and welfare process require the recording of formal assessments.

**Audit:** the assessment of performance against any standards and criteria in a health or social care service.

**Case management:** case management is the coordination of services for children and families by allocating a social worker to be responsible for the assessment of need and implementation of the child protection plan. The underlying tasks of case management include: initial and ongoing assessment, planning, implementation and regular review.

**Child:** a child is defined under the Child Care Act, 1991 and in *Children First* as a person under the age of 18 years other than a person who is or has been married.

**Child abuse:** child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time. For detailed guidance and signs and symptoms on each type of abuse, please refer to *Children First*.

**Child protection:** the process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect.

**Child protection conference (CPC):** a child protection conference (CPC) is an interagency and interprofessional meeting, convened by the designated person in the HSE. The purpose of a child protection conference is to facilitate the sharing and evaluation of information between professionals and parents/carers, to consider the evidence as to whether a child has suffered or is likely to suffer significant harm, to decide whether a child should have a formal child protection plan and if so to formulate such a plan.

**Child Protection Notification System (CPNS):** the Child Protection Notification System (CPNS) is a HSE Children and Family Services' record of every child about whom there are unresolved child protection issues, resulting in the child being the subject of a Child Protection Plan. The decision to place a child on the CPNS is made at a child protection conference.



**Code of conduct:** describes the values, principles and expected behaviours of individuals and teams working within a service.

**Competency:** the qualifications, knowledge, skills, abilities, behaviours and expertise sufficient to be able to perform a particular task and activity.

**Complaint:** an expression of dissatisfaction with any aspect of service provision.

**Concern:** an issue raised by a child, his/her family or service provider because it affects him or her. There are specific concerns which a child, his/her family or a service provider may raise. These are as follows:

1. Child protection concern: the term 'child protection concern' is used when there are reasonable grounds for believing that a child may have been, is being or is at risk of being physically, sexually or emotionally abused or neglected.
2. Child welfare concern: a problem experienced directly by a child, or by the family of a child, that is seen to impact negatively on the child's health, development and welfare, and that warrants assessment and support, but may or may not require a child protection response.

**Confidentiality:** in child protection and welfare ethical and statutory codes concerned with confidentiality and data protection provide general guidance. They are not intended to limit or prevent the exchange of information between different professional staff with a responsibility for ensuring the protection and welfare of children. The provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or

data protection (Reference *Children First: National Guidance for the Protection and Welfare of Children* section 3.9, Page 16).

**Contract of care:** a formalised agreement which sets out the terms to govern care and the services to be provided.

**Culture:** the shared attitudes, beliefs and values that define a group or groups of people and shape and influence perceptions and behaviours.

**Designated liaison person:** every organisation, both public and private, that is providing services for children or that is in regular direct contact with children should identify a designated liaison person to act as a liaison with outside agencies and a resource person to any staff member or volunteer who has child protection concerns.

**Designated officer:** specific grades within the HSE and all members of An Garda Síochána designated under the Protection for Persons Reporting Child Abuse Act 1998 are authorised as designated officers to receive reports of alleged child abuse.

**Designated person:** every HSE health area has a designated person within the HSE with responsibility for coordinating child protection services. These personnel are responsible for:

- receiving all notifications of child abuse
- taking decisions relating to the holding of child protection conferences
- promoting interagency cooperation on child protection and welfare
- promoting interprofessional and interprogramme cooperation on child protection and welfare
- overseeing staff training programmes





- negotiating service agreements with non-statutory service providers.

**Effective:** a measure of the extent to which a specific intervention, procedure, treatment, or service, when delivered, does what it is intended to do for a specified population.

**Evidence:** data and information used to make decisions. Evidence can be derived from research, experiential learning, indicator data and evaluations.

**Family Support:** activities for families that are developmental (e.g. parenting for the first time), compensatory (e.g. helping a child cope with a disability) and/or protective (e.g. ensuring safety of a young person).

**Formalised agreement:** a formalised agreement can be a service level agreement or a contract of care.

**Governance:** the function of determining the organisation's direction, setting objectives and developing policy to guide the organisation in achieving its objectives and stated purpose. Effective governance arrangements recognise the interdependencies between corporate and clinical governance and integrate them to deliver high quality and safe services to children and families.

**Harm:** harm can be defined as the ill-treatment or the impairment of the health or development of a child. For further details, please see Chapter 2 of *Children First: National Guidance* (2011). Whether it is significant is determined by the child's health and development as compared to that which could reasonably be expected of a child of a similar age. The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her wellbeing and/or development is severely affected.

**HSE Children and Family Services:** the HSE Children and Families Services provide services and support to children, parents and families.

**Information governance:** the arrangements that service providers have in place to manage information to support their immediate and future regulatory, legal, risk, environmental and operational requirements.

**Inspection:** 'Inspections may seek the experiences of people who use services and carers. Their experiences, triangulated with other evidence and information from a range of sources are a key part of inspections and inform inspection judgements. Inspection is a tool of monitoring.' (Care Quality Commission.)

**Integrated care:** health and social care services working together, both internally and externally, to ensure children and families receive continuous and coordinated care.

**Legislation:** written and approved laws. Legislation can be subdivided into primary legislation (statutes, acts and bills) and secondary legislation (regulations and rules).

**Model of service:** sets out the way a service is delivered and can be applied to a single service unit, to an organisation or a national service.

**Monitoring:** systematic process of gathering, analysis of information and tracking change over time for the purpose of improving the quality and safety of health and social care. Under section 8 (1) (c) of the Health Act 2007, one of the functions of the Authority is to monitor compliance with standards).

**Multidisciplinary:** an approach to the planning and delivery of care to children and families by a team of health and social care professionals who work together to provide integrated care.



**Protection:** process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect.

**Record:** a record includes any memorandum, book, plan, map, drawing, diagram, pictorial or graphic work or other document, any photograph, film or recording (whether of sound or images or both), any form in which data are held, any other form (including machine-readable form) or thing in which information is held or stored manually, mechanically or electronically and anything that is a part or a copy, in any form, of any of the foregoing or is a combination of two or more of the foregoing.

**Risk:** the likelihood of an adverse event or outcome.

**Risk behaviour:** behaviour that places children or their parents at risk and includes behaviours such as drug and alcohol abuse, mental health problems and anti-social behaviours.

**Risk management:** the systematic identification, evaluation and management of risk. It is a continuous process with the aim of reducing risk to an organisation and individuals.

**Screening:** the evaluation of a referral made for a child and/or family to assess which service the referral should be forwarded to.

**Serious incident:** a death or a potentially life-threatening injury or serious and permanent impairment of health, wellbeing or development. Defining a serious incident in child protection and welfare is extremely complex. The nature and number of serious incidents reported will inform any future revisions of this definition.

**Service:** the term in this document refers to the HSE Children and Family Services.

**Service level agreement:** is part of a service agreement or contract where the level of service is formally defined.

**Significant harm:** see definition for harm.

**Skill mix:** the combination of competencies including skills needed in the workforce to accomplish the specific tasks or perform the given functions required for high quality and safe care.

**Social worker:** the social worker assigned by the HSE to carry out its statutory responsibilities for the safety and welfare of a child.

**Staff:** the people who work in, for or with the service provider. This includes individuals that are employed, self-employed, temporary, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing a service to children and families.

**Standard:** a statement which describes the high-level outcome required to contribute to quality and safety.

**Statement of purpose:** describes the aims and objectives of the service including how resources are allocated to deliver these objectives. It also describes in detail the range, availability and scope of services provided by the overall service.

**Support network:** friends, family, relevant agencies and others who provide support to children and families when they face difficulties coping and managing with their personal circumstances and day-to-day routines.

**Timely:** refers to action taken within a timeframe which meets the welfare and protection needs of any particular child and his/her circumstances. Particular timeframes are outlined in *Children First* and HSE business processes.



**Vetting:** the process of investigating an individual thoroughly in order to ensure that they are suitable for a job. This process also includes checking references provided by the individual.

**Welfare:** welfare encompasses all aspects of a child's wellbeing to include: physical, social, emotional, religious, moral and intellectual welfare.

**Workforce:** all people working in a service.





## Appendix 1

### Membership of the Standards Advisory Group

Geoffrey Shannon	Special Rapporteur on Child Protection
John McCann*	An Garda Síochána
Glenn Houston	Regulation and Quality Improvement Authority
Michele Clarke*	Department of Children and Youth Affairs
Judith Foley	An Bord Altranais
Helen Buckley	School of Social Work and Policy, Trinity College Dublin
Brian Brogan	Brian Brogan*
Martin Hanevy	Department of Education and Skills
Teresa Devlin*	Department of Education and Skills
Tony O' Donovan*	National Board for Safeguarding Children in the Catholic Church
Ineke Durville	Irish Youth Justice Service
Cate Hartigan*	Irish Association of Social Workers
Ginny Hanrahan	Disability Services, Health Service Executive
Maria Corbett	CORU (Health and Social Care Professionals Council)
Amanda Nordell	Children's Rights Alliance
Michael Corcoran	Society of St Vincent de Paul
Linda Creamer*	Health Service Executive Children and Family Services
Leo Kearns	Health Service Executive Children and Family Services
Bernie Priestley*	Royal College of Physicians in Ireland
Helen Byrne	Irish Sports Council
Mary Cunningham*	Health Service Executive Quality and Safety Directorate
Larissa Comiskey	National Youth Council of Ireland
Lisa O'Farrell*	Empowering Young People in Care (EPIC)
	Mental Health Commission

### HIQA Membership of the Standards Advisory Group

Deirdre Mulholland	Chairperson
Niall Byrne	Co-Chairperson
Hilary Coates	
Vicky Blomfield	
Sinéad McEvoy	
Nuala Ward	
Sarah Murphy	

\*Alternate members represented advisory group members when they were unable to attend meetings:

Michael Lynch attended for John McCann  
Noreen Leahy attended for Michele Clarke  
Doreen McMorris attended for Brian Brogan  
Colette Stevenson attended for Teresa Devlin  
Siobhan Young attended for Tony O' Donovan

Ann Bourke attended for Cate Hartigan  
Anna Deneher attended for Linda Creamer  
Fiona Coyne attended for Bernie Priestley  
Olive Ring attended for Mary Cunningham  
Derek Beattie attended for Lisa O'Farrell.











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