Response to the National Quality Standards for Residential and Foster Care Services for Children and Young People 2010

Introduction

The Irish Association of Social Workers (IASW) welcomes the opportunity to be able to contribute to the Draft National Quality Standards for Residential and Foster Care Services.

This response to the draft standards was compiled following consultation by the IASW with social workers working in the area of physical and learning disabilities, children and family's services and foster care services. The social workers working in these specialist areas of social work have had extensive experience of working with children and young people who are cared for in different residential settings and foster care services.

General comments

The core principles informing the standards are based on securing quality services for children and young people and they are set out in clear headings in the document. These principles present a comprehensive response to the complex needs of children and young people in care settings, which is a very positive approach.

Regulations underpinning the standards

The National Standards for Residential Centres (2001) and Foster Care (2003) were based on the Children in Care Regulations 1995, 1996 and part of the Child Care Act 1991.

The proposed draft standards are not in compliance with the existing regulations and new regulations would need to be drawn up by the Department of Health and endorsed by the Oireachtas to provide a legal frame work for them. The absence of new regulations creates a difficulty in assessing these draft standards as it is not possible to assess them against a legal framework and they are therefore being assessed in a vacuum. .

Universal format of Document

The IASW understands that the aim of the draft standards was to try and capture the needs of all children and young people in care settings in one set of standards. It is accepted that the core principles are generally applicable to all settings, but the feed back from the social workers in all the different specialisms is that that is problematic for a number of reasons.

- **The legal status of children/young people in care settings**. Children and young people in the care of the HSE have a different legal basis for their care than children/young people in detention centres and both of these are very different from children/young people in the disability service. This places different responsibilities on the various professional groups. The standards are unclear on who has the

responsibility and different terms are used throughout the document. In the case of children/young people in the care of the HSE, the social workers carry specific responsibilities.

- **Foster Care.** The care offered to children and young people in foster care is significantly different from residential settings. The present foster care standards fulfil this requirement very well and as they contain a lot of information on the various aspects of foster care and have been found to be adequate, it raises the question why it is necessary to bring out a different set of standards for that care group.
- **The use of the word advocate**. The use of the term advocate throughout the document in an attempt to capture the different groups/professionals leaves that role open to interpretation. This role should be assigned specifically, as in the absence of that, there is a risk of introducing yet another person in a child/young person's life unnecessarily
- **Omission of the Foster Care Committee.** The Foster Care Committee is the mechanism for approving foster parents and approving long term placements for children with those foster parents and should be included.
- **Inspecting against these standards.** The criteria are meant to be universal and do not apply to all settings. This leaves them open to subjective interpretation and could be difficult to measure.

The IASW strongly supports separate standards to reflect the diverse needs of these services.

In addition to the above points some further general points were made

- **Supported Lodgings.** The draft standards do not refer to supported lodgings as a form of alternative care. Children and young people under eighteen are being placed in supported lodgings and these are not regulated to date.

- **Prescriptive.** Some sections of the standards are very prescriptive and stray into practice areas that are the responsibility of professionals that are responsible for the children/young people. The stated purpose of the standards is to deal with the assessment of the care services for children and young people

General comments from social workers working with children and young people with disabilities

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The social workers working with children and young people with disabilities had a number of specific comments on issues that are mainly relevant to the children/young people in care settings in the disability services and who are not in the care of the HSE. Their comments further highlight the difficulty in trying to produce one single set of standards to cover all the care settings.

1. Care Plan.
Who has the primary responsibility of putting a Care Plan together of children who are neither under a Voluntary or a Care Order and where there are a number of agencies involved in the child's care e.g.: A child who has complex medical needs, avails of services of a Regional Hospital, a National Children Hospital, the services of both voluntary and statuary sectors and the parents are only utilising respite as a support rather than seeing it as integral part of the child's care.

2. Autonomy and Independence.
The Section on autonomy and independence does not give clarity or clear guidelines on how this criteria be applied to a child/young person with moderate to profound needs regarding opportunities to be independent consistent with his/her age, stage of development and individual needs.

3. Communication
Throughout the document there is an assumption that all children can communicate their wishes and desires. However children with moderate to profound disabilities are dependent on the voice of others to determine/express their needs.

4. The child's advocate
In cases where children are not able to voice their needs, there may be a need for an independent voice other than the parents or the care agency and that person needs to be a capable professional who should be named in the standards.

5. Aftercare
The standards do not give clarity on the provision of a seamless transition for children with moderate to profound disabilities to adult services i.e. the need for a gradual transition from paediatric hospital to adult mainstream medical services, from school to sheltered training and the provision of care from a residential child care setting to an adult unit.

Overall, the needs of the moderate/profound child are not adequately addressed in these standards, nor does it demonstrate a clear understanding of their needs.

Comments on Standards

Section 1*:* Quality of life

Standard 1: *Happiness and Wellbeing*

Comment: *This section is dedicated to the promotion of a sense of 'Happiness and Wellbeing' of each child and young person in care in Ireland. While this first Standard is a laudable aspiration for both children and young people, it is in fact difficult to measure and difficult to deliver.*

Happiness for children is dependent upon a sense of security, stability and permanence. When these are not in place, happiness and wellbeing are difficult to attain. For children in care the most essential prerequisite for security is the provision of a permanent 'secure base' for the child – a place where the child can call 'home' and where he or she knows that there are loving adults who will provide continuing care.

Comment: How is this measured/inspected?

1.2; 1.3 How will this be applied to detention centres and special care centres and how will that be measured?

1.6 Should include: ***as age appropriate***.

1. 8 **Comment:** *This criterion refers to the enjoyment by the child of a 'close and supportive relationship with an adult carer'. The wording in not adequate to describe the importance in emotional, developmental and educational terms of alternative caregivers who are essentially parental figures for the child.*

The new Draft Standards seem to avoid the central issue of concern for children that, when their birth parents have failed to provide for them in terms of security and permanency, foster parents or other care settings need to fulfil that role and the state needs to accept that, in line with modern research on brain development in early childhood, new attachments need to be provided and maintained. Section 1, which has many positive elements, nevertheless fails to pay due regard to this important developmental consideration. For example, under this section the 'positive attachments' which the child has made before admission are to be promoted and maintained under Criterion 1. 9. However, if a child has had to be admitted into care, in many cases these attachments have, by definition, failed to protect the child. The Standards fail to mention - anywhere – the essential task of providing <u>new and more secure and healthy attachments</u>, yet emphasise clearly and by name the maintenance of <u>prior</u> attachments. Yet many failures in the care system result from just such false idealisation of the capacity of many birth families to care for their children long term.

Research in Limerick indicates that when children return home to their birth families in 58% of cases they return to the care system. Many of these children are not returned to their original foster families but have to make new attachments each time they return into care. If their original attachments which they made in foster care when first placed had been recognised, valued and maintained they would have been given a more secure experience in care which would have facilitated their overall development

1.9. How is the positive attachment judged and by whom?

1.12. Should include: decided by foster parents in consultation with the child's/young person's social worker.

Standard 2: *Autonomy and Independence*

2.8. How can this be inspected or measured

Standard 3*: Privacy and Dignity*

3.1: How will this apply to special care and detention centres? What will happen if room searches are needed?

3.2: The wording of this standard should be expanded to reflect the information delivered in standard 15.12

3.4. Needs to state how and by whom. This is an ideal but not always achievable in foster care and should not in itself prevent a placement going ahead once safe care strategies are in place.

3.10. *The justification for limits to privacy is confined to 'reasons of security'. This may not cover some serious concerns, for example in relation to the use of mobile phones. Some young people may use mobile phones in ways that do not necessarily jeopardise their security but may traumatise or stress them. In other words there may be clinical reasons, other than security for limiting a young person's privacy. This concern also applies to criterion 4.7.*

Standard 4: *Important Relationships*

Outcome: The important relationships in the lives of each child and young person are maintained and supported.

Comment: *This standard deals with important relationships in the life of a child or young person. The criteria do not define what the term 'family' means for the child in care. For some children family means the foster family and for others it means the birth family. Sometimes a child may shift familial allegiance after a period in care. This may coincide with a change in the pattern of attachment to bring it into line with that of the foster parents. Experienced social workers are well aware that when children begin to orient attachment behaviour towards new and more responsive caregivers their happiness and wellbeing is often enhanced. Without loving parental/adult care children struggle to survive emotionally. This need for a permanent secure base needs to be emphasised and more clearly expressed in the new Standards.*

Again the Draft Standards fail to bring clarity to the essential issue in foster care, which is that the child in care usually becomes primarily attached to a new family. The Draft Standards are written I such a way as to imply that the birth family is the only family that the child belongs to. This is not the case - in foster care particularly. While it is important for a child's identity to know their birth family, their emotional stability depends on building a new and more secure attachment to a foster family. This essential aim is not adequately reflected in the Draft Standards.

4.1 **Comment**: *While there may be a minority of birth parents / families of children in care who pose a continuing risk to the child, managing this small but critical number of birth families needs to be recognised within the standards otherwise it will leave open the potential for continued abuse! The "Rule of optimism" can result in a child's birth family being assumed to be invariably a positive resource and not recognised as a continuing source of risk both emotionally and in some cases physically.*

4.4: The meaning of this sentence is not clear; it needs to be reworded to the following: *Siblings are placed together or have opportunity to informal and formal structured and unstructured contact.*

4.7 **Comment:** *There needs to be a recognition in the standards that a proportion of children in the care system come from families where violence, aggression, physical and sexual abuse create a very charged emotional atmosphere of fear and confusion for the child who needs to be protected from his or her family. The quality standards apply to these children who are in care situations which have to take serious account of the risk the family poses to the child. It might be argued that throughout the document it qualifies provisions with "where appropriate" or "taking account of safeguarding issues" etc. However the thrust of the direction assumes a collaborative involvement / engagement with birth parents and families of origin. This however is not always the case. For some of these parents, considerable work is required to engage the parents in a change process which may bring them to a place where they can understand how they may contribute to their children's well being. While this contribution might involve direct contact this might not always be appropriate.*

(Refs: Dale, P et al, (1986), Dangerous Families, Tavostock, Publications, London; Smith, G (1995). Do Children Have a Right to Leave Their Own Past Behind Them? In "See You Soon" pp 85-99, Ed. Sargent, H. London; British Agencies for Adoption and Fostering)

Standard 5: *Daily life*

No comments

Section 2: Children's Rights and Young People's rights

Standard 6: *Information and Advocacy*

Comment: *Children in care have usually experienced much disruption in their lives. They have often lost trust in the adult world. It is therefore important, as stated in the Draft Standards, that they have an advocate to help them to exercise their rights. However, in their need for stability, children and young people should not be overwhelmed with too many new and strange people.*

Normally the child in care has foster parents, or care workers and a social worker who visits them, gets to know them and tries to meet their needs. However in the new Draft Standards several different terms are used in relation to the child or young person in care. For example:

6.4 and 7.3 both refer to a 'trusted adult'.
6.5 and 8.4 both refer to an 'advocate'

8.2 refers to 'professional staff'.
9.3 refers to an 'other professional'
9.4 refers to 'advocates and professionals'.

It is not made clear if these are new individuals who would work with the child in addition to his/ her social worker. If so, there appears to be scant consideration given to the additional stress for the child in managing these new and perhaps stressful relationships, given that many children in care want to be the same as any other child in the community.

The use of the word advocacy in the actual standard is too unclear as for children in the care of the HSE this should be the responsibility of the social worker. The term advocate in this section leaves that unclear and open to interpretation.

6.8 How is this done? It assumes there will be inaccuracies, children and young people's perceptions may differ from reality and it places a responsibility on them.

6.9 Recording in foster homes is not part of the daily routine. This again highlights the confusion of trying to fit all standards into the one format.

6.11. Fair access to services. Children in the care of the HSE should be given priority to be able access all services.

6.14 Are children to be given responsibility for the timing of reviews etc?

Standard 7: *Consultation and Participation*

Comment: This standard states: Each child and young person *is* ***encouraged and*** supported to participate in making decision about their life. This should be changed to: Each child and young person ***has the right*** *to be* supported etc.

7.2 Does this incorporate the role of the social worker?

7.3 The second sentence of that standard is not clear and in what situation this would apply.

Who is the trusted adult, what is meant by key issues? This places a huge responsibility on children and young people.

7.4: Not sure what this refers to either.

Criteria 7.3; 7.4; 7.6 are too unclear and open to interpretation.

Standard 8: *Complaints*

8.4: Use of the word advocate. This is not relevant for children in care

8.5 This fails to differentiate between foster parent and professional staff.

Section 3: Keeping children and young people safe and protected

Standard 9: *Safeguarding and Child Protection*

The qualifying statement of this standard states: Each child and young person is protected from abuse. This statement should include ***neglect*** in that statement.

9.1 What is the definition of trusted adult?

9.3 Has a list of services that a child has information about and access to. This list contains as number 5 in that *list "the child protection service"* It would be more accurate to give that service the proper name, i.e. *child welfare service*. Child protection is only a small part of the services that are provided by the Child Welfare Service.

This section has left out the monitoring officer, who has that function at the moment.

9.4: This sentence should include the care plan.

9.5 This places the responsibility for managing risk on the child/young people.

9.6: That criterion is inappropriate, placing the responsibility on vulnerable children/young people and undertake assessments of risk. Will children/young people now be inspected to see if they have carried that out?

9.7: This may be aspirational in a risk adverse society and my need clarification.

9.9 Who is regarded to be the external monitor?

9.10: The first sentence in this criterion refers to the use of a care plan. This part is more appropriately dealt with in other formats. The care plan is an overall planning for care mechanism. Care plan is not the right term in this context.

9.11 The first category refers to volunteers. The use of volunteers is not an option for children in the care of the HSE or children/young people who are in detention centres.

9.14 This criterion does allow for changing needs. At times an urgent intervention is needed, which can not wait until a care plan review has been arranged.

9.15 Refers to code of conduct for foster parents. It would not be the norm that there is a written code of conduct.

9.19 Refers to a list of actions to take when a child is abused. It would not be the norm that a child is immediately sent to counselling. They do need support. This should refer to the notification policy under Children First.

9.20 Refers to probation officer as receiving significant events. They do not have a supervisory function for children in care or detention centres.

The issues to be notified includes a list of incidents, this list omits bullying.

9.21: By whom should this be done?

Section 4: Professional Staff and Foster Parents.

Standard 10a *Professional Staff*

10.13a The use of the word criminal record checks. The form is called garda clearance forms and the checks are called garda clearance. Also should this section state the need for 3 references?

10.23a. To allow the movement of staff between centres in that manner does not take account to the need of other children in the centres and does not promote a continuity of care for those children. It also does not take account of the fact that attachments can be transferred to new members of staff in the new centre. This would only be relevant if a centre is closing down or has only one occupant

Standard 10b. *Foster Parents*

10.8b This criterion is in contravention to the Child Care (Placement of Children in Foster Care) regulations, 1995 and should not be present in best practice standards. It leads to poor practice and poor outcomes for children with relatives only and this should be clearly disregarded.

The payment of the full fostering allowance is made dependent on the completion of the process. *(This practice was challenged in the late 1990s and the Minister of State for Children at the time subsequently directed that no distinction could be made in the amount of the allowance being paid to relative carers during the pre approval period)*

The process of assessment and approval is completed within 16 weeks of placement. *(Does this imply a mandate that statutory regulations, which require the assessment to be completed within 12 weeks, can be ignored?)*
This does acknowledge a problem with the time frames within the regulations but the area needs further consideration. It may be that the 16 week time frame is realistic for relative assessments, but nor for general assessments.

10.12b The link worker should be named as the social worker as that is part of the statutory responsibilities.

Most foster parents do not regard what they do as "work". This should be re-phrased.

10.13b There is no official, paid out of hour's service available. Social workers do provide this in their own time in some areas.

!0.16b Is that review in line with the regulations or legislation at the moment?

Section 5: Education, Health and Social Development

Standard 11: *Care Planning and Review.*

This section does not mention the use of the placement plan for the day to day planning for the child in a residential care setting.

11.1. This should name the role of the social worker.

Comment: *It is not clear what the 'role of the family' means in the life of a child in care. Where there are two families this needs to be laid out more clearly. It also needs to be appreciated that for the child, there is often a hierarchy of families. It is the 'family' which, over time, meets the child's need for security, emotional acceptance and emotional regulation which becomes the most significant family for the child. When the foster parents become primary attachment figures for a child, the role of the birth family is consequently reduced in the child's emotional life. It would be more clear under Section 5, criterion 11.2 if the Care Plan were to define not the 'role of the family', but the roles of both foster and birth family in the child's life because the complex reality is in fact that children living in foster care actually have at least two families. This issue is addressed daily in Child Care Reviews throughout the country and needs to be reflected in the new Standards.*

11.4. The aims of the care plan are a bit vague. The reason for a care plan is to plan the child's stay in the placement. With a child in the care of the HSE, this should mention the role of the social worker and their responsibility. The list of items under this criterion does not make that clear.

11.8 Refers to the need to outline clearly roles and responsibilities in the care and treatment of children in care. The risks of narrowly defined roles are referred to under this section. It needs to be stated and emphasised however that the needs of children may also fail when roles are defined too broadly or with a lack of clarity. The use, throughout the text of the Draft Standards, of various undefined terms such as 'trusted adult, 'advocate', 'professional staff', 'other professional' are examples of roles which may be too broadly defined and which may in consequence create confusion for children, young people and families.

11.14. The care plan time frame is not realistic in an emergency. It needs to go back to 14 days as that is more realistic.

11.15 This needs rewording. The present regulations set out different time scales that are more realistic. It is our view that annual reviews are sufficient after two years in the same placement.

11.17. The first sentence in that section needs to state: An emergency care plan meeting **can be** convened rather than **is** convened.

This needs to be done as it is often not appropriate to convene such a meeting and is not always needed. When it relates to children in the care of the HSE, they have the responsibility and need to be able to act when necessary.

11.21 The present standards give a minimum level of contact. The IASW views that as a positive way of addressing the issue as it works in the best interest of the children/young people.

Standard 12: *Admission to Services*

This standard's clarifying statement is aspirational; for children in the care of the HSE this may not be an option. The reasons for children coming into care of the HSE is very varied and they can come in as an emergency as well.

There may not always be a care plan available at the point of admission to care.

This standard omits the matching process for children in foster care, where children are matched to foster parents that have the capacity to meet their needs.

12.1 This is generally not possible in the case of children in care and it is not relevant for children in foster care.

12.3 This can only apply to a planned placement or move from one placement to another.

!2.6 This should be reworded and the legal basis for it needs to be clarified.

12, 8 Aspirational and often not possible

12.9 This is aspirational and a foster family may not be able to do that, or it is not appropriate in the residential centre as there may be other children

Standard 13: *Preparation for adult life and after care services*.

13.2 Returning to their placement may not be possible due to the other residents or the ex resident's behaviour or life style. Support to foster parents here would need to be redefined as it does not currently exist.

13.4. Change term "maintenance" to "household tasks".

13.7 How will this be measured and should this be here.

13.9 How will this be inspected as they are not in the care of any one? Is this criterion appropriate in these standards?

13.10 This is not a legal requirement at the moment. The law allows the HSE an opt-out as the Child Care Act 1991 refers to after care support as "may" not "shall".

Standard 14: *Meeting the emotional and behavioural needs of children and Young people.*

14.1 This has serious resource implications in terms of meeting training needs. Currently there is no training available due to cutbacks. Awareness of emotional and

psychological needs of highly traumatized children, some of whom have additional mental health concerns is actually very highly complex.

It is necessary to separate training needs of foster carers and professional staff. In relation to professional staff, currently there is no postgraduate training available anywhere in the country, which is specifically related to alternative care.

14.4 Children in care should be fast tracked for services.

14.5. What does this mean? What therapeutic interventions? The term is confusing.

14.6 This criterion needs clarification. Some children are in voluntary care. There may be instances when a birth parent may seek to impede a child's access to a therapeutic intervention, e.g. when a parent may fear a child may disclose previous abuse/trauma.

14.9 This criterion needs further clarification. E.g. it is not clear what is meant by "the service" by "needs". Does this include physical, educational, psychological and developmental needs? If all of these needs are required to be assessed at time of admission to care, for example, then a multi-disciplinary team is required which would be dedicated to assessments of needs as in the National care planning project in Limerick. It would seriously limit the ability of social workers to place children into care when they are risk.

14.10. This should go without saying. Should this be in? It is very prescriptive. The word "minded" needs clarification.

14.13. In the sentence "prof staff" etc, take out **positively** for clarity

This statement is very highly idealised. Affirmation of behavioural norms is simply not sufficient as a guideline in dealing with the realities of highly disruptive, aggressive, high risk and dangerous behaviours which are prevalent in the care population. These behaviours are increasing at an alarming level.

14.15 It needs to be stated that children are received into the HSE primarily due to parenting failures such as neglect, abuse or abandonment. It is therefore highly unlikely that former carers will be able to advise current carers on how to manage problematic behaviour.

In the case of professionals the most helpful solution in dealing with problematic behaviour is to seek specialist advice.

In the case of foster parents it is not part of their role to engage in a consultation process as outlined in this standard.

14.16 The use of the work sanctions is a hang-over from the days of crime and punishment and is an outdated concept. For children the use of natural consequences should be promoted as a way of dealing with behaviour as it emphasises the learning. Children in care already think that being in care is their fault, which is not the case.

14.17. The use of the care planning group is not relevant here.

14.18, Respite breaks should not be a right for foster parents but based on the needs of the child. This criterion is a change to how respite is currently perceived.

14.20 Monitored, how?

Clarification needed around role of IYJS in relation to management of behaviour and use of sanctions.

There needs to be considerable discussion around role of outside organizations in foster and residential care.

Standard 15: *Promoting Good Health*

15.4 It is not clear what is meant by the "family GP". There is a continued blurring of distinction around the issue of placement moves. When a child comes into care he/she has moved from an original birth family to an alternative family. This fact is not reflected in the wording of the draft standards.

15.9 Clarification needed as to whether this applies to both foster care and residential care.

Standard 16: *Promoting Education Achievement.*

16.2 The first point in the list should read: Making sure the child has access to a school placement. It is not possible to make a child attend school

16.7, Home school support should be easily available to support children with a large gap in their education and therefore refusing to go to school as well as for other school issues, due to behaviour etc.

Section 6: The physical environment

Standard 17: *The living environment*
Generally not suitable for foster care

17.4 and 17.6 are not easily applicable to foster care

Standard 18: *Safety in the Residential Centre and Foster Home.*

18.3 This wording needs clarification. What responsibility is implied here? Many children coming into care have already assumed inappropriate responsibility for their own care and the care of others. E.g. Children of alcoholic parents have become role reversed and need to be taught to be children again.
It is the role of adult carers to be responsible for children's safety, not the responsibility of the child.

18.6. Cars and other vehicle should be as domestic in nature as possible. No vans with the donators name on the side etc.

Section 7: Governance and Management

Standard 19: *Governance and Management*

Comment: *In outcomes it states that the service should be **good value for money**. Outcomes need to be described in terms of "quality", not "quantity". These standards are about children's lives.*

19.1 This section should mention that the live of children in care should reflect their peer's lives.

19.3. This needs to be clarified. Does this mean that each service provider monitors their own service? This would mean that the present monitors are only responsible to the HSE services under the new standards.

19.5 Present service provision through agency and other outsourced staff will make this a difficult standard to comply with.

19.15 Services allocated in an equitable manner. This needs clarification.

Standard 20: *Purpose and Function.*

Not relevant for fostering, otherwise no comments.

Standard 21: *Register and Records*

21.2 At present foster parents do not have formal recording systems and it would not be appropriate to introduce that.

21.4. A number of items are not relevant for a register, i.e. name of GP and reason for discharge. That should be in the file not on register.

21.6 This section should state that all records for children in care should be kept in perpetuity.

Signed:
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