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## What Underpins Good Child-centred Practices in Children's Social Services?

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## What Underpins Good Child-centred Practices in Children's Social Services?

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## **What Underpins Good Child-centred Practices in Children's Social Services?**

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Health Information and Quality Authority

The children who engage with children's social services are some of those who are at most risk of harm and abuse in society (Health Information and Quality Authority, 2012). The aim of the study was to identify what underpins good child-centred practice in children's social services. This study was conducted to inform the development of *National Standards for Children's Social Services*. The Health Information and Quality Authority (HIQA) undertook a public scoping consultation to consult with people who have experience of children's social services. Also a literature review was conducted as part of a review and synthesis of literature and evidence. Findings show that all children's individual needs should be assessed and each child requires an approach tailored to their individual strengths and needs in order to keep them safe and promote their wellbeing. Although standardisation of certain processes can be helpful, both staff and children benefit from a degree of flexibility in the provision of services. Relationships with staff and having meaningful social connections are significant for children, in order for them to understand how their views can shape their care and support. The findings also indicate that accountable children's social services have strong leadership at both a national and local level to ensure that plans are carried out effectively across children's social services.

**Keywords:** children, social services, social care, participation, safety and wellbeing, strengthening families, responsive, accountable

### **Introduction**

All children have a right to be safe, and to have timely access to appropriate services and support to maximise their well-being and development (United Nations General Assembly, 1989). The children who come to the attention of children's social services are some of those who are at most risk of harm and abuse in society (Health Information and Quality Authority, 2012). Their needs must be fully assessed by these services, and the care and support they

receive must be well planned, integrated, consistent, and tailored to their individual needs and circumstances.

The rights of children are clearly stated and protected under current legislation in Ireland and in human rights treaties which Ireland has agreed to uphold (Child Care Act, 1991; United Nations General Assembly, 1989). The *United Nations Convention on the Rights of the Child* (UNCRC) outlines rights that are specific to children and the obligation of the Irish State to aid in the care and protection of the children's survival, development, protection and participation rights (United Nations General Assembly, 1989). Ireland has a wide range of legislation, regulation, guidance, policies, national standards and services that seek to promote the welfare of children and their families, and to protect children who are at risk of harm such as Child Care Act, 1991, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014 – 2020* (2014), *Children First: National Guidelines for the Protection and Welfare of Children* (2017), *National Standards for the Protection and Welfare of Children: For Health Service Executive Children and Family Services* (2012). There is a Government-wide commitment to improving outcomes for all children, as set out in *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020*, which recognises that children at risk of harm require integrated care and support to address these risks. (Department of Children and Youth Affairs, 2014, 2018; Health Information and Quality Authority, 2015). This commitment is underpinned by *Children First: National Guidance for the Protection and Welfare of Children* (2017), which outlines how statutory and non-statutory services can provide a co-ordinated approach to child welfare and protection concerns.

Established in 2014 to consolidate a wide range of children's services, the Child and Family Agency (Tusla) is the State agency in Ireland responsible for improving wellbeing and outcomes for children through a range of universal and targeted services. These services include early intervention with families in the community, psychology services, child protection and welfare services, alternative care (including foster care and residential care) and aftercare, to support young people with a history of care. (Department of Children and Youth Affairs, 2017, 2018; Health Information and Quality Authority, 2018a). However, it is evident from reports of children's social services, that delivering consistent integrated care and support for children at risk of harm, or in the care of the State, continues to be a challenge (Department of Children and Youth Affairs, 2017; Health Information and Quality Authority, 2016, 2018b, 2019). Furthermore, these reports highlight that there is wide

variation in resources, processes and practices in different geographical areas in Ireland, leading to inconsistent service delivery for children.

In Ireland, the Health Information and Quality Authority (HIQA) is a statutory body established under the Health Act (2007) tasked with driving high-quality and safe care for people using health and social care services. One of HIQA's many functions is to set national standards for these services, including children's social services, and to ensure that these standards are being met, through the registration and monitoring of services as defined in the Health Act (2007). The aim of national standards is to promote practice that is up-to-date, evidence-based, effective and consistent. Standards help the staff and services who provide health and social care services to identify strengths and highlight areas that may need improvement, while also aiming to show people what safe, high-quality care should look like and what to expect from a service.

HIQA recognises the importance of increasing the quality and safety of care for all children, especially children who are at risk in the community or who are living away from their families in the care of the State. The findings from an investigation undertaken by HIQA in 2018 recommended that HIQA develop national standards for children's social services. (Health Information and Quality Authority, 2018b). The national standards will cover all children's social services from the point of their referral to a service until they transfer to another service or are discharged. The new national standards for children's social services will replace existing service-specific standards, such as national standards for foster care, protection and welfare of children, special care units and children's residential centres. (Health Information and Quality Authority, 2003, 2012, 2014, 2018a). Having one set of national standards for all services tasked with the welfare and protection of children, move the focus from the service provider to the child, ensuring that the interests of the child are put first, and will promote a consistent, child-centred approach to service delivery.

HIQA's Health Information and Standards Directorate uses an established process to develop national standards for health and social care. This process was developed following a review of national and international evidence, engagement with national and international experts and applying HIQA's knowledge and experience of the health and social care context. (Health Information and Quality Authority, 2018c, 2020). To inform the development of the *National Standards for Children's Social Services*, HIQA conducted extensive stakeholder engagement with a diverse range of interested and informed parties, including consultation with children, young people and families who have experience of children's social services, to obtain their opinions as to what issues the standards should address. HIQA also conducted

a detailed synthesis and review of existing literature and evidence. (Health Information and Quality Authority, 2020). This evidence is drawn from: a review of children's social services in Ireland; a review of children's social services in six other jurisdictions; and a review of national and international literature which sought to identify the foundation of good child-centred practice in children's social services. The results of a public scoping consultation\* and comprehensive literature review of national and international academic literature, are presented in this article. The aim of this work was to identify what underpins good child-centred practice in children's social services.

## **Methods**

A literature review and public scoping consultation were conducted by HIQA to determine what underpins good child-centred practice in children's social services.

### ***Scoping consultation***

A public scoping consultation was completed by HIQA to inform the development of National Standards for Children's Social Services. The purpose of this consultation is to engage early in the process with people who have experience of these services, seeking high-level responses to inform the development of the standards. The scoping consultation took place during August and September 2019 for a six-week period. As part of this process, respondents were asked to recommend key sources of evidence such as legislation, policies and guidelines that should inform the development of the standards. National and international academic literature recommended by respondents was considered for inclusion in this study.

### ***Search strategy***

As part of the comprehensive literature review conducted by HIQA, there was a formal systematic search of identified data-bases, which followed HIQA's evidence synthesis process. (Health Information and Quality Authority, 2018d). HIQA carried out a search

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\* "When we start developing standards, we consult with people who have experience of those services. We ask what areas the standards should address, to describe how these new standards can be put in to practice, to share examples of good practice and to identify key stakeholders who should be consulted. This is called a Scoping Consultation" (<https://www.hiqa.ie/reports-and-publications/consultation/scoping-consultation-inform-development-overarching-national>).

which included five academic databases: ASSIA, PsychInfo, CINAHL, Social Sciences, SocINDEX, and three grey literature repositories: Lenus, Open Grey and Trip. All databases and repositories were searched using the same strategy. A combination of search terms were used; these related to the population (for example ‘child’, ‘young person’ and ‘young people’), setting (for example, ‘early intervention’, ‘welfare’, ‘protection’ and ‘in care’). Terms such as ‘practice’, ‘standard’, ‘guidance’, ‘guideline’ and ‘recommendation’ were included to classify the ways of providing a service to children at risk or in the care of the State. An additional search term was added to ensure that the search focused on children’s social services, rather than wider services for children such as health services, disability services, and services for mental health.

These search terms included ‘social’, and ‘services’. For the grey literature search it was not possible to apply all combinations of search terms at one time. A more sequential approach was taken, with each source being searched iteratively using the agreed search terms. The black and grey literature search was limited to full-text articles written in the English language. The *Munro Review of Child Protection* report was published in the UK in 2011 and marked a critical point in the reform of the child protection system, policy and practice, with a number of academic papers on this report published from 2012 onwards (Munro, 2011). As such the search was limited from 2012 to 2019 to ensure relevancy to current practice. Manual searching of the reference lists of papers selected for review was also undertaken to identify any additional relevant papers.

### ***Eligibility criteria***

Studies were included if they described elements of child-centred practices for services working with children and young people engaged in children’s social services. Studies were excluded if they focused on health, education, housing or other services for children who are not at risk and do not need child protection and welfare services. Books, book reviews, editorials and letters were excluded, and studies were also excluded if they focused on developing countries. Duplicate studies were removed. Two reviewers independently screened each retrieved abstract using the above eligibility criteria and achieved consensus by discussion. A third reviewer was available to resolve any differences. The full text article was obtained where any uncertainty remained.

### **Quality assessment**

Quality assessment tools provide a standardisation against which to assess the quality of each paper. The methodological quality of each full text article was evaluated independently by two reviewers. The Mixed Methods Appraisal Tool (MMAT) was used to assess the quality of empirical studies (Pace et al., 2012). The MMAT was chosen as it enables users to concurrently appraise qualitative, quantitative, and mixed methods studies with scores ranging from 0% (no criteria met) to 100% (all criteria met). The Critical Appraisal Skills Programme (CASP) was used to evaluate systematic reviews (Singh, 2013). The CASP tool has ten questions that each focus on a different methodological aspect of a systematic review. The questions are designed to help the researcher to consider whether the research methods were appropriate and whether the findings are well-presented and meaningful. Theoretical and discussion articles were appraised using the AACODS checklist as they did not have a methodology consistent with a particular MMAT or CASP checklist. The AACODS checklist assesses the authority, accuracy, coverage, objectivity, date, and significance of an article, with scores ranging from 0-6. This checklist was also used to appraise the quality of the grey literature.

### *Data analysis*

Given the anticipated broad range of articles available regarding the issue being addressed and the service type, a narrative synthesis was used. Articles were initially categorised based on the main focus of the paper, for example 'prevention', 'early intervention', 'rights of the child', 'leadership'. Following initial categorisation, articles were further grouped under a number of interlinked themes that were identified from the literature. Themes were analysed and patterns were interpreted from the data. The themes that were identified relating to good child-centred practice in children's social services are:

- Participation
- Safety and wellbeing
- Strengthening families and communities
- Accountable
- Responsive

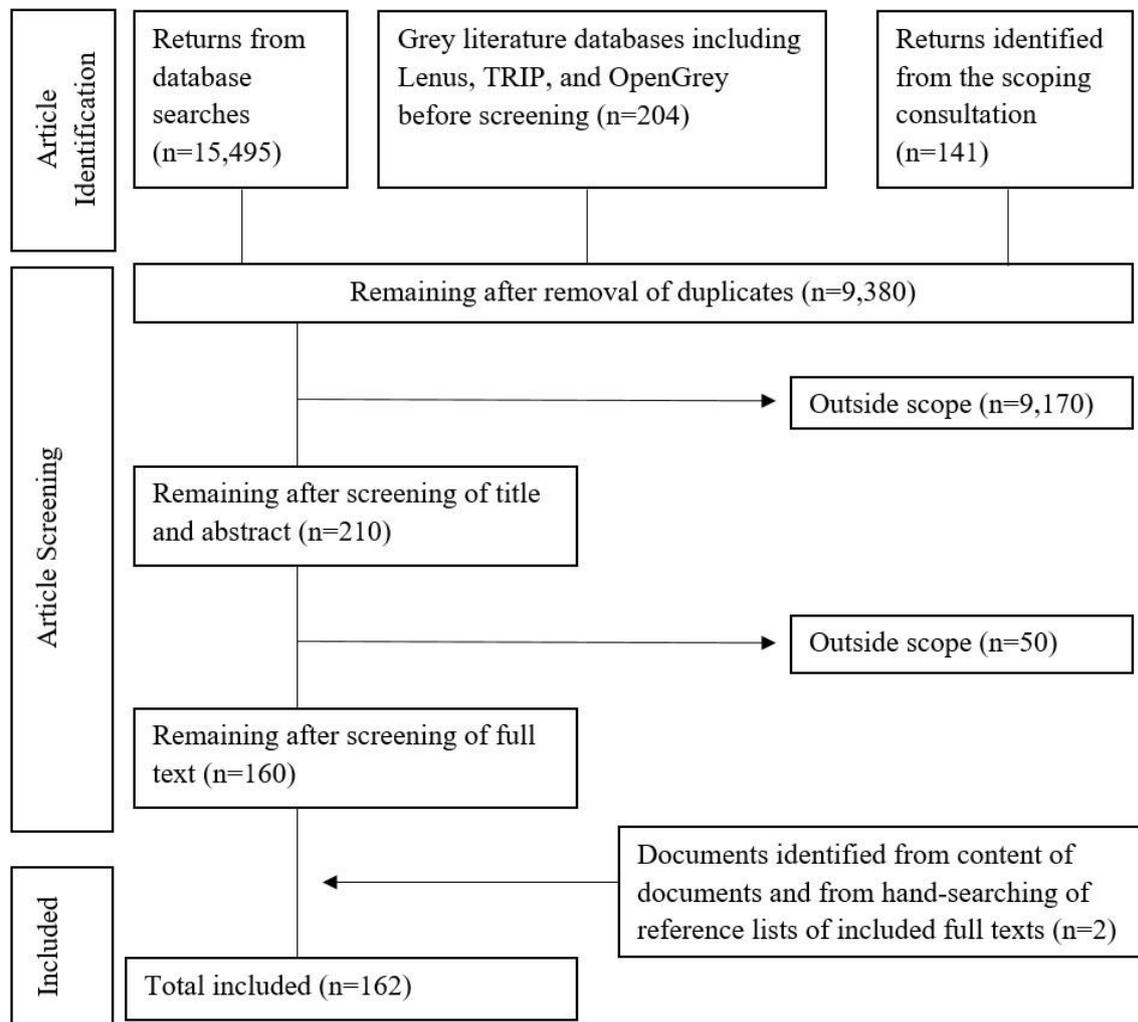
Although these themes can be seen as distinct, in reality single issues can relate to several themes. For example, when deciding on what intervention is appropriate for a child, children's social services must consider the child's safety and wellbeing, but also the right of

that child to participate in their care and support. In the review, topics that relate to more than one theme are discussed in the context of each relevant theme.

## **Results**

### *Search results*

A full break down of the number of studies identified and included in this review is provided in Figure 1. For the public scoping consultation 53 responses were received from organisations and individuals. Following the removal of duplicate suggestions, 141 documents or authoritative websites were suggested by the organisations and individuals who responded. These suggestions included legislation, books, journal articles and information on websites. All suggested sources of evidence were screened and reviewed for relevance. The database search returned 15,495 studies and the search of the grey literature returned 204 studies. From the 15,840 studies identified, 160 were included in the review. A further two documents were identified from the manual searching of the reference lists of papers selected for review. The process is illustrated in Figure 1 below.

**Figure 1** PRISMA flow diagram depicting the number of studies identified.

The key findings from the review of national and international academic literature are reported under five interlinked themes below:

### ***Participation***

Children have the right to be treated with dignity and to be recognised as individuals who are able to participate in and exercise a level of control over their lives. (Council Of Europe, 2011; Department of Children and Youth Affairs, 2017; Glynn & Mayock, 2019; Tierney et al., 2018). The rights set out by the UNCRC apply to every child regardless of race, colour, gender, language, religion, ethnicity, disability or any other status (Painter et al., 2018; United Nations General Assembly, 1989). The literature shows that often families and social workers do not share a common language, either linguistically or culturally, which can lead to distress for the child and family (Department of Justice, Equality and Law Reform, 2017;

Kvarfordt & Kasha, 2018; Maiter et al., 2017). Building an understanding of a child's culture, their beliefs, values and circumstances, as well as their language, should help professionals to develop a genuine understanding of the needs of families and children in order to better respond to these needs (Sawrikar & Katz, 2014).

The evidence also highlights the importance of giving children power to influence the decisions that are made about their care and support. Information, when shared in a child friendly and developmentally-appropriate format, supports participation and encourages transparency and fairness in the decision-making process. (B. Brady et al., 2019; Burns et al., 2018; Hyde et al., 2016; Jensdóttir, 2015; Mooney, 2018; O'Mahony et al., 2016).

The evidence shows that it is important not to underestimate the need for children in care to have nurturing relationships with those charged with their care. (Evans, 2019; Lausten & Frederiksen, 2016). Relationships and social connections are important for children in order for them to understand how their views can shape their care and support and how they can navigate social services, school, health or the transition to independent living. The provision of a nurturing environment for children in their home, school and in the wider community requires integrated support from the wide range of professionals who engage with children in these settings (Evans, 2019). Specifically, research highlights the importance of a carer or keyworker giving children social support, which includes children being listened to by their carer, receiving advice from them and being able to rely on them for help. The evidence shows that this support contributes to children feeling more confident in their abilities to contribute and participate in decisions that are made about their care and support (Cahill et al., 2016; Collins, 2016; Holt & Kirwan, 2012; Lausten & Frederiksen, 2016; Trivasse, 2017).

### ***Safety and Wellbeing***

Every child has the right to be free from potential and active harm and to feel safe (United Nations General Assembly, 1989). Child welfare and protection is a shared responsibility amongst those who engage with children, such as healthcare professionals, teachers, early-years staff and youth workers. The research shows that the level of engagement and access that these professionals have to children and their families is a valuable asset when identifying potential issues and developing early intervention strategies. (Hanafin, 2013; E. Hanson & Holmes, 2014; Hultman et al., 2015; Parton, 2014; Pietrantonio et al., 2013; Talsma et al. 2015; Turner et al., 2017).

Research shows that, in order to increase the focus on children's safety and wellbeing, it is important that the child's holistic needs are considered by professionals across a number of children's social services who work to care for and support children, rather than each profession dealing only with their discrete area of speciality. (Hanafin, 2013; Hultman et al., 2015). Ferguson (2017) found that the more time, space and support that staff working with children who are at risk or in the care of a state are given to do quality work and to reflect on their practice and their own lived experiences in a critical manner, the less likely it is that children will feel 'invisible' within children's social services.

While Jones et al. (2015) show that the physical safety of a child and the stability of their family situation is critical in child welfare and protection they argue that in recent years there has been an increased awareness of the wellbeing of the whole child. Wellbeing refers to a number of dimensions of the child's life, including the child's mental and behavioural health, their safety and physical environment, their social and emotional health, and their academic outcomes. Jones et al urges children's social services to reflect on these dimensions when both planning and delivering children's social services. (Jones et al., 2015). Linked to this is the importance of sustaining a child's social network while they are in care, as this network connects children to their family, friends and community of origin and can contribute positively to their social and emotional security (Atwool, 2019; Barnes, 2012; Jack, 2015; Lausten & Frederiksen, 2016).

Legislation and policy related to children sets out that the best interests of the child are the paramount consideration when decisions are being made which affect them. Safeguarding children is about protecting all children from harm, promoting their welfare and creating an environment which enables children to achieve their full potential (Biehal et al, 2018; Children's Mental Health Coalition, 2015.; Dixon et al., 2018; Heggdalsvik et al., 2018; Higgins et al., 2015; Holt & Kirwan, 2012; Keyser & Ahn, 2017; T. Lee et al., 2015; Liabo et al., 2017; McElvaney & Tatlow-Golden, 2016; Mendes et al., 2014; National Preventive Mechanism.2017; Rome & Raskin, 2019; Steels & Simpson, 2017). While any child may be at risk of harm, the evidence identifies groups who may be particularly vulnerable to harm, such as unaccompanied minors, children who have adverse childhood experiences, and children with disabilities. (Avrushin & Vidal de Haymes, 2018; Cross et al., 2012; European Migration Network, 2018; Richason, 2018; H. Roberts et al., 2018; Sirriyeh & Ní Raghallaigh, 2018; Stalker & McArthur, 2012; Taylor et al., 2016; Tilbury et al., 2016; Welch et al., 2015). If a child is at risk, services must make decisions that are in their best interests, and undertake a holistic assessment of the child's individual physical, mental and

emotional health needs, as well their ongoing educational needs, and provide relevant services to meet these needs. (Eastman et al., 2019; E. Brady & Gilligan, 2018; Carnochan et al., 2013; Jones et al., 2015; S.-Y. Lee et al., 2015; McElvaney & Tatlow-Golden, 2016; Mendis et al., 2018; Steels & Simpson, 2017; Wigley et al., 2012). The literature also shows that parental relationships, when nurturing and beneficial to the child, should be encouraged and supported by children's social services. (Austerberry et al., 2013; Farmer, 2014; Jedwab & Shaw, 2017; Platt & Riches, 2016).

### ***Strengthening families and communities***

Although it is not always possible to act before child welfare and protection concerns are known, the literature shows that services that take an early intervention and preventative approach at a family or community level give children and families their best chance to do well. (Chen & Chan, 2016; Genders et al., 2015; Gomez & Fliss, 2019; Hanafin, 2013; Hickey et al., 2018; Hofer & Bryant, 2017; Lushey et al., 2017; McBeath et al., 2014; Michalopoulos et al., 2012; Rogers et al., 2018; Whittaker et al., 2014; Winokur et al., 2014). In order to strengthen families, practitioners in children's social services need to balance child-centred and family-focused methods. (Janebová, 2019; L. Roberts, 2015). To engage and work with families effectively, an understanding of the family's wider situation can help staff gain an insight into how they can support the family to achieve better outcomes. (Bywaters et al., 2016; Featherstone et al., 2017; Genders et al., 2015; Jack & Gill, 2013; Kemp et al., 2014; Malin & Tunmore, 2012; Robbins & Cook, 2018; Sen, 2016; Smith et al., 2014; Tilbury & Ramsay, 2018).

The literature shows that children's social services are in a better position to identify issues of concern when children and their families are linked with prevention and early intervention services within their community, which can prevent child welfare issues becoming child protection concerns. Community services can also act as a 'safety net' where there have been child welfare and or protection concerns and can work at a local level to minimise the reoccurrence of these concerns, support families to build their capacity to care for children, and reinforce the importance of the child's active participation in their care and support. (Devaney et al., 2017; Hickey et al., 2018; Kearney et al., 2016; Young et al., 2012, 2014).

### *Accountable*

The literature (Frontline, 2015; Lalayants, 2012; Munro, 2011) shows that accountable children's social services are services that have a clear vision for their work, support their staff to deliver on this vision, work well with other relevant services, and regularly assess the impact of their work on those that they are caring for and supporting. Leadership and governance are important to accountable children's social services. (Munro, 2011). Strong leadership is needed on a national and local level to ensure plans are carried out effectively across children's social services and changes in culture happen within these services. It is recommended that strong leadership should also be present at every level of a service or organisation, with all staff recognising that they have a role in driving improvement and change where possible (Frontline, 2015; Lalayants, 2012; Munro, 2011).

Spratt et al. (2015) and Tilbury et al. (2016) demonstrate the importance of services taking a joined-up view of children, families, and communities. The evidence highlights that services should work collaboratively with a wide range of professionals, organisations and services to ensure that children's holistic needs are met effectively. This applies not only to services dealing primarily with child welfare and protection but other sectors such as health, housing, justice and education who may be involved in ensuring the ongoing welfare and safety of a child (Brubacher et al., 2018; Frost, 2017; Gilligan, 2019; Kelly & Knowles, 2015; McElvaney & Tatlow-Golden, 2016; National Review Panel, 2019; O'Dwyer et al., 2016; Ogbonnaya & Keeney, 2018; Peckover, 2013; Shipe et al., 2017). The literature also highlights the challenges to working collaboratively.

Ungar et al. (2014) argue that services are often reluctant to share resources and there can be delays and a lack of continuity between services, with children ending up on multiple waiting lists. Research in this area suggests that in order to address the barriers to interagency working services should develop a set of agreed interagency protocols, undertake staff training on interagency working, set out a vision for how they can support a continuum of care for children to ensure their safety and wellbeing, and regularly review how they are achieving this vision in practice (Devlieghere et al., 2018; Garcia et al., 2019; Lawton, 2015; Peckover & Golding, 2017; Thompson, 2013; Tusla - Child and Family Agency and Health Service Executive, 2017; Ungar et al., 2014; Webber et al., 2013).

The literature reviewed indicates that children's social services should focus not just on the delivery of their service, but also on measuring the quantifiable impact the service has on children and their families (Deans et al., 2015; Holmes & Brookes, 2014; Y. H. Roberts et

al., 2019; Selwyn et al., 2017; Zeitlin, 2014). By using a range of indicators, outcomes, and perspectives to measure the impact of services, decisions for improving services can be informed by good data (Albright et al., 2019; Buckley, 2012; Colvin et al., 2018; Dugdale & Wells, 2012; Gilligan, 2019; Selwyn et al., 2017).

### ***Responsive***

The literature reviewed suggests that responsive children's social services respond to the needs of the children and families they work with as well as ensure that children are cared for and supported by staff who are skilled, trained and experienced. Listening in a non-judgemental and supportive way to children and their families can provide insight into what interventions are appropriate to the child and their circumstances (Johnson et al., 2017; Rautkis, 2016). As well as listening, responsive services ensure that they are also communicating appropriately with children and their families. (Brown et al., 2019; Farmer, 2014; Glynn & Mayock, 2019; Parton, 2014; Taylor et al., 2016). Therefore staff in these services must be trained and supported to effectively communicate with children and families and to respond to their needs (Horwath & Tarr, 2015; O'Reilly & Dolan, 2017; Office of the Ombudsman, 2017; Tierney et al., 2018; Wigley et al., 2012).

The literature indicates that responsive services understand that all children and families are unique and that, although standardisation of certain administrative processes can be helpful, there is scope for professional discretion and flexibility (Fusco, 2015; Houston, 2016; Kojan & Lonne, 2012; Križ & Skivenes, 2013; Y. H. Roberts et al., 2019; Sawrikar & Katz, 2014; Taylor et al., 2016; Winter et al., 2017). They recognise that poor accessibility to services creates barriers for engagement and participation, and suggest engaging with children in creative ways to improve accessibility and encourage active participation (Avby et al., 2017; Burns & MacCarthy, 2012; Platt & Turney, 2014; Doherty, 2017; Horwath & Tarr, 2015; Mackay & Millar, 2012; Office of the Ombudsman, 2017; Parton, 2014;; Pösö & Laakso, 2016; Rutz et al., 2018; Seim & Slettebø, 2017; Winokur et al., 2014; Winter et al., 2017). The research findings indicate that when staff take the individual needs of the child into account and act on it, it can improve outcomes for children and young people (Devaney et al., 2019; Forrester, 2017; Pösö et al., 2014; Rock et al., 2015; Rutz et al., 2018; Wilkins & Whittaker, 2018).

Parton (2014) outlines that children's social services often focus on reacting to crises in the sector. Although accepting the challenges, the literature suggests that when staff

engage in reflective practice their interactions with children improve and they gain better insight into the lived experience of children (Horwath & Tarr, 2015; Mackay & Millar, 2012; McFadden et al., 2019; O'Reilly & Dolan, 2017; Soares et al., 2018; Whincup, 2017; Winter et al., 2017). Reflection is detailed in this literature as a valuable tool for staff and services. It helps staff understand how they have treated children and families, whether this is appropriate to their needs and circumstances, and facilitates assessment of whether they have achieved their individual and organisational goals (Avby et al., 2017; Doherty, 2017; Ellett, 2013; Higgins, 2016; Lynch et al., 2019; O'Reilly & Dolan, 2017; Wilkins, 2012).

A number of studies highlight the importance of both trainee and staff in children's social services participating in training that prepares them effectively for the work (Brubacher et al., 2018; R. F. Hanson & Lang, 2016; Hunt et al., 2016; Lefevre, 2015; Marsh et al., 2017). Both initial professional training and continued professional development is required for all staff, and should seek to address any shortcomings in their current practice or any new challenges facing them (Horwath & Tarr, 2015; Hurley et al., 2013; Mackay & Millar, 2012; McFadden et al., 2019; O'Reilly & Dolan, 2017; Soares et al., 2018; Whincup, 2017).

### **Summary of findings**

This study identified what underpins good child-centred practice in children's social services in Ireland and internationally. The results are documented under five interlinked themes relating to good child-centred practice in children's social services which emerged over the course of the review. The evidence shows that all children's individual needs should be assessed and each child requires an approach tailored to their individual strengths and needs. Children's social services providers should ensure that they are upholding the right of the child to participate in their care and support. Through this participation, it is suggested that children gain a sense of control in their lives, which can contribute to their psychological and emotional wellbeing. The protection of children is of paramount importance and in order to meet a child's need for both safety and wellbeing, it is important that the child's holistic needs are considered, not just the needs they present with. The sensitive and holistic assessment of children's individual physical, mental and emotional health needs is important to support positive outcomes for children in the short and long-term. This includes services working with children as they plan for and navigate the transition from children's social services into independent living. Children's social services should work to strengthen families and communities, as this is where it is usually best for children to live. Relationships

with staff and others providing care and support to them, and having meaningful social connections are important for children, in order for them to understand how their views can shape their care and support. The goals of this work include prevention of harm to children, early intervention by services to minimise the effects of harm if it does occur, supporting children, families and communities, and building capacity in these groups.

The literature indicates that accountable children's social services have strong leadership at a national and local level to ensure that plans are carried out effectively across children's social services. Accountable services should understand the importance of interagency working and put structures and systems in place to facilitate this work. Well led and managed services also prioritise what data and outcomes to respond to and consider the long-term outcomes for the children and families using their services. The evidence suggests that as well as listening, responsive services should ensure that they are also communicating appropriately with children and their families to improve accessibility and encourage active participation. The research shows that responsive services employ trained and experienced staff who understand the needs of children, and work in a collaborative and creative way with them and their families, as appropriate, to ensure that children are safe and are supported to reach their full potential. Responsive services understand that all children and families are unique and although standardisation of certain processes can be helpful, both staff and children benefit from a degree of flexibility in the provision of services.

### **Strengths and limitations of the study**

This study was conducted as part of a body of research to inform the development of *National Standards for Children's Social Services in Ireland*. HIQA uses a defined evidence synthesis process to develop the evidence-base from which standards, guidance and recommendations are then developed. (Health Information and Quality Authority, 2018d). The steps taken were clearly documented and decisions made at each stage were justified and recorded. One limitation of this evidence synthesis process is the risk that relevant articles may be omitted, especially when a date limiter is set, as was the case with this study. While it is accepted that the focus of the review is not exhaustiveness efforts are made to reduce this risk by using multiple sources to identify relevant articles. This includes a variety of sources such as expert knowledge, grey and academic databases, websites and targeted web browser searches. The risk is further reduced by utilising a three-pronged approach which includes scoping consultation with stakeholders, carrying out systematic searching and undertaking

searching of reference lists. This should result in a clearly justified, unbiased and comprehensive summary of the relevant available literature.

### **Meaning of the study**

The development of *National Standards for Children's Social Services* requires a strong understanding of what underpins good child-centred practice in children's social services. The findings from this public scoping consultation and literature review suggest that the needs of children who come to the attention of children's social services must be assessed properly by these services and the care and support they receive must be well planned, integrated, consistent, and tailored to their needs and circumstances. The findings from this study, together with feedback from stakeholders will inform the development of National Standards for Children's Social Services. Once approved by the Minister for Health, in consultation with the Minister for Children, Equality, Disability, Integration and Youth; the standards will ensure that the interests of the child are put first and will promote a consistent, child-centred approach to service delivery.

One of the key findings of the study is that the literature reviewed indicates that all children's needs are different and therefore the importance of social care services addressing the holistic needs of the child, not just the needs the child presents with. The findings of this study also point to the need to develop a wider set of standards that address this complexity of need within the context of both social and health care services for children. To this end, in 2020, HIQA and the Mental Health Commission committed to the development of overarching national standards for the care and support of children using health and social care services, in order to support improvement in the wide range of services that children engage with. These services include GPs, primary care services, hospitals, child protection and welfare services, children's residential centres, services for children with disabilities, and mental health services. Aligned to these overarching standards, will be the *National Standards for Children's Social Services*, which will be supported by appropriate implementation tools.

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