UNICEF Innocenti Research Centre

# CHANGING MINDS, POLICIES AND LIVES

## IMPROVING PROTECTION OF CHILDREN IN EASTERN EUROPE AND CENTRAL ASIA

## IMPROVING STANDARDS OF CHILD PROTECTION SERVICES

World Bank Group

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# CHANGING MINDS, POLICIES AND LIVES

## Improving Protection of Children in Eastern Europe and Central Asia

## Improving Standards of Child Protection Services


For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

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*A man adjusts his daughter's hair in a park in Moscow, Russia.* UNICEF/C-116/6/Steve Maines

# Foreword

After more than a decade of coping with transition challenges in Eastern Europe and Central Asia, the need for the reform of family and child welfare systems has been widely acknowledged. The mindset is changing, policies are increasingly embracing new directions, reform efforts are underway, but the lives of hundreds of thousands of poor families with children have yet to improve. Every year a large number of children are still at risk of being separated from their families and being placed in institutional care. This problem was first highlighted by the MONEE Project based at the UNICEF Innocenti Research Centre in 1997 in the Report "Children at Risk in Central and Eastern Europe: Perils and Promises". The MONEE Project has been monitoring the well being of children and families in the Region since 1989 and provides fundamental data that supports family policy formulation to safeguard children's rights in transition. However, knowledge, capacities, resources and practices in the countries of the Region are still inadequate to bring about the much-needed system changes.

Through "Changing Minds, Policies and Lives", UNICEF and the World Bank have teamed up in an effort to increase the understanding of the essential challenges of the system changes, and to propose strategies to advance the reform of child and family services. The results of the joint work are the concept papers and corresponding tools that suggest how to change three important system regulators, decision making, standards and financing.

We hope that these three toolkits will be useful instruments for policy makers, practitioners and for child rights advocates wishing to make the difference in the lives of families and children at risk in the region.

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|---|---|---|
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# Introduction

## "CHANGING MINDS, POLICIES AND LIVES"

In response to the challenge of family and child welfare system reform in the transition countries of Central and Eastern Europe and Commonwealth of Independent States, the World Bank and UNICEF teamed up in the project "Changing Minds, Policies and Lives". The purpose of this joint initiative was to develop knowledge and tools for family and child welfare policy makers and practitioners in the region. The products of the joint work are published in this three-volume publication, each containing concept papers and tools addressing essential components of the system reform, namely decision making processes: "gate-keeping", redirecting resources into preventive and family based services, and standards of care.

## REGIONAL CONTEXT

The countries of Central and Eastern Europe and the Commonwealth of Independent States have undergone extensive economic and social change in the last decade. Family and child welfare has been recognised as one of many areas in need of reform. The public child-care systems in former socialist countries relied extensively on the institutionalization of vulnerable children, including children with disabilities and deprived of parental care at the expense of preventive assistance and support to the families at risk. As a consequence of the economic transition, social transformation and political instability the number of families at risk has increased, thus increasing the demand for public care. Across the region, roughly 1,5 million children are in public care (UNICEF, 2001). Governments in the region spend up to one per cent of their GDP in sustaining the institutional care for vulnerable individuals including children (World Bank). Worldwide experiences indicate that institutionalization is more expensive and less beneficial per client than more inclusive approaches designed to support individuals within the families. Institutional care shortfalls in enabling harmonious development of the child including her/his full inclusion in society.

There is a growing understanding and willingness among child welfare policy makers in the region to establish alternatives to institutionalization and in a number of countries the child welfare systems are undergoing reform. However, these encouraging initiatives are scattered across the region, not framed within coherent policy and characterised by:

- discrepancy between policies to reduce placement in residential care and the existing practice
- lack of coherent reform framework – fragmented coordination, piecemeal and isolated innovative initiatives
- deficient information management systems lacking data on referral patterns, profiles of needs for particular groups, service availability and no contact with local decision making, policy and practice
- absence of a systematic care plan for each child in public care endorsed in law, policy and practice
- public monopoly on financing of services resulting in a supply driven care system in spite of governance and fiscal decentralization
- deficient regulatory framework to enable decentralization of service provision within defined care standards
- little incentive to tailor the response on clients' needs
- budget structure that favours residential care, does not encourage mixed options, offers few choices to clients and limits the range of available care options
- lack of information on true costs of care as full financial costs of public care are not calculated.

The reform challenges have revealed the need to build a knowledge base and tools to assess and analyse the family and child welfare situation from the perspective of the system's outcomes; to inform the design of the reform towards effective family and child centred outcomes and to guide management of the reform.

## PURPOSE

To support and facilitate the ongoing reform processes in the region, UNICEF and the World Bank decided to team up in the 'Changing Minds, Policies and Lives' initiative. As the winner of the World Bank Development Market Place Programme the project was awarded a grant and was officially launched at a Regional Conference on Children Deprived of Parental Care: 'Rights and Realities' in Budapest, Hungary, October 2000.

The project addresses two important strategic concerns of both organisations. For the World Bank it is about the support to child and family welfare system change as one of the cornerstones of social protection strategy in Eastern Europe and Central Asia (ECA). For UNICEF it is about promotion, fulfilment and protection of the human rights of children.

The "Changing Minds, Policies and Lives" aims to achieve major policy and practice change by contributing to a permanent shift from extensive reliance on state institutions towards provision of family and community based care for vulnerable individuals, especially children at risk and those deprived of parental care. The initiative focuses on supporting the design of a comprehensive national strategy grounded in concerns for both human rights and cost-effectiveness. This innovative approach:

- promotes the reform of public care systems for children in a way to prevent institutionalization by supporting families and by establishing family based care alternatives;
- provides tools, which in interaction with ongoing reform efforts, help generating knowledge for further support rather than to offer the blue print for reform;
- brings together policy makers, families, communities and NGOs in an effort to raise awareness and mobilise the change agents.

The project strategy focused on developing knowledge and tools for the reform of three essential system regulators: *finances*, to redirect resources to community based services; *standards*, to ensure family centred outcomes; and *decision-making processes* to reshape the gatekeeping system. The main outputs of the project are three technical instruments, toolkits. Each toolkit contains an analytical framework, templates and checklist for the reform of regulators and examples of good models for reference.

## THE TOOLKITS

### GATEKEEPING

The analytical framework defines the gate-keeping as the system of decision making that guides effective and efficient targeting of services. Such a system is based on the following principles:

- the best interests of the child;
- proper safeguards for clients' rights;
- fair and clear criteria of entitlement to services in all user groups;
- transparent decision-making, verification and control mechanisms;
- efficient use of scarce resources;
- monitoring, evaluation and review of the decision-making process based on the quality of outcome for the client;
- fair and consistent service allocation; and
- individual child service plan based on review of the child and family situation.

The gate-keeping is designed to be operational not only at the point of referral but at all stages of service provision. The conditions for effective gatekeeping include an agency responsible for coordinating the assessment of the child situation, a range of services in the community to provide support to children and their families, and an information system to monitor and review the outcomes and provide feedback on operation of the system as a whole.

The toolkit contains elements relevant for reform at local and national levels. The templates and check lists for multidisciplinary planning; development of local management information systems; individual needs assessment and corresponding decision-making for services are examples of instruments to support the local level processes. The set of tools envisaged to support the national level processes include guidance for development of an efficient coordination mechanism, revision of the legal framework, and establishment of national monitoring and information systems including performance indicators.

The gatekeeping toolkit combines and builds upon some interesting regional initiatives, such as the establishment of national coordination agency in Romania and Bulgaria, the community based services in support of children and their families in Russia and on improvement of information systems in Hungary and Latvia.

### REDIRECTING RESOURCES

The objective of this toolkit is to guide redirection of resources to community based services by changing financing flows towards support to families at risk and family based care alternatives. The toolkit promotes orientation towards the purchaser-provider model and in this context proposes the following pillars for the reform:

- establishment of a purchaser with clear incentives to serve clients, not the provider;
- changes in financing procedures to allow output oriented financing to providers;
- development of tools for the agreement between the purchaser and the provider (contracts, rules on pricing, tendering); and
- reform of the existing providers.

The proposed framework for the reform of child and family welfare system financing suggests that the purchaser should be guided by client's needs and the most efficient ways to meet them. In this manner the purchaser acts as the gatekeeper and therefore should have the power and resources for decision-making. The new financing system should place all the public funds for social care into the hands of the purchaser

and acknowledge output based reimbursement. All private and public providers should be subject to licensing. Contracts should be developed to specify what should be achieved at what costs and included in tenders. The conditions for the transformation of existing providers include changes in the legal status of existing public institutions, regulation to allow them to participate in a tender, incentives to reduce available residential care and expand community care, and opening of the space to the non-governmental sector.

The toolkit contains templates, checklists and guidance for assessment of current financial flows, planning of changes, including development of purchaser-provider models and budgeting for new structures, and needs assessment to determine future demand.

### STANDARDS

Standards are understood as accepted or approved criteria to measure and monitor the management, provision and quality of services and their outcomes. The aim of the toolkit is to support the assessment of current standards and to guide development of new criteria for service provision and performance outcomes. Appropriately defined standards of care are realistic, reliable, valid, clear and measurable and will ensure the family centred outcomes.

The proposed framework for setting standards adopts the rights of the child as the guiding principle and promotes the need to minimise the reliance on residential childcare, and points to the importance of a case management approach and support structures for quality outcomes.

The toolkit includes a combination of statements on good practice with concrete and observable sets of indicators which describe what the 'standard good practice' means in terms of outcomes for the child, for care practice, for management action, for structures and inputs.

To date only Hungary and Slovenia have systematically modernised childcare standards. Other efforts in the region that are more in initial stages include changes in legislation and pilot projects on quality care standards in Romania, 'environmental' child care standards in Bulgaria, mechanisms for monitoring of care in Lithuania and Latvia.

The process of standards development will be participatory to ensure that standards are owned by the stakeholders, shared and understood by the staff, and developed with the participation of children and their parents.

## WHAT IS NEXT?

Testing of the toolkits in Bulgaria, Romania and Latvia has helped to ensure that the toolkits systematically address important challenges in the child welfare system reform. However, for the proposed strategies to become useful tools in the hands of regional policy makers, the toolkits need to be used in a real context of reform and adjusted to the country context.

To that end, UNICEF and the World Bank are planning to organise dissemination seminars for the countries that are committed to the child welfare system reform and have expressed interest using and adjusting the toolkits.

In addition, the concept papers and the toolkits will be posted on the UNICEF and World Bank web sites for the widest possible use.

*Judita Reichenberg, UNICEF*
*Aleksandra Posarac, World Bank*

# Improving Standards of Child Protection Services

## A Concept Paper

*Andy Bilson and Ragnar Gotestam*

June, 2003[1]

[1]This report is part of a joint UNICEF-World Bank project, *Changing Minds, Policies and Lives* (CMPL), designed to support national programmes to reduce the institutionalization of vulnerable individuals in Eastern and Central Europe and Central Asia. For information on this regional project, see www.worldbank.org/childrenandyouth. The authors are grateful for comments of project team members and the Stakes team who wrote a previous draft; additional comments are welcome at ragnar.gotestam@chello.se.

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# Executive summary

## The Challenge

The reforms undertaken during the transition to a market economy have had an uneven and divergent social impact on the countries within the Eastern Europe and Central Asia (ECA) region. It is now recognized by governments in many parts of the region that the policy of using institutional care for children with welfare needs is both ineffective and expensive. Despite reforms, the quality of care within institutions and in the new community-based services is still inconsistent and in many cases does not meet the requirements of the United Nations Convention on the Rights of the Child.

The challenge is to provide practical support and information for those in the ECA region wishing to improve the quality of existing services and ensure that new services have quality control built into them from the outset. The philosophy and nature of the child protection system needs to change and rendering it more standard-driven is just one element of the required reform. The improvement of standards should be seen within a framework that includes gatekeeping and the redirection of resources within a systemic framework. The aim of implementing systems to monitor and improve standards is to ensure that all services reach at least minimum standards and aim for excellence.

## What are the basic concepts and why standards are important

Standards are agreed statements of a measure of quality of services and require a quality assurance mechanism to implement them. They are important because they are a key mechanism to promote the rights of the child and to improve services.

### Quality

Quality is frequently used to describe those features of programme environments, and children's experiences in them, that are assumed to be beneficial for children's wellbeing.

### Standards

Standards are a promise given by central government, local government or a service provider to assure a specific level of quality in service provision. They should be realistic, reliable, valid, clear, and measurable.

Wright and Whittington (1992, p. 216) define standards as follows:

> (1) an accepted or approved example or statement of something against which measurement and/or judgement takes place; a level of quality relevant to the activity.
>
> (2) a statement which defines agreed objectives for the level of excellence, and describes the skills, resources or results required to achieve the level of excellence in terms which can be used to measure achievement.

### Continual improvement

Standards need to be constantly reviewed to ensure they can respond to changes in the quality of services.

### Minimum standards and excellence

Minimum standards establish the baseline for the quality of service to be provided whilst standards of excellence provide targets to aim at.

### Quality assurance

The 'quality assurance' of service delivery covers the introduction, motivation, training and assistance of workers and managers in the implementation and review of activities specifically relating to the three levels of activity listed below:

- services: development and improvement of the organization and management of child protection services
- local coordination: development and improvement at the local or district level of the coordination, planning and provision of services between local government, central government, NGOs and private providers
- national strategy and coordination: development and improvement of national government strategic services planning, organization, evaluation, development and reform including ensuring the development of appropriate levels of service for the needs of children; referral arrangements with an emphasis on governance of service delivery by the public and private sectors, regulatory activities (licensing, credentialing, etc.), and national accreditation.

### Why standards are important

Standards are important because they provide:

- a basis for promoting and protecting the rights of the child

- a basis for an equitable and transparent approach to monitoring quality
- empowerment for service users and parents giving them a basis to judge their entitlement and whether the services they receive are good enough
- a base-line for the identification of priority development tasks for the sector
- help for governments and service providers to identify and address the major gaps between service provision and adopted policies
- a basis for systematic data collection
- a clear indication for providers of the requirements for services
- a basis and priorities for staff training and development.



## What is necessary for standards to promote an effective child protection system?

There are three key elements to improving the quality of services. These are defining standards, monitoring quality and improving quality.

### 1. Defining standards

*Environmental standards.* These relate to the more technical part of care provision – the construction of buildings, interiors, health protection and hygiene, clothing and food, staff, their tasks, responsibilities and wages, bookkeeping and similar material matters. These standards support the functioning of the institutions, ensure that children are fed, washed and clothed, that clothes are clean and discipline and order are promoted.

*Quality of life standards.* These are the core in care provision; what happens to the children, how they can be helped to live a better life and eventually be reunited with their parents, how inclusion can be promoted, how their emotional and cognitive needs can be met, and how they can learn and develop as individuals. An essential part of these standards is to safeguard all aspects of children's rights.

*Principles and outcomes.* The format for standards used in a number of mainly Anglo-Saxon countries is to state the standard as a principle; describe the expected outcomes for children and youth in care; and draw up the practical steps that caregivers and programme staff must take to achieve the expected outcomes.

*Professional regulation.* The approach to standards in Northern Europe is not to define standards in detail centrally and the assumption is that standards will be maintained because of the professionalism of the workforce and the high expectations of users and purchasers. This approach works effectively and promotes responsibility for the quality of services where there is a well-qualified and committed work force.

*Promoting commitment and understanding.* When producing standards it is important to consult widely with all stakeholders including service users. This ensures that there is wide knowledge of the standards, that commitment to them can be achieved, that they are realistic etc.. This can be comprehensive and help the development of the standards without being too time consuming.

### 2. Monitoring quality

The paper identifies regulatory mechanisms and a range of systems to monitor standards.

*Regulatory mechanisms*

- *Licensing* is a mandatory process where an agency of government regulates a profession or service. For individuals it grants permission to engage in a profession such as social work if the applicant has attained the degree of competency required to ensure that public health, safety, and welfare will be reasonably protected. Licensing is awarded to organizations that meet the minimum standards required by legislation to provide particular services.
- *Accreditation* is a voluntary process. It offers professional recognition and consumer distinction to service providers who meet standards defined by the accrediting agency. Accreditation is intended for providers who demonstrate a commitment to go beyond minimum licensing requirements to achieve standards of excellence.
- *Certification* is voluntary and applies where a professional activity is not licensed. Certification applies to an individual and differs from licensing in that it is nearly always offered by a private, non-governmental agency. Such agencies are usually outgrowths of professional associations which create certifying agencies to identify and acknowledge those who have met their standards. Practitioners do not have to be certified in order to practice. An individual becomes certified (often by taking an examination) in order to demonstrate competence to potential customers.

*Inspection*

Inspectors use standards as the basis for inspections providing a report with recommendations for improvements and details of positive aspects of the service. Best practice ensures that the reports are widely available to service providers, users, potential users and their families, purchasers such as social workers and the general public. The recommendations in reports are followed up by later inspections. Only if the service is seen to be substantially failing in some area is formal legal action taken to remedy the failure or to close the service.

*Performance measurement and indicators*

Performance measurement is used increasingly by governments to assess the performance of organizations (including local or state governments) using state funds.

The key issue in performance measurement is to identify a small number of key indicators which can be measured accurately and give a good indication of the quality of performance. The drawbacks to the use of performance indicators include the amount of effort needed to collect them. This can take up substantial resources that might otherwise be used for services. Another major problem with the use of performance indicators is that they can distort the activity of service providers.

*Complaints systems*

An effective complaints procedure provides protection for those making complaints and an independent system to consider the complaints.

*Ombudsmen and children's advocates*

There are two types of Children's Ombudsmen. The Children's Advocate who works on a case-by-case level for individual children going through the process of being taken into public care or being submitted to care. The second type is called an Ombudsman and works on an overarching level to protect children's interests in general, rather than on a single case level. In some cases the ombudsman can cover both types of work.

## 3. Improving Quality

This covers incentives, developing a shared understanding of standards and individual roles in implementing them. The role of central and local government in implementing standards is to ensure there is a framework to improve standards that encourages service providers (including directly provided services) to actively pursue service improvement.

- *Incentives* to improve quality include: a) mandatory and legal requirements; b) financial incentives; and c) prestige and commercial advantage.
- *Shared understanding* of what the standards are and why they are important. Effective standards are formed through consensual processes rather than by being imposed.
- *Training* and induction of staff play a central part in implementing standards.
- *Continual improvement* of services through a cycle of assessment is central to the implementation of standards.
- *Codes of ethics* ensuring that workers and the public are aware of the conduct expected of professionals and that should be used in developing quality work.
- *Quality management tools* are an important resource and those which focus on individuals, teams and processes.
- *Leadership* is where service managers take the lead in promoting quality.
- *User and carer involvement:* standards should be customer-oriented, starting with the needs of users and carers and involving them throughout the process.

## How can current systems of monitoring and implementing standards be improved?

### Current situation in the ECA region

The Soviet-era standards have influenced the system and continue to influence the prerequisites of child protection. With a few notable exceptions, the standards currently operating in the ECA region focus on the technical standards of service provision and very few deal with the influence of social work practice on the quality of life of service users. Federal directives and instructions mainly cover construction and interiors, health protection and hygiene, clothing and food, staff and their wages, other resources and bookkeeping. The standards support the functioning of the institutions as a mixture of a hospital and an army barracks: children are washed and fed, clothes are cleaned and discipline and order are kept. Few formal instructions or training for personnel concerning their carer functions exist. Neither is there a focus on monitoring or evaluation of results.

In some recent developments standards are being introduced to regulate the rights and quality of life of the individual, e.g. some of the work currently being carried out in Latvia, Romania and Lithuania. These types of standards have the advantage of shifting the focus from instrumental and technical issues to the rights and quality of life of the client, and at its best the provision of care is seen from the client's point of view.

*What is required to implement standards in the ECA region?*

The following issues indicate what is needed to implement standards as part of a reform of the child protection system:

*Changing minds*

Those working in current facilities and institutions are struggling hard to do what they believe to be in the best interests of children, often in extremely difficult and challenging circumstances. Taking a child away from a miserable and damaging family environment may appear to be the solution to the child's difficulties, but it creates another problem; the separation and the damage that derives from it. The removal of a child from its parents may leave the child with the sort of emotional scars that may never heal. The fact that this paper focuses on standards for improving care and services for children does not exclude the need for standards for other sequences in the care process. The whole chain of activities coming into operation in a care episode needs to be improved.

*A comprehensive strategy to reform the child protection system*

Standards are not neutral but are based on the policy that underpins the child protection system and provide a clear statement of the principles of this policy.

*Starting small*

The strategy for reform needs to produce quick benefits whilst at the same time keeping standards as part of a larger reform process to change the child protection system as a whole. For this reason it is suggested that the strategy should start by selecting a pilot area. This may be a region or area of practice such as the abandonment of infants in a particular locality.

*Overcoming the shortcomings of the current system of standards*

The following six key areas have been highlighted as ones where key problems with the current system reside:

1. There are few examples of standards on the quality of life.
2. Standards on the environment are rigid and over-bureaucratic and support, instead of challenging, the current system.
3. There is little involvement of users, carers or civil society in the development of quality practice.
4. Where standards have been developed they frequently have weak or non-existent systems to implement them.
5. Systems to regulate services and professions are under-developed or non-existent.
6. Systems to monitor and evaluate practice against standards are under-developed or non-existent.

*Gaining commitment*

The successful development of standards will oblige many people to change what they do. This is unlikely to be achieved by command alone and it is important to work in a way that gains the commitment of all those who will be involved in the strategy.

*Developing incentives to grow*

Once a local pilot has been tried it will be necessary to develop incentives for any successes to be replicated elsewhere. This mean that changes should be rewarded and the range of incentives should be brought into play.

## Some things to avoid

*Cookbook guidelines*

Developmentally appropriate practice cannot be achieved by producing a cookbook and following recipes for best practice. It requires staff to be flexible in their responses to the needs of children and their families, and to develop their skills by reflecting on what they do. Providing detailed and rigid instructions is likely to inhibit this learning process and to stifle creativity.

*Misdirected efforts*

When considering where to improve standards it is important not to generate standards for services that are inherently unable to provide developmentally appropriate practice.

*Reinventing the wheel*

It is suggested that reform should use an existing scheme on which to build and to put the effort into adaptation whilst building on positive developments that already exist.

## Ideas for a reform strategy

This section presents the steps for a reform strategy needed at each of the three levels at which a system to specify and monitor standards must operate – state government, local or regional government and service providers. Different, but closely linked, activities will be needed at each of these levels as described below.

*Implementing standards at the government level*

A government challenged by the proposals in this Concept Paper will have to make some strategic initial choices, some simple and technical, others difficult and cutting deep into the current framework of concepts, beliefs and attitudes. The key action is to set the strategic direction for services and to establish systems to develop and monitor quality services within a policy to reduce the use of institutional care and ensure adequate community-based services. The following steps, which may overlap, should be taken:

1. assess the current situation reviewing current standards, regulations and monitoring mechanisms and identify exemplary practice
2. decide on type of standards, regulation mechanism and monitoring systems to be implemented
3. develop an implementation plan covering use of pilots, training and orientation of staff and develop incentives to implement standards
4. create a legislative framework for standards and monitoring
5. set up regulatory bodies such as Inspectorates, Accreditation Councils, Professional Councils, Professional Training Councils, Ombudsmen, as required
6. develop data systems to collect information on the quality of services
7. develop and update standards, codes of practice (ethics), practice guidance, performance indicators and regulation through broad consultation gaining commitment and ownership and involving users and carers.

*Implementing standards at the local/regional level*

Responsibilities at local and regional government level are to provide, coordinate and plan for the provision of services that are responsive to local needs and that promote family-based care. The implementation of standards needs to be carefully planned and to focus on the following areas:

1. Implementing or improving quality assurance mechanisms for service planning, management and purchasing of services, coordination of local services and directly provided services.
2. Implementing or improving inspection services, if required set up inspection unit and recruit and train inspectors.
3. Implementing or improving systems to identify problems or opportunities for improving quality including information systems, complaints systems, problem reporting and identification mechanisms, surveys, statistical monitoring, research and performance measurement using indicators, benchmarking and quality teams.
4. Promoting understanding and acceptance of standards and performance improvement mechanisms by staff, local communities, users and parents.

*Implementing standards in practice settings*

Planning to implement standards begins with a review of the organization's services to determine which should be addressed. In most organizations it is impossible to improve quality in all areas simultaneously. Instead, activities should be initiated in a few critical areas, often paying special initial attention to high-priority, high-volume, or problem-prone aspects of services. Such activities are:

1. Assessing the current situation identifying areas of exemplary practice and poor practice requiring change.
2. Selecting a quality improvement approach. This may focus on monitoring desired or adverse outcomes, or study service delivery and support processes to determine areas for improvement.
3. Setting up a team responsible for initial quality assurance activities.
4. If the service's mission is unclear, or it is unresponsive to community needs, strategic planning might be required. To do this, define the organization's mission, assess the opportunities and constraints in the external environment and the organization's internal strengths and weaknesses, and determine priorities.
5. Setting standards, developing guidelines, standard operating procedures, and performance standards through a consultative process involving all staff, carers and users.
6. Developing or improving monitoring systems such as information systems; complaints systems and indicators.
7. Developing a quality assurance plan covering the objectives and scope, responsibilities, and implementation strategies.
8. Reviewing achievements and restarting the process to implement on-going improvements.

## Conclusion

This Concept Paper sets out definitions of key concepts, gives an overview of what is needed to improve quality and examines the practical steps required for implementation.

We believe that developing standards, monitoring systems and quality improvement will constitute an effective basis for providing better services for children and their families as part of a strategic policy framework including gatekeeping entries to institutions and redirecting resources to community-based care. Ensuring better quality, preventing children who should not be in institutions from entering them, and steering financing towards services that can more effectively provide help, are the three most effective tools to promote the necessary reforms in child protection systems.

We are convinced that governments, managers and staff want the best outcomes for children but they face the challenge of how to "change minds" about what is possible. We believe that the direction set out in this paper offers the basis for such a change which will lead to new policies and most importantly real changes in the lives of children.

# The challenge

The reforms undertaken during the transition to a market economy have had an uneven and divergent social impact on the countries in Eastern Europe and Central Asia (ECA). In many parts of the region governments now recognize that the policy of using institutional care for children with welfare needs is both ineffective and expensive. As a result, reform of the child protection[2] system is being undertaken in many countries across the region and foster care and new forms of community-based welfare services are slowly emerging. However, the quality of care offered by institutions and the new community-based services is still uneven and in many cases does not meet the requirements of the United Nations Convention on the Rights of the Child. At times the problems described in UNICEF's fourth Regional Monitoring Report can still be seen and children in some institutions still face "high death rates, a downward spiral of disabilities and emotional harm, the withering of family ties, and several other deviations from the spirit of the United Nations Convention on the Rights of the Child." (UNICEF, 1997, p. 12).

Problems in maintaining high standards in child welfare services are not limited to the ECA region. Countries with long-established welfare services are also fighting a continuing battle to improve the quality of provision and to ensure the promotion of children's rights. For example, initiatives using performance indicators to ensure minimum standards in child protection services are currently underway in the USA and the UK.

The challenge is to provide practical support and information for those in the ECA region wishing to improve the quality of existing services and ensure that new services have quality control built into them from the outset. This is no easy task considering the history of welfare services and the financial constraints within which governments must operate. Moreover, the problem of excessive use of institutions requires far wider reforms than those relating to standards and quality of service. The philosophy and nature of the child protection system needs to be overhauled and the use of standards to drive this is just one element of the required reform.

This Concept Paper is part of the joint World Bank-UNICEF project, *Changing Minds, Policies and Lives* (CMPL). Complementary Concept Papers deal with gatekeeping (Bilson and Harwin, 2003), and the redirection of resources (Fox and Gotestam, 2003). The improvement of standards should be seen within a framework which includes these other approaches. Implementation of effective gatekeeping will lead to a reduced need for institutional care and more effective approaches for meeting children's needs within their own homes, families and communities. The transfer of funds and other resources will allow the development of a wider range of services from the limited budgets available in most countries. Finally, implementing systems to monitor and improve standards will ensure that all services reach at least minimum standards and aim for excellence.



[2]In the ECA, and in this paper, the term 'child protection' denotes social care services for children.

# The purpose of the concept paper

The quality of care children receive, their learning experiences and relationships, are critical in shaping their future. This is particularly true in their first years of life. Research indicates that positive experiences early in life, such as those provided by high-quality child protection, promote children's development whilst poor experiences can lead to life-long damage. Quality child protection services play an important role in enhancing learning and achievement throughout children's lives, in providing more positive lifelong opportunities and outcomes, and in reducing poor health in adult life. The key to a high-quality child protection system is to have clear, agreed standards based on evidence of best practice and effective systems to implement and monitor them. Standards should guide the allocation of financial and human resources towards priorities and their most cost-effective use.

Given the importance of promoting quality, this paper provides a framework for designing tools to specify and use standards as part of the reform of the child protection system. This is to ensure that, wherever possible, families are supported to care for their children themselves. Such a reform will need to have an improved method of gatekeeping entry to institutions. This requires a range of services in the local community able to work with families without removing children from their birth families and communities. A much smaller group of children may still need state care and wherever possible they should be cared for in a family environment such as foster care, care with the child's extended family, guardianship, custodianship, or adoption. Only if these services are unable to meet the needs of individual children should they be admitted to institutions. The Concept Paper on gatekeeping child protection systems (Bilson and Harwin, 2003), describes strategies for moving from services based on institutional care to a community-based approach. This move also requires resources to be available. The Concept Paper on redirecting resources (Fox and Gotestam, 2003) considers the strategies for achieving transfers from the institutional sector to community-based services and for funding the child protection system.

This overall strategy to reduce the use of institutional care for children is designed to facilitate a systematic approach to the following questions:

- What are the basic concepts and why are standards important?
- What is necessary for standards to be effective?
- How can systems of monitoring and implementing standards be improved?
- What resources and information will help those involved in improving the standards of a less institutionally focussed child protection system in the ECA region?

In order to do this we give an overview of the different approaches to defining standards, monitoring and implementation of child protection in a range of community-based and residential practice settings. Evidence of the impact of standards on services is briefly examined. This is followed by a review of experience in the ECA region and elsewhere including examples of strategies to implement best practice. In considering the specification of standards we examine the use of minimum requirements and standards of excellence. We consider the process for agreeing standards and the different structures and approaches to their dissemination. These different approaches are not mutually exclusive and range from stipulating statutory regulations (an approach commonly used for certain issues within the ECA region) to self-regulation and quality management approaches.

Similarly the discussion of monitoring quality covers approaches such as inspection, licensing, performance measurement and indicators, self-assessment, and complaints systems together with a range of structures for monitoring including ombudsmen, registration and inspection teams.

The section on implementing standards in practice deals with the need for training, leadership, a clear philosophy, self-assessment and a professional code of ethics as well as quality assurance and quality management tools. Thus, the implementation of standards will require input from a range of different agencies and actors and this paper examines the different roles and responsibilities of central and local government, service providers including NGOs, staff, service users and civil society.

The concluding section presents recommendations for approaches to this difficult area that can be used within the ECA region.

# What the basic concepts are and why standards are important

The goal of regulating and improving the quality of social work with children through the use of standards and systems to monitor and evaluate their use can be broadly defined. There are not only a number of different approaches to defining standards but also a number of ways in which standards can be monitored. It is not sufficient to specify standards in order to implement them in practice – practitioners and service providers need to work hard to provide the highest quality of care.

## Promoting child rights

All states in the ECA region are parties to the United Nations Convention on the Rights of the Child and have thus made a commitment to promote and protect the rights stipulated in the convention and which provide a framework for all actions regarding children. In trying to improve the quality of services for children through developing standards it is therefore important that the rights of the child are properly addressed.

The Convention confirms the universally growing awareness that the state needs to support and assist children and families primarily and wherever possible in their own living environment. In the area of child protection this means that, whilst placement in residential care and inter-country adoption are not considered inappropriate for children as such, they should only be used as a last resort. Indeed, the Preamble to the Convention on the Rights of the child states that:

> The family is the fundamental group of society and the natural environment for the growth and the well-being of all its members, and particularly children. Each child for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding.

Cappelaere (see Box 1) identifies four key elements relating to children deprived of parental care, the fourth being the need for institutional or community-based services to actively promote the rights of the child. In countries developing new standards for child protection this means that all standards need to be evaluated to ensure they actively promote the rights of the child. In addition, the development of the standards themselves needs to be carried out in a way that promotes child rights in particular by involving and listening to children's views and ensuring non-discrimination.

## Quality

Before looking at the definition of standards we need to consider what is meant by quality. The concept of quality is used to describe those features of programme environments and children's experiences with those environments that are assumed to be beneficial for children's well-being. These assumptions are based on a mixture of research and practice wisdom. The practice wisdom can be summarized as "developmentally appropriate practice" (Bredekamp, 1987), whilst research describes empirical associations between fea-

**Box 1** Key child rights' issues for children deprived of parental care

"Considering the problem of children deprived of parental care from a children's rights perspective, implies at least 4 dimensions, to be tackled simultaneously:

- First, and this should be the priority by all means, we have to promote the right of each child to be cared for by his/her parents. We have to provide whatever support and assistance is needed in order to guarantee full respect for this right as much and as long as possible.
- Second, children have the right to grow up in a family environment, even if temporarily their parents cannot take care of them. Priority should be given to the child's own family environment.
- Third, residential care should be only a measure of last resort, and for the shortest time possible. Alternatively, family focused and community-based care should be encouraged and available as much as possible. Also intercountry adoption can only be an option if every other possible solution has failed.
- Childcare, in all its forms, should meet minimum standards fully in line with the rights of the child. These standards should contribute to enhancing the realization in full of the right of each child to be cared for by his/her parents and to grow up in their family environment."

*Source:* Cappelaere (2000)

tures of child-care environments and aspects of children's growth and development. Whilst the definition of quality can be slippery, the practice often stands out. For example, in the United States the National Association for the Education of Young Children (NAEYC) describes the key elements of quality practice in education of young children as follows:

> In high-quality, developmentally appropriate programs, caregivers encourage children to be actively engaged in a variety of activities; have frequent, positive interactions with children that include smiling, touching, holding, and speaking at children's eye level; promptly respond to children's questions or requests; and encourage children to talk about their experiences, feelings, and ideas. Caregivers in high-quality settings also listen attentively, ask open-ended questions and extend children's actions and verbalizations with more complex ideas or materials, interact with children individually and in small groups instead of exclusively with the group as a whole, use positive guidance techniques, and encourage appropriate independence. (Love *et al*, 1996, p. 5)

Whilst relating to a specific setting this description of high quality practice can easily be seen to be generally relevant to child protection services for young children and infants.

**Key Point 1: A definition of standards**

Wright and Whittington (1992, p. 216) define standards as follows:

(1) an accepted or approved example or statement of something against which measurement and/or judgement takes place; a level of quality relevant to the activity;

(2) a statement which defines agreed objectives for the level of excellence, and describes the skills, resources or results required to achieve the level of excellence in terms which can be used to measure achievement.

## Standards

In defining standards we focus on two types that can be used separately or in combination. A definition of standards which covers both these approaches is given by Wright and Whittington (1992) as illustrated in Key Point 1.

Both types of standards start from an agreed or approved level of quality and both stress the need for standards to be measurable. Definition (1) gives a straightforward expectation of something which must be achieved. This type of standard is a *minimum standard*. The expectation is that the standard will be achieved or exceeded. Definition (2) is a *standard of excellence*, highlights 'best practice' and provides a high-level target for the system to work towards. Standards of best practice or excellence go beyond what is likely to be achieved in everyday practice.

The UK's Social Service Inspectorate suggests that standards are "derived from government policy, legislation and regulation (including national objectives and national service frameworks), and current knowledge of research and good practice". The last aspect of the definition is crucially important and highlights not only research knowledge but practice wisdom as a valid source of standards.

In addition effective standards have the following attributes:

- *be realistic:* standards can be achieved or followed with existing resources or achievable increases
- *be reliable:* following standards for a particular area provides improved outcomes (external factors being equal)
- *be valid:* standards are based on research evidence, knowledge of child development or other acceptable experience
- *be clear:* standards are easy to understand (including by users and parents) and difficult to misinterpret
- *be measurable:* use of standards can be assessed through quantitative or qualitative measures.

In summary standards are a promise given by central government, local government or a service provider to assure a specific level of quality in service provision.

## Continual improvement

Standards are dynamic and change in response to changing judgements about the quality of services. As services improve the acceptable minimum level of performance will rise and standards must reflect this. Similarly changes in professional practice, economic conditions, consumer expectations, and technology can all lead to the need for changes in standards. Thus, the pursuit of quality services requires continuing attention to standards which should be regularly reviewed.

## Minimum standards

Minimum standards establish the baseline for the quality of service provision. In child protection they are frequently specified in statutory regulations. Clearly the bottom line specified by minimum standards can be drawn at different levels of achievement. All standards involve value judgements about what is acceptable and as such no absolute set of standards can be achieved. In setting out minimum standards the intention should not be to standardize services. Standards can be designed to apply to a wide range of services and to allow the development of an individual ethos and approach to caring for children with widely differing needs. Likewise, minimum standards can be used not only to regulate services, but also to help providers and staff carry out self-assessment of services. In this way they can be used as a basis to prepare and train staff. Children and young people, their parents and families can also use them as a guide to what they might expect from services. Examples of all these uses of minimum standards can be seen in current practice.

## Standards of excellence

Standards of excellence provide a different approach to minimum standards. They are targets to work towards rather than a ceiling to be reached. Not all practice will be excellent, unless standards are well-defined. Standards of excellence are usually combined with the sort of quality management approach that has become an integral strategy in organizational development in industry, services and administration. Approaches to quality management involve staff and users in the development and ownership of standards and the means to achieve them.

The specification of minimum standards and the use of standards of excellence are not mutually exclusive. In many situations minimum standards are laid down in regulations and secondary ordinances, but at the same time agencies, local authorities and other service providers set up quality management systems or use quality development methods to promote improvements in service quality.

## Regulations

One way to provide a statement of essential minimum standards is through statutory regulations. These are laid out in statute and provide enforceable standards for services. For example, regulations may cover the management, staff, premises and conduct of social and healthcare services and agencies. The regulatory system provides the framework for service provision. It provides the base-line which must be met before a service can be approved as well as those it must continue to meet while it is operational.

Criteria set out in regulations tend to be limited to the essentials for the particular service and provide a mechanism for enforcement through legal actions including de-registration of a service, fines or compensation. In many cases regulations focus on basic health and safety rather than the quality of practice, and this is common in the ECA region where regulations frequently support a regimented and controlling regime rather than the promotion of children's rights.

## Quality assurance

The World Health Organization uses the term "quality assurance" to refer to the process of implementing standards using a range of methods which have many common components (WHO 2000). It identifies "quality assurance" of service delivery as the introduction, motivation, training and assistance in implementation and review of activities at a number of levels of activity. If adapted to child protection, these would be the items listed in Key Point 2. Attempts to use standards to reform child protection will need to address quality assurance at each of these three levels and should go beyond a focus on services alone.

## Do standards make a difference?

Whilst there is substantial literature on standards and approaches to implement them there is less research into the effects of standards, specifically in child protection. This section examines evidence of the impact of standards on practice.

Standards should reflect good or best practice in social work but unfortunately neither are well developed in the sector in general or in the ECA region in particular. One can understand the size of the problem if one compares standards for social care and services with those for the medical and health sector where standards have been in use for some time. Social care and services are less evidence-based than medical care. Although social work has a long tradition going back to the churches, monasteries and other philanthropic providers of help for the vulnerable, as a discipline it is relatively young and much less quality research has been done in the area.

In Northern Ireland a survey of professional audits of social work services undertaken by Deloitte and Touche confirms this:

- it is difficult to measure social work outcomes, particularly in a multi-disciplinary environment
- there is a need for standards as benchmarks so that we can move to evidence-based practice and the measurement of performance
- users of the service and carers must be involved in

**Key Point 2**
**Levels of activity in the implementation of standards**

| Level | Activity |
|---|---|
| Services | Development and improvement of the organization and management of child protection services |
| Local coordination | Development and improvement at the local or district level of the coordination, planning and provision of services between local government, central government, NGOs and private providers |
| National strategy and coordination | Development and improvement of national government strategic services planning, organization, evaluation, development and reform including: ensuring the development of appropriate levels of service for the needs of children; referral arrangements with an emphasis on governance of service delivery by the public and private sectors; regulatory activities (licensing, credentialing, etc.), and national accreditation |

the identification and development of standards and in giving feedback to inform whether the standards have been met. (NISW 1999)

There is research evidence that standards make a difference to the quality of childcare in a range of settings. Love *et al.* (1996) carried out a comprehensive review of literature on pre-school care services in the USA and found that:

> Extensive research in child care and early childhood education conducted over the past 20 years has clearly demonstrated strong, positive relationships between a variety of quality measures and various dimensions of children's development and well-being. Across a wide range of settings, from center-based child care to family child care homes, research indicates that higher levels of quality are associated with enhanced social skills, reduced behavior problems, increased cooperation, and improved language in children. There appear to be no detrimental effects on infants' attachment relationships with their mothers so long as mothers provide adequate attention while their babies are at home. Longitudinal studies have found some of these benefits – in both the social and cognitive domains – to persist into the elementary-school years. The dimensions of quality that are most strongly associated with enhanced child well-being include structural features of the child care setting (such as lower child-staff ratios and smaller group sizes) and caregiver-child dynamics (including the caregiver's sensitivity and responsiveness in interactions with children). Although the dynamics of the caregiver-child relationship are the heart of quality, structural features of child care provide the foundation for higher-quality dynamics, justifying the increased costs that smaller ratios and group sizes entail. (Love *et al*, 1996, p. iii)

Recent research into links between compliance with childcare standards and outcomes for infants attending childcare centres indicates that outcomes were better where the centres met recommended child-staff ratios and levels of carer training and education (Anon. 1999). Another study found evidence of strong links between the implementation of standards for training combined with staff ratios:

> Several years ago Florida implemented a new law that tightened child care center teacher-to-child ratios from 1:6 to 1:4 for infants and from 1:8 to 1:6 for toddlers. Education requirements for child care teachers were also increased. Child care teachers must now have at least a Child Development Associate (CDA) credential or an equivalent. State funds were made available to help staff obtain these credentials. A study commissioned by the state to assess the impact of these changes reported that: children's intellectual and emotional development has improved (including increased language proficiency and fewer behavior problems); 'global' quality of the classrooms has improved; teachers are more sensitive and responsive; and teachers' negative management styles have declined. (That is, teachers are less likely to respond to a child's misbehavior by yelling, threatening, being sarcastic or hitting. In some programs these behaviors have been reduced by 75%, Howes, Smith, and Galinsky, 1995). (Chung and Stoney, 1997)

In care homes for the elderly a study comparing outcomes in states with extensive regulation to those with none revealed that regulation was associated with improvements in the quality of care, quality of life, safety and in reducing the incidence of poorly performing homes (Phillips *et al*. 1995).

In the health arena the World Health Organization instituted the programme, "Health Workers for Change", which has had some success in helping to improve health services. The project and its outcomes is described as follows:

> A participatory methodology consisting of a series of workshops was used to sensitize health workers to the quality of service they provide, and to help them identify how it could be improved. The process, welcomed by health staff, improved provider-client relations, facility level functioning and staff relations, and had some impact at system level. Commitment to change at system level enhanced the positive impact. Results indicate that greater returns could have been realised for health systems had managers embraced the enthusiasm and thrust for change generated, and supported it more fully. (WHO, 1998)

However, research into the use of Total Quality Management (TQM)[3] in health settings indicates rather poor outcomes. Øvretveit states that of those few hospitals that have tried TQM "few have had great success and many have found difficulties sustaining their programs." (Øvretveit 2000, p. 74). There is evidence to suggest that TQM is likely to be more successful in dealing with specific complex problems at a team level than when dealing with an entire programme. Finally, in the UK the child protection programme "Quality Protects"[4] used a range of performance indicators to promote improvements in childcare and is claimed to have positive effects on children's services.

> Care leavers, children in need and looked after children have all seen real improvements in the services which support themselves and their families, and offer them better hopes of lives which equal their peers. Services for children with disabilities show good progress; and there is some evidence of improvement in the provision of mental health services for children and adolescents, particularly in relation to access to these services and their integration with other elements in the care of children in need or looked after. (Robins, 2001, p. 6)

Whilst there are methodological problems in proving that implementing standards directly improves services, there is evidence that they can make a difference as part of an overall strategy of reform. The main reasons why standards are essential for effective and efficient services are given in Key Point 3.

[3]TQM is often defined as exceeding customer expectations. In healthcare it is seen as improving three dimensions of quality: patient quality; professional quality (assessment by other professionals using the services for their clients ); and management quality (effectiveness of services).
[4]See http://www.doh.gov.uk/scg/quality.htm for more details.

**Key Point 3**
**Why standards are essential for effective and efficient services**

Standards are important because they provide:

- a basis for promoting and protecting the rights of the child
- a basis for an equitable and transparent approach to monitoring quality
- empowerment for service users and parents giving them a basis to judge their entitlement and whether the services they receive are good enough
- a base-line for the identification of priority development tasks for the sector
- help for governments and service providers to identify and address the major gaps between service provision and policies adopted
- a basis for systematic data collection
- a clear indication for providers of the requirements for services
- a basis and priorities for staff training and development.

## Summary

Standards are agreed statements of a measure of quality of services and require a quality assurance mechanism to implement them. The statement of standards should be measurable and achievable in the case of minimum standards. Minimum standards provide an approved baseline for the quality of services whilst standards of excellence provide an aspiration towards which service quality should move. Despite problems in proving a direct link between the implementation of standards and the outcomes of services there is strong evidence that they do make a difference to practice. They also provide a basis for the functions described in Key Point 3.

# What is necessary for standards to promote an effective child protection system?

Standards are not neutral and can promote or inhibit change. This section focuses on the three key prerequisites for improving the quality of services – defining standards, monitoring quality and improving quality. These three elements interact and overlap to produce better quality services. This section examines how standards can be defined and monitored and how services can be improved to promote the reform of the child protection system in today's ECA environment.

*Figure 1:* Gearing up for Quality


## Defining standards

The content and nature of standards varies depending on whether these are minimum standards or standards of excellence. In both cases the content is determined by value judgements about the nature of child protection services. For minimum standards the judgement is based on the lowest level of acceptable practice. Whilst for standards of excellence the judgement is more a question of the best practice to aim for. These values should be explicit and shared with those implementing standards.

The capacity and skills of management and staff at institutions and to what extent high-level standards are affordable are decisive factors when deciding what type of standards a country wishes to implement. It is probable that a workforce of highly skilled and experienced practitioners will need less direction from standards to achieve quality practice than one made up of inexperienced or untrained staff.

The quality of child protection is linked with the context – social, economic, cultural and structural – in which the services and those seeking help are located. These contexts, and their interactions, influence the recognition of what constitutes need, who needs protection, referral behaviour and responses of service providers.

The content of standards can be related to two key areas:

- *Environmental standards* relate to the more technical part of care provision; construction of premises, interiors, health protection and hygiene, clothing and food, staff, their tasks, responsibilities and wages, bookkeeping and similar material matters. These standards support the functioning of the services, ensure that children are fed, washed and clothed, that clothes are clean and that discipline and order are promoted.
- *Quality of life standards* relate to the core of service provision. That is, what will happen to the children? How they can be helped to have a better life and be supported by or reunited with their parents? How inclusion can be promoted? How their emotional and cognitive needs can be met? And how they can learn and develop as individuals? An essential part of these standards is to safeguard all aspects of children's rights.

Both these elements are essential for an effective implementation of standards. Environmental requirements provide the basis for ensuring the safety and protection of service users, staff and the public. Quality of life standards, on the other hand, give clear directions for the protection of children's rights and promote positive child development, emotional support, learning and growth in practice within the particular setting. In other words, environmental standards set the rules for the service and quality of life standards focus on what happens to the child when using the service.

### *Principles and outcomes*

Standards need to start with an agreed definition of principles for the provision of services. In particular, standards must conform to the requirements of the United Nations Convention on the Rights of the Child as well as other international human rights treaties to which the ECA countries are party (see Annex 1).

Standards can be defined by their focus. Following

Donabodian, Heidemann (1993) suggests that there are three areas that standards can be directed towards: Structure, Process, or Outcome.

> Structure standards apply to the things we use (human, financial and physical resources), Process standards apply to what we do (activities that constitute care, service or management). Outcome standards address the results (both clinical and non-clinical) of what we do with the things we have. (Heidemann, 1993, p. 7)

Whilst it was assumed that structure and process standards could ensure the right sort of outcomes, Heidemann concludes that "experience has taught us that such a conclusion is not always justifiable" (1993, p. 7). This has led to an increasing concentration on outcomes as the primary focus for standards.

A fruitful structure used in a number of countries to specify standards moves beyond the dichotomy of outcome versus structure and process to "describe expected outcomes for children and youth in care, including the practical steps that caregivers and program staff must take to achieve the expected outcomes" (Standards for Staffed Children's Residential Services, British Columbia). Examples of this approach, which draws on the Anglo-Saxon tradition, can be found in the following countries and regions:

- British Columbia standards[5]
- English[6], Scottish[7] and Welsh[8] standards
- Irish Republic inspection and standards[9]
- South African Minimum Standards for Child and Youth Care System[10]
- Australian Commonwealth Child Advisory Council Standards[11]
- United States regulations defined at State level[12]

They all basically apply the following logic:

1. there are baseline rights and principles that apply to all activities
2. there are a number of core functions to be covered by minimum standards
3. standards are expressed as a combination of principles and required action, such as in the following sequence – a standards statement; outcomes for the child; and practical guidelines.

This approach ensures that standards go beyond mere statements of principle to specify requirements of daily practice. Whilst it can lead to lengthy statements of standards, the structure makes them practical and manageable. Box 2 gives an example of a standard in this format.

*Professional regulation*

The approach to standards is different in Northern Europe where these are not defined in such detail centrally and the assumption is that they will be maintained due to the professionalism of the workforce and the high expectations of users and purchasers. In Sweden, for example, social service legislation regulates a relatively detailed process from assessment of client need, how care planning should be conducted, the rights of the client and the demands on care provider concerning content of care to staff performance, quality assurance, monitoring and follow-up. In other words, the national authority states that a certain quality standard should be achieved, but does not specify how this should be done, leaving it to the discretion of the provider.

Standards – as defined in the Concept Paper – are worked out at the municipal and in some cases, the regional level, but with clear legal guidelines interpreted by a central authority. The private providers that dominate the provision of care in Sweden develop their own standards based on these guidelines. Similarly in the Netherlands, it is a statutory requirement that all service providers demonstrate the quality of their work and develop their own standards to do this.

This approach works effectively and promotes responsibility for the quality of services made by providers. It requires, however, a cadre of professional social workers who are committed to work with self-regulation of quality in the care and service provision, who are ready to set clear targets for quality, record and document their achievements (and drawbacks) and account for it transparently so as to allow the monitoring authorities to keep track of quality.

*Promoting commitment and understanding*

Whether standards are defined centrally or by individual service providers, it is important that there should be broad consultation as to contents. This ensures that there is wide knowledge of the standards, that commitment to them can be achieved, that they are realistic, etc. This can be comprehensive and help the development of standards without being too time-consuming. For example, in England the following consultation process was undertaken before a final draft of standards for care homes for children was produced for written consultation.

> A steering group comprising academics, non-governmental organisations, groups representing children and young people, practitioners, providers, council and central government was set up to oversee the development of the standards. The Department of Health held three stakeholders consultation sessions for 240 representatives of

[5]British Columbia Standards at http://www.mcf.gov.bc.ca/child_protection/standards_residential/index.html
[6]UK National Care Standards Commission http://www.doh.gov.uk/ncsc/index.htm
[7]Scottish Care Standards http://www.scotland.gov.uk/government/rcp/ncs.asp
[8]Welsh standards http://www.wales.gov.uk/subisocialpolicycarestandards/content/daycare/regulations-e.doc
[9]Irish Social Services Inspectorate http://www.issi.ie/
[10]Ministry for Welfare and Population Development. Republic of South Africa (RSA) May 1998.
[11]Australian Commonwealth child advisory council http://www.facs.gov.au/chldcare/pubs/QIAS.htm
[12]For a list of state regulations in child care see the National Network for Child Care's web site http://www.nncc.org/states/stateindex.html

**Box 2** Residential family centre example[13]

Relationship with Parents and Children
Standard 7
Outcome: Parents and children enjoy sound relationships with staff based on honesty and mutual respect.

7.1 Staff are able to set and maintain safe, consistent and understandable boundaries for parents and children in relation to acceptable behaviour.

7.2 Expectations of behaviour of parents and children are clearly understood and negotiated by those living and working within the service, and parents are expected to exercise control over their children in an appropriate way being mindful of their welfare and the protection of others and themselves.

7.3 In day-to-day decision-making, staff demonstrate an appropriate balance between (i) each family's wishes and preferences, (ii) the needs of individual children, (iii) the needs of the other parents and children, (iv) the protection of others (including the public) from harm.

7.4 Parents and children are encouraged to meet regularly together with staff to discuss the general running of the unit, to plan activities and to make their views known. Staff engage with parents and children in talking about what they do, and sharing their experiences.

7.5 Support is provided for any parents and children for whom spoken English is not their first language or who have mental health problems or learning disabilities, enabling them to communicate their needs, wishes and concerns; helping them to communicate with staff and other parents and children; and assisting them in making use of local facilities.

*Source:* DoH (2001)

inspectors, purchasers, providers and practitioners in the field. An email box was set up so that a wider audience could feed in comments for the development of the first draft. A series of consultation sessions was held by the Who Cares? Trust[14] on behalf of the Department of Health for young people and children with a background of residential care. (DoH 2001, p. vi)

In much the same way, in Hungary a project to promote standards was undertaken in the late 1990s. It involved around 200 NGO and 30 state providers in 6 fields (childcare, elderly care, victims of abuse, the handicapped, the homeless, the unemployed). This network was established to develop and introduce standards in the provision of social care and to demonstrate the value of partnership, co-operation and sustainability.

The project included:

- training in research techniques and research into standards of care for older people in parts of Budapest
- training workshops on concepts and methodologies for assessing and setting standards of care; these are attended by social welfare staff, social workers, central and local government officials, mayors, members of social and health committees, leaders of health and social departments, directors of regional care centres, and family doctors

[13]Residential Family Centres in England are where parents and children are admitted for a short period to undergo a residential assessment of their ability to care safely for their children. Placement is usually arranged and paid for by the local authority, sometimes at the request of the courts.

[14]This a national charity working to improve public care on behalf of and assisted by children in care.

**Key Point 4**
**Definitions of licensing, accreditation and certification**

*Licensing* is a mandatory process where a government agency regulates a profession or service. For individuals it grants permission to engage in a profession such as social work if it finds that the applicant has attained the degree of competence required to ensure that public health, safety, and welfare will be reasonably protected. Licensing is awarded to organizations that meet the minimum standards required by legislation to provide particular services.

*Accreditation* is a voluntary process offering professional recognition and consumer distinction to service providers who meet standards defined by the accrediting agency. Accreditation is intended for providers who demonstrate a commitment to reach beyond minimum licensing requirements and achieve standards of excellence.

*Certification* is voluntary and applies where a professional activity is not licensed. Certification applies to an individual and differs from licensing in that it is nearly always offered by a private, non-governmental agency. These agencies are usually outgrowths of professional associations which create certifying agencies to identify and acknowledge those who have met their standards. Practitioners do not have to be certified in order to practice. An individual becomes certified (often by taking an examination) in order to demonstrate competency to potential customers.

- the publication and dissemination of best practices and demonstration of a model of cooperation between governmental and non-governmental organizations. (British Council, 1999)

Following the programme a number of initiatives have been started including a range of new services. In Budapest, quality standards in residential care for the elderly were developed and applied, a plan to refurbish residential homes for the elderly to the *European Charter of the Rights and Freedoms of Older Persons Accommodated in Homes*[15] (EDE 1993) by 2004 was undertaken, and an international workshop was held in April 2000 on quality standards in care for the elderly (Gáthy, 2000). Whilst standards for child protection do not appear to have been developed,[16] the approach used is a good example of the development of a shared commitment and understanding of standards and a plan to implement them in the ECA region.

## Monitoring quality

This section examines some of the mechanisms used to monitor quality. These mechanisms are used in combination to provide a strong focus on quality improvement across a given service sector. The first area covered is regulatory mechanisms, followed by a range of systems to monitor standards including approaches such as self-assessment and inspection, performance measures and indicators through to complaints systems and ombudsmen.

*Regulatory mechanisms*

Regulatory mechanisms for services include licensing, accreditation and certification. For professionals regulation can be carried out by licensing and certification. The concepts of certification, licensing and accreditation are similar and often used interchangeably. For the purpose of this paper definitions of these three linked concepts are illustrated in Key Point 4 The different mechanisms can be used together. For example, services may need to be licensed by a governmental agency before they can begin to operate, but may also be accredited by an external body.

In the USA social workers must be licensed by the state to ensure they have attained the degree of competence required to ensure that public health, safety, and welfare will be reasonably protected. Although the certification of social workers through formal qualification has been the practice for many years the UK is now introducing licensing through a central council. The aim is to ensure quality and the Council issues codes of practice, regulates professional training, and maintains a register of licensed social care workers. It also deals with issues of professional misconduct and has the power to de-register those who do not meet its standards. In Latvia the proposed Law on Social Services and Social Assistance includes the licensing of three professions in the social care field – social work, social care (working in an institution) and social rehabilitation (working in programs to rehabilitate those with disabilities or those who have been in institutional care).

The Baby Friendly Hospital Initiative is an international scheme of accreditation run jointly by UNICEF and the WHO to promote support for breastfeeding by hospitals and birth centers. Hospitals and birth centers can receive the prestigious Baby Friendly Hospital Award through a process of accreditation. In the USA[17] the process starts with the hospital completing a Certificate of Intent, following this they continue to work toward full implementation of the Ten Steps to Successful Breastfeeding (see Box 3). After a series of check-ins and telephone interviews, when a hospital indicates it is ready for a final assessment, an in-depth telephone interview is carried out. The final step is an on-site assessment at the hospital. After the assessment, a review board decides whether or not to award the prestigious Baby Friendly Hospital Award. The strength of this scheme is that it identifies an important issue, provides easily understood principles and a simple process for accreditation.

[15]These are produced by the European Association of Directors of Residential Care Homes for the Elderly, available from http://www.ede-association.org/uk/ChiSiamo/CartaDiritti.htm
[16]Personal communication from Maria Herczog.
[17]See http://www.babyfriendlyusa.org for full details.

**Box 3** The UNICEF/WHO Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff
2. Train all health care staff in skills necessary to implement this policy
3. Inform all pregnant women about the benefits and management of breastfeeding
4. Help mothers initiate breastfeeding within an hour of birth
5. Show mothers how to breastfeed and to maintain lactation, even if they should be separated from their babies
6. Give new-born infants no food or drink other than breastmilk, unless medically indicated
7. Practice "rooming in" by allowing mothers and babies to remain together 24 hours a day
8. Encourage breastfeeding on demand
9. Give no artificial teats, pacifiers, dummies, or soothers to breastfeeding infants
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birthing center

*Self-assessment*

Self-assessment or monitoring of own performance can be carried out against standards set by the service itself or against externally defined standards. Effective self-assessment can be a very valuable learning experience, especially if there is a commitment to examine both strengths and weaknesses. If self-assessment is carried out using standards employed across a sector (e.g. for all institutions for infants) then it can have the added value of allowing staff to compare their performance against that of others. Self-assessment can use a range of methods including surveys, consultation with users, review and identification of problems, complaints etc. Self–assessment is an important part of any attempt to implement standards since it constitutes a commitment to improve and achieve higher quality. It is the main approach used in Scandinavian countries.

*Inspection*

One approach to monitoring standards is to have a system of inspection. Inspectors use standards as the basis for their inspections usually providing a report with recommendations for improvements and details of positive aspects of the service. Best practice ensures that the reports are widely available to service providers, users, potential users and their families, purchasers such as social workers and the general public. The recommendations are usually followed up on later inspections. Only if the service is seen to be substantially failing in some area is formal legal action taken to remedy the failure or to close the service.

Inspection visits can be announced or unannounced. Recent research in Pennsylvania has reviewed the results of announced and unannounced visits to a random sample of childcare centres and group childcare homes. It found a significant number of "discrepant citations". That is, where the provider was in compliance at the announced visit but not in compliance at the unannounced visit. Further analysis revealed that all the highly discrepant citations occurred for providers with a history of low compliance with state childcare regulations. The research concluded that conducting unannounced visits to all providers indiscriminately was not a good use of resources. A balance of announced and unannounced visits was recommended, based on the providers' history of compliance with childcare regulations (Fiene, 1996).

Inspection can be a costly process however. In the UK, inspection of local government services in all areas (education, social services, roads etc.) costs £600,000,000 per annum, not including indirect costs which, according to Davis *et al.* (2001, pp. 2–3), fall into the following areas:

- compliance costs: staff time and other resources devoted to preparing and managing inspections (writing strategies and performance plans, establishing audit trails and compiling performance data etc.)
- opportunity costs: beneficial activities that are foregone because staff are preparing for or managing inspection processes
- avoidance costs: the costs of circumventing inspection or mitigating its effects
- displacement effects: the danger that authorities' activities may become skewed inappropriately towards activities and outcomes that are inspected
- the stifling of experimentation and innovation: the fear of failure may deter authorities from developing new approaches
- damage to staff morale: the sense of being checked on and the workload involved in preparing for inspection can depress morale regardless of the outcome of inspection; being judged as a failing service may make it difficult to attract the sort of high-quality personnel needed to turn around a 'failing' organization.

Martin (2000) points out that there is little research into the outcomes of inspection concluding, "we have very little hard evidence that improvement and inspection are actually linked."

Inspection is used in a number of countries including Latvia where a small inspectorate to monitor standards operates within the Ministry of Welfare (see Annex 3) and draft legislation on welfare services will develop the role of inspection giving the unit greater independence from the ministry.

In England there are two levels of inspection, one which carries out registration and inspection of individual children's homes or other services. This is currently managed by the local authority but will be replaced by the new National Care Standards Commission. This service is responsible for licensing new homes and services and investigating complaints against registered services. Under the new arrangements services provided by local authorities, NGOs and the private sector will all be subject to the same minimum standards.

There is also a well-developed inspectorate at the Department of Health which provides professional advice to Ministers and central government Departments on the social services; assists local government, voluntary organizations and private agencies in the planning and delivery of effective and efficient social care services; runs a national inspection programme, evaluating the quality of services experienced by users and carers; and monitors the implementation of government policy. This unit carries out an inspection programme where each local council with social service responsibilities undergoes an inspection of a service area or review of the local authority's performance in social services once a year. The inspectorate publishes the standards for its inspection[18] and the reports on inspections. The inspectors produce detailed criteria specifying what is expected from the

[18]See http://www.doh.gov.uk/scg/standard.htm.

service for it to meet the required standards before carrying out inspections in any service area.

Likewise, in Sweden there are two systems for monitoring: local and state. The municipalities monitor their own provision of care and services and the services contracted out to different private and/or NGO providers. State monitoring is carried out by the National Board of Health and Welfare together with the (24) County Administrations. On an operational basis, the County Administrations carry out the work by visiting all care and service institutions within their jurisdiction to assess the quality of performance. To ensure a homogeneous assessment of practice throughout the country, a comprehensive assessment tool with key indicators for care performance and outcomes has been formulated jointly by the National Board of Health and Welfare and the County Administrations and is continuously updated.

The findings from the assessment and monitoring are compiled in county reports and then annually in a national report, highlighting the issues of national interest which need to be disseminated throughout Sweden. This system therefore allows for comparisons between different parts of Sweden as well as for changes over time.

*Performance measurement and indicators*[19]

Another approach to monitoring quality is to set and measure performance against key indicators. Performance measurement is increasingly used by governments to assess the performance of organizations (including local or state governments) using state funding. The key issue in performance measurement is to identify indicators which can be measured accurately and give a good indication of the quality of performance. Both the US Federal Government and the UK government are currently using performance measurement to regulate the operation of state or local authority childcare systems. In the United States, section 1123A of the Social Security Act requires individual states to report on the outcomes of their services using the following six indicators:[20]

- recurrence of maltreatment
- incidence of child abuse and/or neglect in foster care
- foster care re-entries
- length of time to achieve reunification
- length of time to achieve adoption
- stability of foster care placement.

These indicators are used in combination with qualitative reviews of a sample of cases to measure compliance with the new national standard. A state or region that does not meet the national standard will be required to implement a programme improvement plan designed to improve the performance on indicators. The programme improvement plan allows the state to identify the issues that may contribute to nonconformity and plan action steps and technical assistance to improve performance. If there is continuing failure legal action can be taken.

In the UK a similar approach is the "Quality Protects" program. The main elements are government objectives for children's services which for the first time set out clear outcomes for children, and in some instances specified precise targets which local authorities are expected to achieve; a requirement that all local authorities should submit to central government an annual Quality Protects Management Action Plan outlining the actions it takes to achieve key targets and this is backed up with extra resources.

The value of such performance indicators depends on a number of factors. They should only be used if the concepts are definable, meaningful, collectable and the information must be reasonably reliable and available. A United States DHHS report sets out three further criteria for indicators (US DHHS 1997):

- easy to understand
- objectively based on substantial research
- measured regularly.

The above criteria narrow down considerably the potential areas to be monitored through indicator development in the field of services for vulnerable children and their families (see Harwin and Forrester, 1998).

Drawbacks to the use of performance indicators include the amount of effort needed to collect them. This can take up substantial resources that might otherwise be used for services. Another major problem with the use of performance indicators is that they can distort the activity of service providers. For example, in a survey by the National Audit Office 20 per cent of consultants reported that in the period 1999–2000 they frequently treated patients in a different order to their clinical priority in order to achieve the national performance target on waiting lists. There are also reports of unethical or illegal practices to achieve targets in health care[21] and elsewhere.[22]

*Complaints systems*

One way to monitor quality is to have an effective complaints procedure. This should provide protection for those making complaints and an independent system to consider the complaints. Box 4 gives the standards for

[19]A discussion of the use of performance indicators in gatekeeping is given in the *Changing Minds Policies and Lives* Concept Paper on gatekeeping.
[20]See http://www.acf.dhhs.gov/programs/cb/hotissues/background.htm
[21]In a recent investigation a number of NHS chief executives were sacked when it was found they were manipulating the practices around waiting lists to meet government targets. In 9 Trusts which were investigated this affected 6,000 patient records and in some cases meant patients waited longer for treatment. The National Audit Office (NAO) report calls for a much wider investigation, for full information see the NAO publication "Inappropriate Adjustments to NHS Waiting Lists" available from http://www.nao.gov.uk/publications/nao_reports/index.htm#2001-2002.
[22]For example, Morgan (1989) reports examples of police in the UK obtaining 'confessions' to crimes from people in prison in order to increase reported clear-up rates only to be found out when other people were arrested for the same offences.

**Box 4** Latvian standards on complaints

2. Service providers ensure that clients or their legal representatives can submit oral or written complaints and proposals about the improvement of their performance, and review and evaluate the submitted proposals and complaints.
   - 2.1. the procedure that is enforced for the submission of proposals and complains is convenient and understandable for children or their legal representatives
   - 2.2. a description of the procedure is available in a place that is easily accessible to children and their legal representatives
   - 2.3. registration of proposals and complaints including brief description of the content and the adopted decision
   - 2.4. analysis of proposals and complaints
   - 2.5. specific activities are carried out in order to eliminate the reasons of complaints by organizing discussions with the staff and, if necessary, with children.

the complaints system in child care in Latvia. Similarly in England legislation ensures that children, their parents or anyone with an interest in the child can lodge a complaint. The local authority is obliged to publicize its complaints procedure and to have an independent person involved in any investigations arising from them. Complaints systems are beneficial where children and their families are empowered to take action but can be counter-productive where a complaint may lead to retaliation or the suspicion of retaliation.

*Ombudsmen and children's advocates*

The institution *Children's Ombudsman* which originated in Sweden has now spread to other countries within the OECD and beyond; about 50 per cent of these countries have ombudsmen of one type or another. In 1993 the United Nations passed a resolution laying down principles for ombudsmen's offices (UN 1993). Some of these ombudsmen cooperate closely with NGOs, e.g. children's organizations, help lines, and so on. Others work more independently. Most, but not all, ombudsmen are appointed by governments. In Sweden, the government has proposed strengthening the position of the ombudsman to give it the authority to convene other authorities to participate in discussions about children's rights. The government also proposes that other authorities should have a mandatory task to report to the ombudsman on children's issues. Most ombudsmen have an independent position and can present criticisms to governments and other authorities. There is an international convention (UN 1993) with recommendations and principles for the work of an ombudsman.

There are basically two types of Children's Ombudsmen; one that works on a case-by-case basis for individual children, e.g. going through the process of being taken into public care or being submitted to care. This ombudsman helps the child and protects her or his interest. This type of ombudsman is mostly referred to as a Children's Advocate. The other type of ombudsmen – referred to as Ombudsman – works on an overarching level to protect children's interests in general. This ombudsman can address the same issues but from a more general perspective.

Ombudsmen are important as they provide feedback to governments on child's rights abuses and help ensure that the needs of children are taken into account when policies are made. There are a number of good examples of these ombudsmen both in the ECA region (see Annex 4) and elsewhere. Both types of ombudsmen are important in safeguarding children's interests and the two roles could be combined so that working on a case-by-case level would give a valuable input to the more universal approach and vice versa.

Box 5 gives an example from Hungary of the way that an ombudsman's office can help promote good standards.

## Improving quality

This section examines different aspects of the implementation of standards and covers incentives, developing a shared understanding of standards and individual roles in implementing them. The role of central and local government in implementing standards is to ensure there is a framework to improve standards that encourages service providers (including directly provided services) to actively pursue service improvement.

*Incentives to improve quality*

Incentives to implement new standards, beyond a commitment to good practice, are necessary in order to bring about changes in the child protection system. These incentives fall into three categories:

- Mandatory and legal requirements: legal requirements are a straightforward incentive for service providers who will not be licensed or risk the loss of their license for non-compliance.
- Financial incentives: these may include direct payments such as payment for training to achieve specified levels of licensed staff as in Florida; qualification for direct payments for licensed or accredited services; or rewards for achieving high quality as in the UK "Quality Protects" programme where access to extra elements of central government funds are awarded to the best performing local authorities.
- Prestige and commercial advantage: accreditation

**Box 5** Ombudsmen in action: an example from Hungary

The 1998 Report of the Hungarian Parliamentary Commissioner for Human Rights illustrates how an ombudsman can promote better standards. The Deputy Commissioner investigated 1,067 children in 13 institutions following new legislation on the rights of *inmates in different children's homes*. The report states that he found:

*"… that the ongoing transformation of our child protection system generated some conditions that were injurious for the children. The buildings themselves in several homes are partly or wholly unsuitable to provide a healthy environment for developing children. Another problem was the quality and quantity of food, which in many institutions left much to be desired. In seven homes the General Deputy of the Parliamentary Commissioner registered improprieties such as a lack of personal belongings or of minimal privacy, as well as the lack of facilities for keeping and locking away personal belongings. … the investigation also revealed that in six homes children are not informed of even the most basic facts about themselves. … The right of children in state foster care to complain can only be ensured through the introduction of mechanisms making it possible for children to articulate their objections or wishes without detrimental consequences and guaranteeing that the above complaints are actually investigated and answered in merit. Generally speaking there are no such working mechanisms. … Severe impropriety could be experienced in four homes where, noticeable even to outsiders, neither the qualified nor the non-qualified staff could, or occasionally attempted to curb violence directed against younger or even very small children. The adults offered no help against everyday humiliations or physical and mental, often even sexual, abuse."*

The report also catalogues failures in some homes to provide adequate schooling or educational facilities; appropriate conditions to spend free time usefully; to ensure undisturbed time to spend with relatives (or visitors); to help the children establish and/or maintain contacts with their siblings in foster care. The investigation revealed several cases of punishment violating fundamental human rights, such as canceling leave, exclusion from meals, or even forbidding study circle or other leisure-time activities.

The Deputy Parliamentary Commissioner made a series of recommendations to improve the quality of services and deal with individual complaints the most important being:

*"… suggesting that the minister review legal rules on the system of child protection, and hand in motions amending the same by determining partial time limits for the reorganization of children's homes in order to accelerate the establishment of conditions in compliance with the new Act of Parliament."*

*Source:* Gönczöl, 1999

can be encouraged by using prestige awards such as the Baby Friendly Hospital scheme. There is also commercial advantage for services which are accredited in a market system where purchasers are more likely to buy accredited services. Being the first-mover to implement higher standards or to receive publicity for quality standards also generates prestige.

In implementing standards it is important to consider how these incentives can be maximized to reward and promote quality practice. At the state level other incentives apply such as meeting requirements for European Union membership, compliance with the CRC and responding to comments from the Committee on the Rights of the Child, and legal action in the European Court of Human Rights.

*Shared understanding*

High-quality services cannot be developed unless there is a shared understanding of why standards are important, what the standards are and how they can best be put into practice. Management must take the lead, but all staff must be included. The work to develop quality basically consists of two steps: compliance with minimum standards; and aiming to exceed minimum standards and reach levels of excellence.

This work on developing standards must be regarded as central to day-to-day work and not an added extra. A shared understanding needs clear definitions of what represents good quality in service-setting; how quality service can be achieved; the role of each staff member; and how input from the consumers can make a difference.

The first step in shared understanding is agreement on the purpose of the service and expected user outcomes. In a number of countries the standards for children's services include an institutional statement of purpose and there is an expectation that the service demonstrates how its work relates to this. A statement of this kind should be developed through a process involving all staff and users (including parents).

This shared understanding of what the service aims to achieve should in turn generate a statement on quality standards. Once again this is best developed through a consultative process which will ensure commitment by all stakeholders (staff, users etc.). Such a process allows staff to learn about why standards are necessary and to test out what they mean for their own practice. It is important that staff at all levels (including cleaners, administrative staff etc.) understand their role in achieving the level of quality and this needs to be reinforced in their day-to-day management.

*Training*

A training and induction programme is required to help staff understand their role in achieving high-quality services. Staff training should be concrete and adapted to the daily work situation in order to focus on, and develop the capacity to promote quality in practical day-to-day work.

*Continual improvement*

Quality work and compliance with standards is not simply a question of reaching the targets set in the minimum standards, but is about continuous improvement of services and exceeding the minimum level of quality. Measurements and techniques for self-assessment must be in place to identify changes in work procedures and outcomes and to register progress. This self-assessment must allow for a continuous improvement in work done. Comparisons can be made over time (are we performing better than last year?), and with competitors (are we better than the care facility next door?).

*Codes of ethics*

Professional organizations have developed codes of ethics applicable to different areas of social work and to inform standards. The management and staff at provider level should be made aware of the appropriate code of ethics and use it to formulate the standards of excellence and in developing the quality of work.

*Quality management tools*

All staff in an organization must be part of an ongoing process to improve the delivery of care and services and encouraged to identify problems and areas of work that can be improved. This requires local autonomy, self-assessment and self-criticism to put good standards in place and improve the quality of services. There are a range of tools for improving quality and these focus on individuals, teams and processes (see, for example, Massoud, 2001).

According to Bornstein (2001, p. 9), quality improvement activities

> are conducted using variations on a four step method: (a) identify (determine what to improve), (b) analyze (understand the problem), (c) develop hypotheses (determine what change[s] will improve the problem), and (d) test and implement, or Plan, Do, Study Act (PDSA). In the fourth step, the solution is tested to see whether it yields an improvement; the results are then used to decide whether to implement, modify, or abandon the proposed solution. If the tested solution does not achieve desired results, the process cycles back to the third step for reiteration. If the results are achieved, the solution is implemented on a larger scale and monitored over time for continuous improvement.



**Key Point 5**
**Summary of neccesary elements to promote standards in child protection**

| Topic | Elements |
|---|---|
| **Defining standards** | ■ Environmental<br>■ Quality of life<br>- Principles<br>- Outcomes<br>- Practical guidelines |
| **Monitoring quality** | ■ Regulation of services and professions<br>- Accreditation<br>- Licensing<br>- Certification<br>■ Monitoring systems<br>- Inspection<br>- Self-assessment<br>- Performance measurement and indicators<br>- Complaints systems<br>- Ombudsmen and advocates |
| **Improving quality** | ■ Incentives<br>- Mandatory and legal<br>- Financial<br>- Prestige and commercial advantage<br>■ Commitment<br>■ Shared understanding<br>■ Leadership<br>■ Training<br>■ Continual development<br>■ Ethical practice<br>■ Quality Management Tools<br>■ User and carer involvement |

*Leadership*

Service managers must take the lead in promoting quality by developing systems to review services, and encouraging staff to be actively involved. This means that learning about the minimum standards and developing an understanding of standards of excellence must be part of the staff work routine. Managers also need to demonstrate the importance of listening and responding to the views of service users.

*User and carer involvement*

Central to any strategy to implement good quality services is the active involvement of service users and their families. This means that staff should actively engage service users and, for children's services, their families in all aspects of the implementation of standards including the development of the relevant standards and assessment of their implementation.

*Summary*

There are a number of ways in which standards can be specified and the contents can vary from the minimum standards provided in statutory regulations through to the self-regulation found in Northern European countries. The approach to defining standards through principles, outcomes and practical guidelines for implementation used in Anglo-Saxon countries is a useful model. In all approaches to standards the involvement of service users, carers and service providers (staff and managers) in a thorough consultation process is now accepted as good practice in most countries. Key Point 5 summarizes the elements necessary for standards to promote an effective child protection system. Annex 2 gives a case example of an accreditation system which demonstrates how a system can combine all the elements discussed in this section.

# How current systems of defining, monitoring and implementing standards can be improved

This section examines the current situation in the ECA region before going on to identify how current standards compare with the principles cited earlier. In looking at how to move forward we will consider the need to change 'minds', attitudes, beliefs and understandings of what constitutes good childcare. In implementing standards we identify some issues to avoid and some principles that might help guide reform before presenting ideas for a possible way forward.

## Experience of standards and quality control in the ECA region

This section gives an overview of standards currently in place in the ECA region and the historical setting in which they developed. We cite examples from various countries and try to categorize them in order to understand whether the few standards now in place can be used as a basis for reforms of child protection. The introductory parts in the Concept Paper have set out the yardstick for standards, and at the end of the section we try to bridge the gaps between these model standards and the standards that can be found in the ECA region.

*The legacy*

Most countries in the ECA region have inherited a public attitude and a state-based approach to public care dominated by institutionalization. Prior to 1990 the former regimes supported family support schemes (social insurance, free education and health services, and full employment) intended to meet the needs of all families. However, there was only one solution for children whose families encountered difficulties, that of institutionalization. There were no effective structures in place to provide support in the community or prevent institutionalization. Social work was poorly developed across the region and many parents genuinely believed institutionalization to be in the best interests of their children.

The extended family was – and still is – the core unit for care of children. Parents and grandparents had mutual responsibility for care and maintenance for each other both *de jure* and *de facto*. However, where the family was not able to cope because of poverty, disability, deprivation and other problems children and their families could face, the only help available was residential care. During transition measures to support families in caring for their own children, compensation of family costs, housing and day care arrangements virtually collapsed in many countries whilst the numbers in care have increased.

The core of the child protection system centred on the general and specialized children's homes regulated to the last detail by federal directives – a form of standards. One platform for recruitment to residential care was through children's homes for infants and young children. Here children were diagnosed and then channeled either to a home for disabled children or to a pre-school children's home.

Mothers had the right to leave their child in a children's home either temporarily or permanently and the abandonment of disabled children was actually encouraged by health personnel. The future of a child diagnosed as an "invalid" was predetermined by the diagnosis that often sentenced the child to an institution for life.

In conclusion, the goals and shortcomings of the child welfare system inherited by many ECA countries were derived from a general soviet-inspired perspective of society, children in public care included. Rather than being a last resort residential care constituted the main intervention for children whose families had serious difficulties in providing care. Secondly, the residential-centred structure of the care system did not respect the individual needs of the affected children, and failed to promote their overall development as future well-adjusted adults or their rights as children. Different values and the structure of the core areas of the system meant that the internal standards of the activities differed markedly from those of Western Europe. The concept of standards was only used to cover the material environment and physical needs of children, whereas social and psychological needs never became key issues in law, administration, or everyday practical work.

*Examples of the development of standards in the ECA*

Information on the situation in the ECA countries does not give a comprehensive and overall picture of the situation in the region. Systematic and comprehensive standards in the current meaning of the word are, as a rule, not in place. New legislation is being drafted and a number of pilot projects are underway,

but the ECA countries are at very different stages in developing policies, legislation, standards and forms of alternative childcare. In some countries the reform of the child protection system seems to be fairly advanced but there are other countries which are still at a very initial stage.

The creation of ombudsmen for children has taken place in Georgia, Hungary, Latvia, Lithuania, Macedonia, Poland, Romania, and 5 *oblasts* in the Russian Federation. The role that ombudsmen play in monitoring quality through complaints and studies is illustrated by the Hungarian example (see Box 5). Details of ombudsmen in the region are given in Annex 4.

*In Romania* "quality" standards have been designed and are now starting to be implemented for residential care and foster care services, and other methodological guides for good practice have been drawn up for the following types of services:

- emergency reception and evaluation services
- family counseling and support services
- mother and baby units
- services to prepare and support child-family reintegration/integration
- assistance and support services for young people in difficulty
- day care services
- monitoring, assistance and support services for pregnant women at risk
- services for child abandonment prevention through family planning
- child assistance and support services for the free expression of opinion.

Standards for foster care and residential care institutions were promoted in June and July 2000 alongside methodological guides for these services. Both standards and guides proved very useful for the child welfare practitioners in Romania, as they focus on children and families and offer a menu of options for vulnerable groups and discourage institutionalization. However, they are not structured for monitoring purposes and in practice, little or no monitoring takes place.[23] The licensing system – where it exists – only applies to the NGO/private sector and is not linked to standards, although work is being carried out on making the standards monitorable, linked to licensing and valid for both the public and private/NGO sector.

*In Bulgaria* the Ministry of Health adopted a new regulation in June 2000 on Structure and Operation of the Institutions for Medical and Social Care for Children. The application was limited to the MOH system and linked to a form of internal accreditation. These 'standards' are mainly environmentally-focused and are designed to improve living conditions for children in institutions and to encourage their social integration, contacts with the birth family, and integration in pre-school activities in the community. The standards regulate environmental issues such as the staff–child ratio, qualification of staff etc. While there is provision of individual care plans, these are mainly medically-oriented and do not involve participation by the child's family or the children themselves. The standards neither discourage nor encourage institutional placement; the placement mechanism is simply not addressed. However, as a result of system restructuring the number of beds was reduced by 18 per cent between 1997 and 2000.

The State Agency for Child Protection (SCAP) is currently developing a new set of standards for child welfare services in Bulgaria. Work to put standards in place for all residential institutions is considered a priority, as is the introduction of a national accreditation system.

*In Lithuania* there has been some development in the area of alternative care for children and progress has been made in developing standards. Some technical standards (minimum requirements) have been developed for institutions. The preparation of standards are part of the government programme and work plan, and a programme will soon be in place to develop a monitoring system for social care institutions, setting national standards and developing a methodology to evaluate social service provision. The Auditing Department at the Ministry of Labour and Social Security is responsible for the work and is currently drafting new types of standards in an attempt to move away from the instrumental and technical type of standards and towards standards focusing on the quality of practice, client's rights and even care outcomes. Work in this area is still, however, in its early days.

*In Moldova* old Soviet era standards are no longer applicable since they generally reflect inappropriate values but new standards have not yet been formulated. In Moldova the government and the donors society have agreed to set up a Family and Children's Protection Task Force to carry out joint work, including work on the development of standards.

*In Russia* the Ministry of Labour and Social Development has established the legal framework and policy for the delivery of social services for children but it is the responsibility of the sub-national government to implement services at the regional and local level. The regional and local administrations have a great deal of autonomy so that the Ministry does not have the authority to force local administrations to adhere to specific practices or guidelines. There are no federal level standards in use but there are a number of projects on regional and local levels.

*In Latvia*, comprehensive minimum standards have been in place since September 2000 (see Annex 3). These standards are a revised version of 1998 standards. The Ministry now has the capacity to continue formulating standards and to refine and update those already

[23] Personal communication with A. Guth.

in place. In the new version, there are six sets of standards: social care establishments for children, for the elderly, crisis centres, night asylums, day care centres, and social assistance services. Alternative care and institutional childcare are covered by the single general set of standards. This means that they cover NGO projects, such as SOS villages and a children's housing project in Grasi. The standards are followed up by self-reporting by institutions and monitoring by the Social Assistance Fund, an agency under the aegis of the Ministry.

An example of successful development of standards is the work of the Save the Children Fund (SCF) Denmark in *Kyrghyzstan*. Their three-year development programme at four residential institutions for physically and mentally disabled children is designed to improve living conditions for them. When the project started, the children were living in poor conditions which were the result not only of economic downturn, but also of the attitude towards disabled persons inherited from the Soviet era. The sub-standard quality of care was reflected in very high mortality rates.

With the support of the SCF project, the institutions have been partly rebuilt and staff trained in basic pedagogy, developmental psychology, nutrition and hygiene as well as democratic management. Children also receive physiotherapy or take part in a range of activities and education according to their developmental level. Tools and other equipment have been acquired, supplies of medicine and sanitary articles are now available, the institutions employ doctors or nurses, and most importantly, the children are being re-diagnosed on a regular basis. The project also works to reunite children with minor disabilities with their birth families. This example indicates the importance and usefulness of *a broad-based intervention* to improve the "standard" i.e. quality of care. As a result, the number of children dying each year has dropped dramatically.

*Current situation*

Soviet-era standards have influenced the system and continue to affect many standards in child protection. With the notable exception of initiatives such as those discussed above, the standards currently operating in the ECA region tend to focus on the technical standards of service provision and very few deal with the influence of social work practice on the quality of life for service users. Federal directives and instructions generally cover construction and interiors, health protection and hygiene, clothing and food, staff and wages, other resources and bookkeeping. The standards support the functioning of the institutions as a mixture of a hospital and an army barracks: children are washed and fed, clothes are cleaned and discipline and order are maintained. There is little formal instruction or training for personnel in their function as carers, nor is there a focus on monitoring or evaluating results.

## What is required to implement standards in the ECA region?

The above discussion highlights six key areas where change is needed to implement standards. Change in these areas will help the child protection system move away from institutionalization to a system where children and families are helped to remain together wherever this is in the best interests of the child. The six areas are:

- changing minds
- a comprehensive strategy to reform the child protection system
- starting small
- overcoming the shortcomings of the current system of standards
- gaining commitment
- developing incentives to grow.

*Changing minds*

It has been stressed that standards are the basis for improving quality, but can also support the status quo or prevent change in other ways. This section considers how the development of standards can become an integral part of a reform strategy. The analysis of problems in the current system could easily become a list of things to do and lead to a wholesale approach to rewriting standards and defining new processes. It is our view that changes in standards need to be undertaken in a more developmental way.

To achieve this type of change will require a change "of mind", i.e. beliefs and attitudes, about what constitutes good enough care for children. Those currently carrying out work in the current facilities and institutions are struggling hard to do what they believe to be in the best interests of children, often in very difficult and challenging circumstances. Removing a child from a miserable and damaging family environment may appear to be the solution to the child's difficulties, but it creates another problem; the separation and the damage that derives from it. For a child to be separated from its parents can leave the child with emotional scars that may never heal.

Rewriting these "environmental standards" is relatively easy, much like "more of the same" or "business as usual" since most countries have detailed regulations, but with a clearer focus on content and design aimed to facilitate the child's interests. Turning to the more challenging issue, starting work on quality-of-life standards and introducing elements that are missing, is quite challenging. What we refer to is standards that touch upon:

- how parents and families, who may themselves be poor, unemployed, with a low level of education, alcoholic or using drugs, can be supported to provide good enough care for their children
- how children and families can be part of shaping the care and allowed to voice their needs

- how contacts between the child and his family can be encouraged during an institutional placement
- how a child can be prepared for reunification with their family and the family supported to resume its role as good parents
- how emotional and cognitive needs can be met so children can develop and grow
- how carers and residential staff can use a child's strong and healthy sides and not only focus on their disability or shortcomings
- how issues concerning race, language, ethnicity and religion can be handled and put into standards that pay attention to the child's integrity
- how children – although disabled and vulnerable – can become a part of society.

These issues cannot be addressed unless policy-makers, staff and management re-evaluate their views of what a child is, what rights a child has, and what can help a child to develop and be reintegrated into their family, community and society.

*A comprehensive strategy to reform the child protection system*

Standards are not neutral but are based on the policy underpinning the child protection system. They provide a clear statement of the principles of this policy, details of specific outcomes for children and guidance on steps to achieve outcomes. Current standards in most of the ECA region still support the excessive use of institutions and the poor outcomes for children that this produces constitute a barrier to change.

It is clear from the analysis that current policies in much of the ECA are not designed to develop a system of family and rights-based services. Such a policy will need to develop new means to prevent children from entering institutions by meeting their needs in new and different ways and this requires some form of gatekeeping. It will also need to ensure that the best use is made of resources and this will require the redirection of resources from the institutional sector to community-based services. Both of these issues are the subject of separate papers (Bilson and Harwin, 2003; Fox and Gotestam, 2003) but standards cannot be divorced from the bigger picture as they will need to provide a framework for gatekeeping and the transfer of resources.

Thus the starting point is a policy of reform which can be developed at the national or local level. One approach is to pilot the policy in a specific geographical area for one or more specific groups of children in need of services (abandoned infants, children with disabilities etc.)

*Starting small*

The problem of reforming the child protection system has proved very difficult and many attempted reforms have failed or lost momentum. The reform strategy needs to have a reasonable likelihood of generating rapid benefits whilst at the same time keeping standards as part of a larger reform process. For this reason it is suggested that the strategy should start by selecting a pilot area. This may be a geographical region or area of practice such as the abandonment of infants in a particular locality. It will reduce the number and range of issues to be addressed and allow easier communication by reducing the potential number of participants. A pilot also poses fewer risks if it is unsuccessful; it is possible to cancel or simply change direction, and is more manageable. It will be easier to scale up a successful local pilot than to reform the entire system.

However the pilot will need to examine all aspects of standards, including the development of a policy framework for reform of the whole system. There is little to be gained from defining a set of standards without developing the monitoring systems and other aspects described in the last section. Additionally standards need to be applied to all services in the child protection system whether provided by NGOs, government agencies or other bodies.

*Overcoming the shortcomings of the current system of standards*

The analysis of the current situation in the ECA region gives some clear indicators of the systems of standards and their shortcomings when compared to the general principles of effective models of standards. The following six key problem areas have been identified:

1. there are few examples of quality-of-life standards
2. environmental standards are rigid and over-bureaucratic and support, rather than challenge, the current system
3. there is little involvement of users, carers or civil society in the development of quality practice
4. where standards have been developed they frequently have weak or non-existent systems to implement them
5. systems to regulate services and professions are under-developed or non-existent
6. systems to monitor and evaluate practice against standards are under-developed or non-existent.

This does not imply that all systems share the same starting point. Different countries or even different regions within countries are likely to start at different points with regard to these six areas.

*Gaining commitment*

The successful development of standards will mean that a lot of people will have to change what they do. This is unlikely to be achieved by command alone and it is important to work in a way that gains commitment of all those who will be involved in the strategy. The approach to creating standards for older people in Hungary (Gáthy, 2000) is a good example of how to get a wide range of people involved, ready to share ideas and

develop widespread commitment. The involvement of a wide range of those involved (users and carers, providers from all relevant agencies and NGOs, representatives of civil society and government) in looking at the outcomes of the current system and considering what is possible, should be an early part of any strategy and people need to be involved in all stages of the work. This can be achieved through action research, seminars, study tours, roundtables, steering committees and a wide range of other approaches. For example, a project in Bulgaria sponsored by Save the Children UK as part of a DFID program and run by a local NGO, Humanitas, to provide support for parents of children with disabilities. It promoted its activities by training journalists in children's rights and received substantial press coverage which helped change the way children with disabilities were portrayed in the press. It also used an information system developed by one of the authors[24] to produce a database of 900 disabled children which was used to help set up new services and bring together groups of parents for self-help, training and consultation.

*Developing incentives to grow*

Once a local pilot has been tested it will be necessary to develop incentives for any successes to be replicated elsewhere. This means that changes should be rewarded and the range of incentives (financial and prestige) brought into play. This phase needs to be built into the strategy from the outset, as many pilots have proved successful only to find that funding is withdrawn or there is no incentive for others to follow.

## Some things to avoid

This section considers some things to avoid in developing standards as part of a strategy to promote reform of the child protection system. These broad guidelines are intended to help avoid possible pitfalls or less fruitful approaches.

*Cookbook guidelines*

When trying to provide standards for practice it is tempting to produce detailed prescriptive guidance – a manual or cookbook with recipes for good practice. This is particularly the case where standards are designed to support staff with little training to adopt new approaches and change their practice. However, the key issue in improving the quality of services is best practice and this needs to be built on an understanding of research and practice wisdom – earlier referred to as "developmentally appropriate practice". This cannot be achieved by producing a cookbook and following recipes for best practice but requires staff to be flexible in their responses to the needs of children and their families. In doing so staff need to develop their skills by reflecting on what they do. Providing detailed instructions is more likely to inhibit this learning process and to stifle creativity.

*Misdirected efforts*

When considering where to improve standards it is important not to generate standards for services that are inherently unable to provide developmentally appropriate practice. Efforts to do so will simply be wasted and may support the continuation of services that are damaging to children.

For example, in order to meet the developmental needs of infants and young children it is vital for them to develop a meaningful emotional attachment with a significant adult without which they run the risk of emotional and mental damage and even their physical development can be impaired. It is almost impossible to provide all infants in a large institution with the level and consistency of care which is developmentally appropriate. Attempting to resolve this by creating standards for the institution is unlikely to make any real impact and may support the ongoing abuse of the child's rights. Instead, any strategy to help infants should be based on the knowledge that such institutions will never be appropriate and should attempt to replace them with rehabilitation of children to families, community alternatives, foster care and adoption. This is not to say that where these institutions currently exist nothing should be done, as there are practices (e.g. more involvement and contact with parents and families, providing consistency of carers, more cuddling and emotional warmth, etc.) that can lessen the negative effects. However these actions should be undertaken as part of a strategy for the replacement of the institution with more appropriate alternatives.

*Reinventing the wheel*

Any system of standards needs to be responsive to the local situation and considerable effort has been put into developing systems of standards and monitoring to form a sound basis for implementation. Developing something that works from an existing system will allow effort to be put into adapting it to meet local needs and issues and help avoid repeating mistakes made by others. This does not mean that one can simply transplant a system from one environment to another and such an approach is likely to fail. At the same time there may be examples of local success in the application of standards from which there is much to learn. Instead, the approach being suggested is to use an existing scheme on which to build and to make efforts to adapt it.

## Ideas for a reform strategy

Whilst it is relatively simple to identify a list of shortcomings within the current system, implementing change in practice is notoriously difficult. This section

[24]For more information on using information systems of this kind see Bilson (1999).

presents schematic elements for a reform strategy, considering each of the three levels at which a system to specify and monitor standards needs to operate – state government, local or regional government and service providers. Different but related activities will be needed at each of these levels as described below.

*Implementing standards at the government level*

A government challenged by the proposals in this Concept Paper will have to make strategic initial choices, some of which will be simple and technical, and others difficult, cutting deep into the current framework of national concepts, beliefs and attitudes governing the provision of services. The key action is to set the strategic direction for services and to set up systems to develop and monitor quality care within this strategy. This direction should be based on implementing a policy to reduce the use of institutional care and ensuring adequate community-based services. Gatekeeping will be central to this strategy.[25]

The following issues relate to the implementation of an overall government strategy:

1. Assess the current situation
   - review current regulations, laws and standards to see where change is necessary
   - identify areas of good practice and poor practice requiring change.
2. Decide on which of the following approaches will be part of the strategy for implementing standards within the overall framework of moving to more family-based care:
   - regulation mechanism: licensing and/or accreditation of services; licensing and/or certification of professionals
   - type of quality-of-life and environmental standards to be implemented: Minimum, Excellence or Combination
   - monitoring systems: local/national inspection and/or professional regulation and/or peer and/or accreditation body and complaints mechanisms, and/or ombudsmen.
3. Develop implementation plan covering use of pilots, training and orientation of staff.
4. Create legislative framework for standards and monitoring.
5. Develop and update standards, codes of practice (ethics), practice guidance, performance indicators and regulation through broad-based consultation, thus gaining commitment and ownership and involving users and carers.
6. Set up regulatory bodies: inspectorate, accreditation body, professional council, professional training council, ombudsmen as required.
7. Develop data systems to collect information on the quality of services.
8. Develop incentives to implement standards.

*Implementing standards at the local/regional level*

Responsibilities at local and regional government level are to provide, co-ordinate and plan the provision of services that are responsive to local needs and that promote family-based care. The implementation of standards needs to be carefully planned and to focus on the following areas:

1. Assess the current situation
   - identify areas of exemplary practice and poor practice requiring change.
2. Implement or improve quality assurance mechanisms for the following activities.
   - planning services to respond and adapt to local needs (including planning for the changes to implement family-based care)
   - management and purchasing of services
   - coordination of local services provided by central government, local/regional government, NGOs and private providers
   - services directly provided by local/regional government.
3. Implement or improve inspection services if required
   - set up inspection unit
   - recruit and train inspectors.
4. Implement or improve systems to identify problems or opportunities for improving quality
   - information systems and data collection
   - complaints systems
   - problem reporting and identification mechanisms
   - surveys, statistical monitoring and research
   - performance measurement using indicators, benchmarking and quality teams.
5. Promote understanding and acceptance of standards and performance improvement mechanisms by staff, local communities, users and parents through:
   - staff training and induction
   - consultation and participation in developing and implementing standards
   - publicity and campaigns.

*Implementing standards in practice settings*

Planning to implement standards begins with a review of the organization's services to determine which should be addressed. For most organizations, it is impossible to improve quality in all areas simultaneously. Instead, activities are initiated in a few critical areas. These often initially pay special attention to high-priority, high-volume, or problem-prone aspects of services.

1. Assess the current situation
   - identify areas of good practice and poor practice requiring change

[25]For a detailed discussion of this readers are referred to the "Changing Minds, Policies and Lives" Concept Paper *Gatekeeping Services for Vulnerable Children and Families* (Bilson and Harwin, 2003).

2. Select a quality improvement approach; this may focus on monitoring desired or adverse outcomes, or study service delivery and support processes to determine areas for improvement.
3. Set up a team responsible for initial quality assurance activities.
4. Where a service's mission is unclear or unresponsive to community needs strategic planning may be required.
   - define the organization's mission
   - assess the opportunities and constraints in the external environment and the organization's internal strengths and weaknesses
   - determine priorities based on the programme mission and vision.
5. Setting standards
   - develop guidelines, standard operating procedures, and performance standards through a consultative process involving all staff, carers and users.
6. Develop or improve monitoring systems
   - information systems
   - complaints systems
   - indicators.
7. Develop a quality assurance plan covering objectives and scope, responsibilities, and implementation strategies. The plan should help staff members relate quality goals and objectives to their routine activities. It should also be a 'living document' that is regularly referred to and kept under review.
8. Review achievements and reinitiate the process to implement on-going improvements.

# Conclusion

Governments across the ECA region are struggling hard to find replacements for the widespread and often damaging residential care sector and have the best interest of their nation's children in mind when doing so. Despite this, the number of children in these institutions remains very high and continues to rise in many countries.

In this Concept Paper we have set out definitions of key concepts, given an overview of what are the necessary preconditions for implementing standards and examined the practical steps required to implement them.

We believe that developing standards and implementing monitoring systems constitute an effective basis for the provision of better services for children and their families as part of a strategic policy framework including gatekeeping entry to institutions and redirecting resources to community-based care. Ensuring better quality, preventing children who do not belong in institutions from entering them, and steering financial resources towards services that can more effectively provide help, are the three most effective tools to promote the necessary reforms in child protection systems.

We are convinced that governments, managers and staff want the best outcomes for children, but face the challenge of how to "change minds" about what is feasible. We believe that the direction indicated in this Concept Paper offers the basis for such a change which will lead to new policies and, most importantly, real changes in the lives of children in need.

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# ANNEX 1: Sources and examples of child protection standards

The following examples of standards are available on the web:

*A. Examples of child protection standards*

1. British Columbia Standards
http://www.mcf.gov.bc.ca/child_protection/standards_residential/index.html
2. UK Inspection Standards
http://www.doh.gov.uk/scg/standard.htm
3. National Child Care Accreditation Council Inc. Australia
Quality Improvement and Accreditation System (QIAS) for Long Day Care Centres
http://www.ncac.gov.au/
4. Standards of excellence: An Ethics and Accountability Code for the Non-profit Sector, Maryland USA
http://www.mdnonprofit.org/ethicbook.htm
5. UK National Care Standards Commission
http://www.doh.gov.uk/ncsc/index.htm

*B. Baseline standards on children with disabilities*

1. UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities
http://www.un.org/esa/socdev/enable/dissre00.htm
2. Education for All. The Salamanca Statement on Principles, Policy and Practice in Special Needs Education
http://www.unesco.org/education/educprog/sne/salamanc/

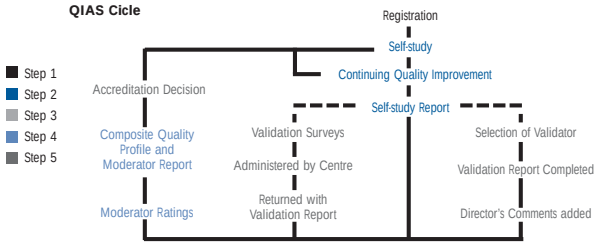
*C. Other relevant standards*

1. The Hague Convention on Intercountry Adoption
http://www.crin.org/fullweb.nsf/b54d4788d4114151002565150047760l/689766716a9402d28025675c004d5790?OpenDocument
2. UN Rules on the Protection of Juveniles Deprived of Their Liberty. An easily applicable source of practical minimum criteria regarding the rights of children in residential institutions.
http://eurochild.gla.ac.uk/Documents/UN/Delinquency/JuvenileJustice/Res45-112.htm

# ANNEX 2: Quality improvement and accreditation system: a case example of a system of standards

In Australia the National Child Care Accreditation Council Inc. is responsible for the Quality Improvement and Accreditation System (QIAS) for Long Day Care Centres (nurseries where infants spend long periods during the day). The QIAS concept provides a good tool for setting standards, preparing providers to implement quality standards and to support the implementation of services and monitor their outcome. The table below illustrates how the QIAS system operates in each of the areas identified as necessary for the effective implementation of standards. This work is supported by references to research and expertise in child development together with a range of documentation which is available on the NCAC website at http://www.ncac.gov.au/.

The QIAS system

| Topic | QIAS approach |
|---|---|
| Standards | QIAS has 10 quality areas, 35 principles and extensive practice guidance. Each principle is measured as part of the accreditation process against specific outcomes. |
| Regulation of services and professions | The QIAS is an accreditation system which operates as an addition to licensing which is carried out at state level in Australia. Licensing covers factors which are *associated with quality* typically including factors which are most readily measured, such as space, range of equipment, number and ages of children, number of staff and the length of their training in early childhood. The QIAS system supplements this by focussing on factors that it claims *determine quality*. The emphasis is on staff practices and actual outcomes for children. |
| Monitoring systems | The process has 5 steps:<br>1. Centres *register* with QIAS<br>2. *Self-study*. Centres are required to make a self-assessment of the quality of their childcare practices in consultation with all centre staff and with the families of the children at the centre. During self-study, Centres evaluate the quality of practices for each of the 35 principles against specific standards. The results of this process are used to create a "Self-study Report" and a "Continuing Improvement Plan."<br>3. *Validation*. A long-day care peer validator, selected and trained by the NCAC, visits the centre to validate its quality practices. The validator observes the centre's care practices, sights any necessary centre documentation and completes a Validation Report. Validators also collect the Validation Surveys completed by the director, staff and families during the few weeks prior to the visit, and return them to the NCAC together with the Validation Report.<br>4. *Moderation*. Moderation helps to ensure that all Centres participating in the QIAS are treated consistently on a national basis. Moderators assess the quality of the centre's practice using the various reports from the centre and the validation.<br>5. *Accreditation* A centre must achieve a satisfactory or higher rating in all 10 Quality Areas. An accredited centre is required to continue its self-study and continuing improvement cycle and is then reassessed at regular intervals. The diagram below illustrates the QIAS Cycle.<br>  |
| Incentives | Accreditation allows users of services to claim benefits as a contribution to the cost of the service so that there is a financial incentive for users to purchase accredited services. |
| Implementation in practice settings | The QIAS cycle is effectively a quality management tool. In addition there is extensive documentation about how to achieve quality practice. The process requires parental involvement, and all levels of staff and aims to develop involvement of parents. Mentoring is encouraged and extensive resources are available including a web based training module. |

*Source:* NCAC website at http://www.ncac.gov.au/

# ANNEX 3: Extract of standards for children in institutions in Latvia

*Source:* "Checklist of Requirements for Child Social Care Institutions"
This extract gives the first of a number of standards for institutional care in Latvia.

| Requirement | Checklist |
|---|---|
| **1. Head of service providing institution concentrates on the optimum satisfaction of clients' needs through:** | |
| 1.1. objectives, tasks, functions and organizational structure formulated for service providers in a written form, and through providing all relevant information to staff | 1.1.1. staff acquainted with the statutes of the institution and this fact is recorded in a written form<br>1.1.2. staff acquainted with internal regulations of the institution and this fact is recorded in a written form<br>1.1.3. annual plan for a current year including activities to be performed, their sequence, deadlines, responsible executors, implementation process<br>1.1.4. development directions of the institution for 2–3 years including the set of activities that are to be gradually implemented by institution in a certain period of time, and that will improve the institution and the quality of its services<br>1.1.5. meeting minutes from the quarterly meetings of the staff, reflecting the discussion of issues that are included in the agenda and the decision-making process<br>1.1.6. work safety and fire safety instructions pursuant to the normative acts<br>1.1.7. compulsory health examination of the staff pursuant to the normative acts |
| 1.2. sufficient manning (head of service providing institution or superior institution determines the number of necessary employees in accordance with the proposal submitted by head of service providing institution) | 1.2.1. head of institution carries out analysis of job descriptions (and/or positions), workload and work efficiency as necessary (at least once every three years)<br>1.2.2. if necessary the corresponding proposals are sent to the superior institution or instructions are issued based on the results of the above-mentioned analysis |
| 1.3. equitable and rational distribution of work tasks between employees | 1.3.1. job and/or position descriptions are developed in accordance with labor law and actual tasks to be performed |
| 1.4. competence of staff and regular improvement of knowledge for employees working with clients | 1.4.1. qualification and basic tasks of professional activities performed by employees of a certain profession comply with the classification of professions set in the Republic of Latvia<br>1.4.2. training plan for employees for a current year is approved by head of institution<br>1.4.3. employees' efficiency is increased pursuant to requirements set for each occupation and pursuant to the corresponding job and/or position description<br>1.4.4. each year one employee from each structural unit of the institution participates in an exchange experience organized in order to extend the knowledge and skills gained in practice and to master the experience of good practice. The exchange of information should be organized in institutions with a similar profile. The events mentioned should be recorded—participants have to prepare the report about new experience gained and the possibilities to apply it and submit it to their head of institution |

| Requirement | Checklist |
|---|---|
| 1.5. attracting the funds needed to maintain service providers | 1.5.1. the source and amount of funding anticipated and used for the maintenance of the institution and implementation of operational tasks must be recorded in the accounting documents<br>1.5.2. budget expenses are approved pursuant to existing legal acts<br>1.5.3 priority expenses are identified showing the priority directions of activities that are included in the Activity Plan of the institution; the priorities mentioned are reflected in the annual application for funds and the corresponding documents about the expenditure of funds<br>1.5.4. projects are prepared and submitted to different financing institutions, funds, etc., collaborating partners for the implementation of joint projects are sought |
| 1.6. Goal-directed and economical use of financing | 1.6.1. statement provided by specialists/auditors about the arrangement of the accounting documents in compliance with the normative acts and the goal-directed use of funds |
| 1.7. Provision of services pursuant to the procedure set by normative acts | 1.7.1. admission of children to institution pursuant to normative acts<br>1.7.2. children's register book arranged pursuant to the provisions of Instructions NR. 414 "About the approval of unified type of forms for the orphanages, specialized social care centers for children, social care centers and social homes" issued by MoW as of 16.12.99 or pursuant to the municipal social care institutions for children<br>1.7.3. child's personal file contains the documents that prove the validity of sending this child to the institution pursuant to the statutes of a corresponding institution<br>1.7.4. work safety and fire safety instructions pursuant to the normative acts<br>1.7.5. compulsory health examination of the staff pursuant to the normative acts |

# ANNEX 4: Ombudsmen offices in the ECA region

The following details are from the European Network of Ombudsmen for Children: http://www.ombudsnet.org/Ombudsmen/CountryProfiles.htm

Georgia: The Child Rights Center was established within the Public Defender's Office in April 2001. The UN Convention on the Rights of the Child and international conventions and arrangements on children provide the basis for the Center's programme of action. Its task is to advocate the rights and interests of children and young people in society.

Hungary: The Office of the Parliamentary Commissioner for Human Rights covers children's issues and has a small specialist group of staff. There is no special ombudsman for children's rights but there are two ombudsmen, elected by the National Assembly, dealing with human rights: the parliamentary commissioner for human rights and the deputy ombudsman. The latter is generally engaged in children's rights matters (see Box 5 for an example of this approach in action).

Latvia: The State Centre for Child Protection is an authority financed by the Ministry of Education. It employs a staff of ten and focuses on:

1. laws and amendments to shape them for protecting children
2. case by case work to assist vulnerable children
3. structural-level work
4. running child support projects
5. running camps for children.

The centre supervises the application of the CRC, reports annually to the government and has its own web page.

Lithuania: a Children's Ombudsman Institution was the result of a series of conferences held by children's agencies, institutions and NGOs. It was decided that a single monitoring body was not sufficient but that there should be an institution to monitor all regional children's agencies. European practice also informed the establishment of this institution. The office carries out the following activities:

- influencing policy development at national level
- data collection on children's issues
- monitoring the impact of laws/policies on children
- monitoring the implementation of the Convention on the Rights of the Child
- individual casework
- training of professionals or other groups on children's rights.

In addition the Children's Rights Ombudsman Law gives an ombudsman the right to:

- control the implementation of the UN Convention on the Rights of the Child
- influence adoption of new laws and modify existing laws on the protection of the rights of the child
- investigate appeals from individuals or legal entities on state, governmental authorities, local administration, their officers, non-governmental organizations and other individuals or judicial person whose actions or lack of action violate or may violate general rights and fundamental freedoms of a child.

Macedonia: The role of the Ombudsperson was discussed by many NGOS working in the field of child protection. Following these discussions the Ombudsperson for Macedonian worked together with these NGOs on child rights and is present at meetings of the NGO coalition. A fruitful collaboration among these bodies has now been established.

Poland: The Ombudsman for Children in Poland was established by the Law on the Ombudsman for Children of 6 January 2000. The office is the only one officially cited in the Constitution of the Republic of Poland. It is completely autonomous and the Ombudsman is accountable only to Parliament.

Romania: The law allows children, irrespective of age, to address complaints to the Advocate of the People, Art. 14, par. (2) Law No. 35/1997. This is the sole public authority to receive complaints from children below the age of 14. Children's complaints are registered and examined according to standardized procedures.

The Russian Federation: Five of the 89 regions in the Russian Federation (city regions or 'oblasts') have appointed children's ombudsmen or commissioners for children's rights: Ekaterinburg (population 1 million, child population 200,000); Kaluga (population 1 million, child population 220,000); Novgorad (population 740,000, child population 150,000); St Petersburg (population 4.7 million, child population 850,000); Volgograd (population 2.7 million, child population 600,000). These offices have been initiated through a joint project of the Federal Ministry of Labour and Social Development and UNICEF.

# Improving Standards of Child Protection Services in ECA Countries

## A TOOLKIT

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# Introduction

This Toolkit has been developed as part of the joint UNICEF-World Bank project *Changing Minds, Policies and Lives*. The project is designed to help governments and others to reduce dependence on institutional care for children in the transitional economies. The project tackles two key issues: systemic change as one of the cornerstones of the World Bank's ECA social protection strategy; and rights-based alternatives for children deprived of parental care as a UNICEF priority in the CEE/CIS/Baltic States. This toolkit addresses one of the three priorities of the project – the need to legislate policies and procedures to protect the vulnerable and their families whilst simultaneously respecting their rights and needs – and is designed to develop standards for family-based services for children

It provides methodological support for the implementation of a reform of the system financing social care. This reform should result in less use of institutions for children and more use of family and community-based care. Together with reforms in the quality assurance system (standards and outcomes) and the gatekeeping system, the financing framework is one of the main public policy tools to ensure access, cost-effectiveness, and quality in publicly and privately supplied social care services. By regulating the supply and demand for social care services, the financing framework helps countries affordably support their commitments under the UN Convention on the Rights of the Child.

The toolkit is based on the Concept Paper, *Improving Standards of Child Protection Services In ECA Countries.*[2] It provides methodological support for the implementation of a system of standards and quality control as described in the paper. This reform should result in more family-centred outcomes for children by improving the quality of services and reducing the use of institutions for children and increasing use of family and community-based care. Together with reforms to redirect resources from institutions to community-based services and to introduce effective gatekeeping mechanisms, standards are one of the main public policy tools to ensure access, cost-effectiveness, and quality in child protection services.

Social care in transition economies is often poorly regulated, unmonitored and low-quality. Few standards are provided to ensure that the quality of life of children receiving services is as high as possible. Countries do not know the quality of the services provided to children and have no effective mechanisms to improve them. In order to improve the quality of services it is necessary to:

- *define new standards* which cover the quality of life as well as environmental issues
- *set up monitoring systems* including a framework for service accreditation, licensing and/or self-regulation and the licensing or certification of the workforce together with systems such as inspection to monitor compliance
- *implement changes in practice* through better planning and ensuring staff provide high-quality services.

## Using the Toolkit

The tools can be used in a variety of ways depending on the particular users involved and their circumstances. There are two types:

1. Templates for assessment. Templates are forms or models developed to help the participating countries collect, aggregate and analyze data on current standards and monitoring systems at national and local level. A framework is provided as a tool to assess practice at service level.
2. Checklists and examples to help design and implement the reform. Checklists are a series of questions and advice. These cover a wide range of topics: functions needed to implement standards and monitoring; defining standards; laws and regulations; designing a monitoring system at governmental level and local level; case management; how to involve users and carers; planning; training management and staff; and self-assessment and monitoring by providers. Examples of best practice are given on standards and legislative frameworks.

The Toolkit initially provides a template (Tool 1) to assess the current situation. Using the information from this assessment it is suggested that a strategic plan is created for developing standards, focusing on the three basic areas:

- *Developing a regulatory system* which includes the development of a framework for service accreditation, licensing and/or self-regulation and the licensing or certification of the workforce. This includes setting up the system for monitoring.

[2]All three Concept Papers and Toolkits available from www.worldbank.org/childrenandyouth

- *Defining standards* including deciding on relevant minimum standards (baseline for quality of service to be provided) and/or standards of excellence (targets to aspire to), and covering environmental issues (buildings, interiors, health protection and hygiene, clothing, food, etc.) and quality of life issues (children's rights and developmentally appropriate practices).
- *Assessing practice* to see what good practice already exists and can form the basis for new standards as well as identifying key areas for new standards.

Tools have been developed for work in these areas at the levels of national and regional/local government. The tools can be used in a number of different ways and Figure 1 illustrates how they relate to developing a national strategy starting with the following three areas where work should progress simultaneously:

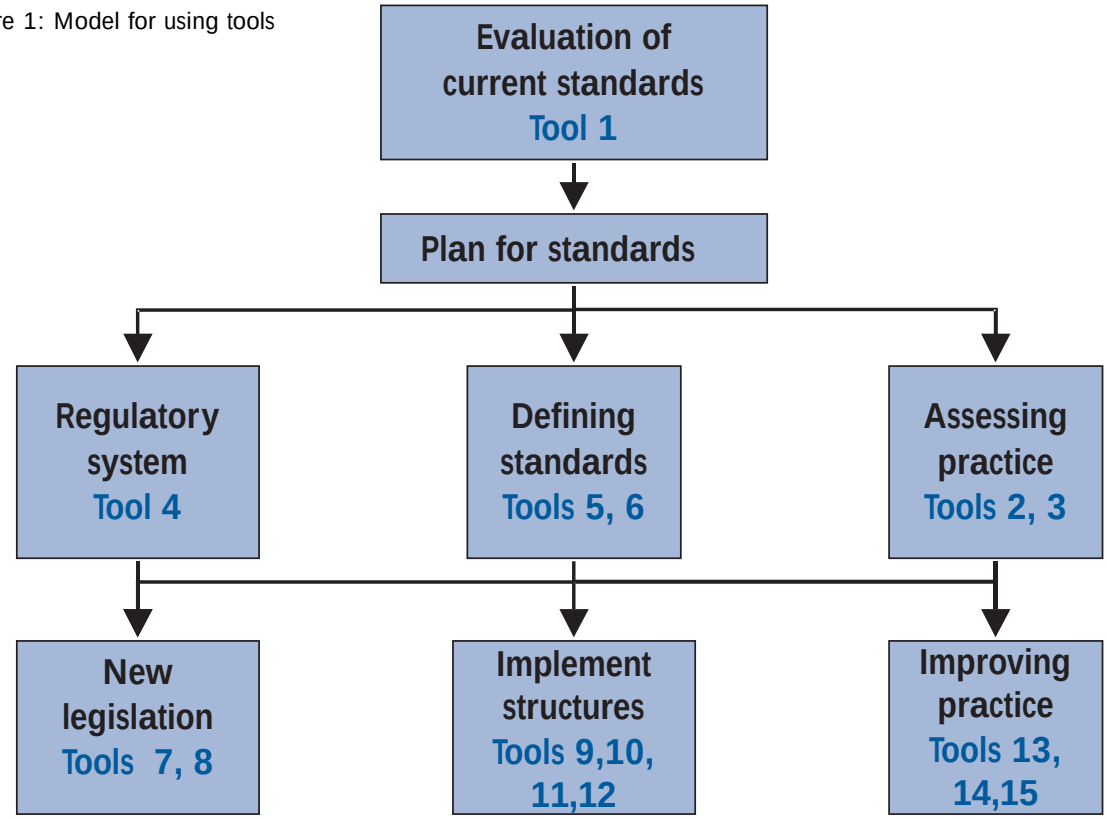
- deciding on the regulatory system
- defining standards
- assessing current practice.

The next phase involves putting standards into practice and includes:

- creating the new legislative framework
- implementing the regulatory and monitoring structures
- putting the standards into practice.

Thus the suggested process starts with the use of Tool 1 to evaluate the current position. From this a strategy can be developed to work on each of the three basic areas and to develop local strategies. This is followed by further work to implement standards in practice. Figure 1 illustrates this process and how the tools can be used at each stage.

Figure 1: Model for using tools



# TOOL 1 Template for assessing standards – national level

## Introduction

The countries in the ECA region have different legislative frameworks, different configurations of services and are at different stages of reform. This tool is designed to help assess current standards and regulations in order to identify whether, and in what respects, reform is required. The template is designed for use in each area of services for which standards are to be implemented. With regard to institutions many countries have a range of regulations covering different services (e.g. in some countries regulations are issued by the Ministry of Health for institutions for infants aged 0–3 and other institutions, the Ministry of Labour and Social Policy issues regulations for institutions for children over the age of 3 with disabilities who are considered "uneducable", whilst the Ministry of Education issues regulations for children in educational institutions). Each of these regulatory mechanisms must be assessed to determine its strengths and weaknesses before deciding to design a new system and what to keep or discard of the old one. Similarly some countries have licensing for community-based services.

## Instructions

This template should be followed in steps:

1. identifying the full list of services and structures requiring standards
2. assessing the standards currently in use

In order to carry out Step 2 it is necessary to examine current regulations, standards and guidance issued by central government or other national bodies, and to gather information on the monitoring systems currently in operation. The tool is designed to allow an assessment as a desk exercise before starting to define a plan to create new standards and monitoring systems.



### SECTION 1 - LIST OF SERVICES

The first step is thus to identify the range of services provided or envisioned for the proposed new standards and the regulatory systems and regulations and standards that apply. This will also identify the areas and services which are not regulated. A list can be drawn up using Section 1 of the template. The table below gives an example of services which could be covered if looking at the child protection system as a whole.

| Institutional Care | Adoption | Other out-of-home care | Community-based services |
|---|---|---|---|
| Orphanages | International | Foster care | Day centres |
| For children with physical disabilities | In country | Guardianship | Family centres |
| For children with learning disabilities | | Family group homes | Assessment |
| For children with special educational needs | | Respite care | Counseling |
| Other | | Other | Family aid other |

### SECTION 2 - EVALUATION OF STANDARDS

This section assesses the nature, extent, monitoring and implementation of current standards in order to identify areas where standards need to be improved either in content, coverage or implementation. A separate form should be filled in for each service which currently has standards defined. This section is divided into two parts:

a) Definition of standards

b) Nature of monitoring systems.

| Definition of standards | |
|---|---|
| **Purpose of template** | **To assess the type and nature of standards currently in use** |
| **Question**<br>**1. What type of standards currently exist for this service** | **Definitions**<br>Type of standards<br>*Regulations* are laid out in statutes and provide enforceable standards for services. For example, regulations may cover management, staff, premises and conduct of social and healthcare establishments and agencies.<br>*Practice guidance* provides advice or rules for practitioners on how to carry out work to a required level of quality<br>*Minimum standards* establish the baseline for the quality of service to be provided<br>*Standards of excellence* provide targets to be achieved. |

| Question | Definitions |
|---|---|
| **1. What type of standards currently exist for this service cont.** | Nature of standards<br>*Environmental standards* relate to the more technical part of care provision; construction of buildings, interiors, health protection and hygiene, clothing and food, staff, their tasks, responsibilities and wages, bookkeeping and similar material matters. These standards support the functioning of the institutions, ensure that children are fed, washed and clothed, that clothes are clean and discipline and order promoted.<br>*Quality of life standards* relate to the core of care provision; what happens to the children, how they can be helped to live a better life and eventually be reunited with their parents, how inclusion can be promoted, how their emotional and cognitive needs can be met, and how they can learn and develop as individuals. An essential part of these standards is to safeguard all aspects of children's rights.<br>Comments<br>This should give any further information needed to assess the nature of the standards. |
| **2. Planning** | Assessment for services<br>Children's best interests are assessed before deciding to provide a service<br>*Includes:* procedures for assessment for service, criteria for service.<br>Individual plans<br>Children's needs are assessed effectively and comprehensively, and written plans outline how these needs will be met and the plans implemented.<br>*Includes*: plans covering health needs and health promotion; education needs and attainment targets; cultural, religious, language and racial needs and how they will be met; leisure needs; where placed out-of-home, contact arrangements with family, friends and significant others; keyworker systems to be responsible for implementing plan; participation in planning.<br>Reviews<br>Children's needs, development and progress are reviewed regularly in the light of their care and progress.<br>*Includes*: regular and emergency reviews, record-keeping, participation by child and parents/family; implementing review recommendations. |
| **3. Developmental needs**<br>Source: DoH (2000) *Framework for the Assessment of Children in Need and their Families.* London: HMSO, p. 19 | Health<br>This concerns all aspects of the child's health and well-being.<br>*Includes:* growth and development as well as physical and mental well-being; the impact of genetic factors and of any impairment should be considered; involves receiving appropriate health care during illness, an adequate and nutritious diet, exercise, immunization where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.<br>Education<br>Covers all areas of a child's cognitive development which begins from birth.<br>*Includes:* opportunities for play and interaction with other children; access to books; the chance to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.<br>Emotional and behavioural development<br>Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows up, to others beyond the family.<br>*Includes:* nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control. |

| Question | Definitions |
|---|---|
| **3. Developmental needs cont.** | Identity<br>Concerns the child's growing sense of self as a separate and valued person. *Includes:* the child's view of self and abilities, self-image and self-esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.<br>Family and social relationships<br>Development of empathy and the capacity to place self in someone else's situation.<br>*Includes:* a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age-appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.<br>Social presentation<br>Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression this creates.<br>*Includes:* appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings.<br>Self-care skills<br>Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence.<br>*Includes:* early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children.<br>*Includes:* encouraging the development of social problem-solving approaches; special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self-care skills. |
| **4. Parenting capacity of service**<br>Source: DoH (2000) *Assessment of Children in Need and their Families.* London: HMSO | Basic care<br>Providing for the child's physical needs and appropriate medical and dental care.<br>*Includes:* provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.<br>Ensuring safety<br>Ensuring the child is adequately protected from harm or danger.<br>*Includes:* protection from significant harm or danger, and from contact with unsafe adults/other children and from self-harm; recognition of hazards and danger both in the setting and elsewhere.<br>Emotional warmth<br>Ensuring the child's emotional needs are met and giving the child a sense of being specially valued and a positive sense of own racial and cultural identity.<br>*Includes:* ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs; appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.<br>Stimulation<br>Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities.<br>*Includes:* facilitating the child's cognitive development and potential through interaction, communication, talking and responding to their language and questions, encouraging and joining in with the child's play, and promoting educational opportunities; enabling the child to experience success and ensuring school attendance or equivalent opportunity; facilitating the child's ability to meet challenges in life. |

| Question | Definitions |
|---|---|
| **4. Parenting capacity of service cont.** | Guidance and boundaries<br>Enabling the child to regulate their own emotions and behaviour.<br>The key tasks are *demonstrating and modelling* appropriate behaviour and control of emotions and interactions with others, and *guidance* which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society in which they will grow up. The aim is to enable the child to develop as an autonomous adult, with their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on external rules. This includes not over-protecting children from exploratory and learning experiences.<br>*Includes:* social problem-solving, anger-management, consideration for others, and effective discipline and shaping of behaviour.<br>Stability<br>Providing a sufficiently stable environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development.<br>*Includes:* ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour; parental responses change and develop according to child's developmental progress; ensuring children keep in contact with important family members and significant others. |
| **5. The environment of the service** | Suitability of premises for purpose<br>Children receive services in well-designed and pleasant surroundings providing sufficient space to meet their needs.<br>*Includes:* location, design and size in keeping with its purpose and function; it serves the needs of the children, and provides an environment that is supportive to each child's development; where services are residential, children enjoy home-like accommodation, decorated, furnished and maintained to a high standard, providing adequate facilities for their use.<br>Health and safety<br>Children receive services in premises that provide physical safety and security.<br>*Includes:* identifying hazards, estimating level of risk to health, safety or welfare from the hazards identified, and identifying action to be taken both to reduce risks to an acceptable level where practicable and to avoid unnecessary or unreasonable risks.<br>Bathrooms and washing facilities<br>Children's privacy is respected when washing.<br>*Includes:* a sufficient number and standard of baths, showers and toilets to meet the children's needs. |
| **6. Staffing the service** | Qualifications<br>Staff are sufficient in number, experience and qualification to meet the needs of the children.<br>*Includes:* level and types of qualifications and experience of staff, staff child ratios at defined times of day/night.<br>Training and experience<br>Children are looked after by staff who are trained and competent to meet their needs.<br>*Includes:* training, development opportunities and supervision that equips staff with the skills required to meet the needs of the children and the purpose of the service.<br>Vetting and recruitment<br>Careful selection and vetting of all staff and volunteers working with children in the service to prevent children being exposed to potential abusers.<br>*Includes:* checks on criminal records, references on past employment, interview procedures.<br>Professional standards<br>Staff comply with professional standards in their work with children.<br>*Includes:* awareness of relevant ethical codes covering issues such as confidentiality and supervision of staff to ensure they understand and comply with them. |

| Question | Definitions |
|---|---|
| **7. Management and administration** | Record-keeping<br>Children's needs, development and progress are recorded to reflect their individuality.<br>*Includes:* a permanent, private and secure record of the history and progress of each child; files can seen by the child, and by the child's parents as appropriate.<br>Complaints systems<br>The service has a complaints procedure to ensure any complaint will be addressed without delay and the complainant is kept informed of progress.<br>*Includes:* children know how, and feel able, to complain; enables children, staff, family members and others involved with children receiving services to make both minor and major complaints; does not restrict the issues they may complain about; provides for relevant issues to be referred promptly to other procedures, including the relevant authority where child protection issues are involved; provides appropriately for the handling of any complaint made against the manager of the home and other staff; is accessible to disabled children; staff are trained to respond effectively to complaints.<br>Control and discipline<br>Children are assisted to develop socially acceptable behaviour through encouraging acceptable behaviour and constructive staff response to inappropriate behaviour.<br>*Includes:* a clear written policy, procedures and guidance for staff based on a code of conduct setting out the control, disciplinary and restraint measures permitted and emphasizing the need to positively reinforce children for the achievement of acceptable behaviour.<br>Quality control<br>A system of quality control is in place to implement standards and improve practice.<br>*Includes:* incentives to improve quality; *shared understanding* of what standards are and why they are important; *staff training* and induction covering standards; *continual improvement* of services through a cycle of assessment; *leadership service* managers take the lead in promoting quality. |
| **8. Child rights key principles** | The CRC is indivisible and children's services should promote all rights of the child. This section focuses on the four key principles of the convention plus the central issue for children to grow up in a family environment.<br>Non-discrimination<br>Steps are taken to ensure that discrimination is prevented and combated.<br>*Includes:* avoiding discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status of the child, his/her parents or legal guardians.<br>Best interests of the child<br>The principle that all actions are taken in the best interests of the child is a primary consideration in all actions concerning children.<br>*Includes:* ensuring proper assessment that services are in the child's best interests before allocation, decision-making processes to ensure children the protection and care necessary for their well-being.<br>Right to life, survival and development<br>Creation of an environment conducive to ensuring to the maximum extent possible the survival and development of the child.<br>*Includes:* physical, mental, spiritual, moral, psychological and social development, in a manner compatible with human dignity, and to prepare the child for an individual life in a free society.<br>*Respect for the views of the child*<br>Services to promote the right of the child to express views freely on all matters affecting him or her, and provision for those views to be given due weight.<br>Includes: training staff, meetings and other opportunities to listen to children, involvement of children in key decisions.<br>Right to grow up in a family environment<br>Services support and assist parents and families to enable children to develop fully and grow up in a family environment, in an atmosphere of happiness, love and understanding. |

| Question | Definitions |
|---|---|
| **8. Child rights key principles cont.** | *Includes:* where children are in care, encouraging visiting, continued contact, keeping siblings together, involvement of families in planning, processes to promote rehabilitation; environments should be family-like, involve parents and wider families and build on their strengths. |
| **Questions 2 to 8** | Assessment of standards<br>How do the standards for this area rate with regard to the following issues?<br>*Realistic:* standards can be achieved or followed with existing resources or achievable increases.<br>*Reliable:* following the standards for a particular area provides improved outcomes (external factors being equal).<br>*Valid:* standards are based on research evidence, knowledge of child development or other acceptable experience.<br>*Clear:* standards are easy to understand (including by users and parents) and difficult to misinterpret.<br>*Measurable:* use of the standards can be assessed through quantitative or qualitative measures.<br>Comments<br>Give more detailed assessment of the quality of the standard statement for this area of practice. |

| Nature of monitoring systems | |
|---|---|
| **Purpose of template** | **To assess the types and nature of standards currently in use** |
| **Question** | **Definitions** |
| **1. What type of regulatory system currently exists for this service?** | Type of regulatory system<br>*Licensing* is a mandatory process by which a government agency regulates a profession or service. For individuals it grants permission to engage in a profession such as social work if it finds that the applicant has attained the degree of competency required to ensure that public health, safety, and welfare will be reasonably protected. Licensing is awarded to organizations that meet the minimum standards required by legislation to provide particular services.<br>*Accreditation* is a voluntary process. It offers professional recognition and consumer distinction to service providers who meet standards defined by the accrediting agency. Accreditation is intended for providers who demonstrate a commitment to reach beyond minimum licensing requirements to achieve standards of excellence.<br>*Certification* is voluntary and applies where a professional activity is not licensed. Certification applies to an individual and differs from licensing in that it is nearly always offered by a private, non-governmental agency. Such agencies are usually outgrowths of professional associations which create certifying agencies to identify and acknowledge those who have met their standards. Certification is voluntary. Practitioners do not have to be certified in order to practice. An individual becomes certified (often by taking an examination) in order to demonstrate competency to potential customers.<br>Comments<br>This should give any further information needed to assess the regulatory system. |
| **2. What type of monitoring system currently operates and its effectiveness** | Type of standards<br>For definitions see Tool 2.<br>Type of monitoring system<br>*Self-assessment.* The service has its own monitoring process including regular reviews, involvement of users and parents, and quality measures. |

| Question | Definitions |
|---|---|
| **2. What type of monitoring system currently operates and its effectiveness cont.** | *Inspection.* Inspectors use standards as the basis for inspections providing a report with recommendations for improvements and details of positive aspects of the service. Best practice ensures that the reports are widely available to service providers, users, potential users and their families, purchasers such as social workers, and to the general public. The recommendations in reports are followed up on later inspections. Only if the service is seen to be substantially failing in some area is formal legal action taken to remedy the failure or to close the service.<br>*Performance measurement and indicators.* Performance measurement is used increasingly by governments to assess the performance of organizations (including local or state governments) using state funds. The key issue in performance measurement is to identify a small number of key indicators which can be measured accurately and give a good indication of the quality of performance.<br>*Complaints systems.* An effective complaints procedure provides protection for those making complaints and an independent system to consider the complaints.<br>*Ombudsmen and children's advocates.* There are two types of Children's Ombudsmen: a Children's Advocate who works on a case-by-case level for individual children going through the process of being taken into public care or being submitted to care. The second type is called an ombudsman and works on an overarching level to protect children's interests in general, rather than on a single case level. In some cases the ombudsman can cover both types of work.<br>Comments<br>This should give any further information needed to assess the monitoring system particularly giving details of the effectiveness of monitoring and whether this improves the quality of services |



## Section 1 - List of services

Services: This tool is to identify what regulatory mechanisms currently exist

| 1. Service or service delivery system | | |
|---|---|---|
| Name | Current regulation coverage<br><br>☐ Regulated<br>☐ Partially regulated<br>☐ Unregulated | Description [who is it for (age, gender, disability etc.), purpose, etc.] |
| Provider(s)<br>☐ Central Government Ministry<br>☐ Regional Government<br>☐ Municipal/Local Government<br>☐ NGO<br>☐ Private sector | Type of service<br>☐ Institution<br>☐ Adoption<br>☐ Other out-of-home care<br>☐ Community-based service | Comments |
| Date:<br><br>Respondent:<br><br>Organization: | | |

| Service Name | | |
|---|---|---|
| **1. What type of standards currently exist for this service** | | |
| a) ☐ Regulations | ☐ Quality of life<br>☐ Environment | Comments |
| b) ☐ Practice guidance | ☐ Quality of life<br>☐ Environment | Comments |
| c) ☐ Other minimum standards | ☐ Quality of life<br>☐ Environment | Comments |
| d) ☐ Excellence | ☐ Quality of life<br>☐ Environment | Comments |
| **2. The content of standards covers planning** | | |
| a) ☐ Assessment for service<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | | Comments |
| b) ☐ Individual plans<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | | Comments |
| c) ☐ Reviews<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | | Comments |
| **3. The content of standards covers the developmental needs of the child** | | |
| a) ☐ Health<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | | Comments |
| b) ☐ Education and cognitive development<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | | Comments |
| c) ☐ Emotional and behavioural development<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | | Comments |
| d) ☐ Identity<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | | Comments |
| e) ☐ Family and social relationships<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | | Comments |
| f) ☐ Social presentation<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | | Comments |

| Service Name | |
|---|---|
| g) ☐ Self-care skills<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| 4. The content of standards covers the 'parenting' capacity of the service | |
| a) ☐ Basic care<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| b) ☐ Ensuring safety<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| c) ☐ Emotional warmth<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| d) ☐ Stimulation<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| e) ☐ Guidance and boundaries<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| f) ☐ Stability<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| 5. The content of standards covers the environment of the service | |
| a) ☐ Suitability of premises for purpose<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| b) ☐ Health and safety<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| c) ☐ Bathrooms and washing facilities<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| 6. The content of standards covers the staffing of the service | |
| a) ☐ Qualifications<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |

| Service Name | |
|---|---|
| b) ☐ Training and experience<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| c) ☐ Vetting and recruitment<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| d) ☐ Professional standards<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| 7. The content of standards covers children's rights key principles | |
| a) ☐ Record-keeping<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| b) ☐ Complaints systems<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| c) ☐ Control and discipline<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| d) ☐ Quality control<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| 8. The content of standards covers children's rights key principles | |
| a) ☐ Non-discrimination<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| b) ☐ Best interests of the child<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| c) ☐ Right to life, survival and development<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| d) ☐ Respect for the views of the child<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| e) ☐ Right to grow up in a family environment<br>Are the standards Realistic, Reliable, Valid, Clear and Measurable? | Comments |
| Date:<br>Respondent:<br>Organization: | |

| Service Name | | |
|---|---|---|
| **1. Is there a regulatory system?** | | |
| ☐ Licensing services | What is the extent of licensing?<br>☐ All providers licensed<br>☐ NGOs/private sector only<br>☐ Government services only | Who is responsible for licensing?<br>☐ Central government agency<br>☐ Local/regional government |
| | How is licensing monitored?<br>☐ By application only<br>☐ Services are inspected<br>☐ There is a regular review system<br>☐ There is a process for de-registration | Comments |
| ☐ Accreditation of services | What is the extent of accreditation?<br>☐ All services accredited<br>☐ Most<br>☐ A few | Who is responsible for accreditation?<br>☐ Central government agency<br>☐ Independent body |
| | How is accreditation monitored?<br>☐ By application only<br>☐ Services are inspected<br>☐ There is a regular review system<br>☐ There is a process for de-registration | Comments |
| ☐ Licensing professions | Does licensing include<br>☐ Codes of conduct<br>☐ Registration system<br>☐ Exams/formal qualifications | Who is responsible for licensing?<br>☐ Central government agency<br>☐ Independent body |
| | | Comments |
| ☐ Certification of professionals | Does licensing include<br>☐ Codes of conduct<br>☐ Registration system<br>☐ Exams/formal qualifications | Who is responsible for certification?<br>☐ Central government agency<br>☐ Independent body |
| | | Comments |
| **2. Is there a monitoring system?** | | |
| ☐ Self-assessment | Frequency of inspection<br>☐ Regular<br>☐ Irregular<br>☐ By exception | ☐ Reports publicly available |
| | | Comments |
| ☐ Local inspection | Frequency of inspection<br>☐ Regular<br>☐ Irregular<br>☐ Sample<br>☐ By exception | ☐ Reports publicly available |
| | | Comments |
| ☐ National inspection | Frequency of inspection<br>☐ Regular<br>☐ Irregular<br>☐ Sample<br>☐ By exception | ☐ Reports publicly available |
| | | Comments |

| Service Name | | |
|---|---|---|
| ☐ Performance measurement and indicators | Type of measure(s)<br>Monitoring system | Comments |
| ☐ Complaints systems | Who can complain?<br>☐Children<br>☐Parents<br>☐Any interested party | Comments |
| ☐ Ombudsmen and Advocates | Type<br>☐Local<br>☐National | Comments |
| Date:<br><br>Respondent:<br><br>Organization: | | |

# Tool 2 Template for assessing standards – local level

## Introduction

Tool 1, Assessing Standards Template - National Level, is intended for the assessment at central level of whether and how services are regulated, what types of standards are in place and the nature of the monitoring system. The template can also be used for the local level assessment of services, standards and monitoring. The purpose of this template (Tool 2, Assessing Standards Template - Local Level) is to collect information about those services that *are not* regulated by the central level or the services that are regulated by *both levels*, e.g. the local level has *added standards* to the ones set forth by the state, or the local level has implemented any kind of monitoring system *that is not* regulated on central level. We recommend reading Tool 1, before starting on Tool 2.

## Section 1 – List of services

The first step for use at the local level is to identify the range of services provided or envisioned and the regulatory systems and the regulations and standards that apply. This will also identify the areas and services which are not regulated. A list can be drawn up using Section 1 of the template. The table below gives an example of services which should be covered. Answers need to be given to the questions; are services regulated in other ways than by the state level, and if so, how are they regulated?

## Section 2 – Evaluation of standards

This section covers the nature, extent, monitoring and implementation of standards. It is designed to identify areas where standards need to be improved in content, coverage or implementation. A separate form should be filled in for each service. This section is split into 2 areas. N.B. We need to know about the standards and monitoring systems that are operated at the local level.

c) definition of standards

This section examines the definitions of standards. For detailed guidance see Tool 1.

d) nature of monitoring systems

This section examines the nature of the monitoring systems where they already exist. We need to know if there are any monitoring systems in addition to state monitoring, e.g. if a city council or a Child Welfare Board has decided to implement its own monitoring. The template is designed to collect information on the effectiveness of monitoring of local services, particularly those where monitoring is the responsibility of the local or regional government. For detailed guidance on filling in the section see Tool 1.

| Institutional Care | Adoption | Other out-of-home care | Community-based services |
|---|---|---|---|
| Orphanages<br>For children with physical disabilities<br>For children with learning disabilities<br>For children with special educational needs<br>Other | International<br>In country | Foster care<br>Guardianship<br>Family group homes<br>Respite care<br>Other | Case management<br>Day centres<br>Family centres<br>Social work<br>Counseling<br>Family aid<br>Other |

# TOOL 3 Template for assessing quality child care

Quality childcare services provide more than just child care – quality services educate and expand children's thinking and language, helping them to learn, develop and move towards independence.

## A good quality childcare service:

- has a clear philosophy and goals, agreed between the service providers and the children and families, which guide all activities of the service
- appreciates, respects and fosters the individuality and the interdependence of all children, including those from different backgrounds and those with additional needs
- considers the appropriateness of all experiences and activities affecting the children in relation to their development
- works in close partnership with families and carers; encourages families to become involved in the service and fosters the relationship between staff and families so that they can support one another in their complementary roles
- works to continuously assess and improve the quality of its services in a collaborative process involving all those who have the most interest in the quality of care (users, carers, staff and managers).

Quality care draws on a sound base of knowledge about childhood, including how children learn and develop. Childcare staff providing the best level of care will know what are appropriate experiences for and appropriate expectations of children of different ages, and will be sensitive to the individual and cultural dimensions of development. Staff will also know how to provide an environment in which there is a balance of stimulating, planned and spontaneous experiences, appropriate to each child's individual interests and needs.

The following checklist was developed by the Australian Quality Improvement and Accreditation System (QIAS) for Long Day Care Centers (nurseries where infants spend long periods during the day). It is not intended to be comprehensive and will have to be adapted to fit the circumstances of a particular service and the needs of the particular users and their families. It aims to help service providers assess key elements of their service and identify areas for improvement by using the quality areas as a checklist for staff, managers, users and families.

When used as an assessment tool a questionnaire is used to assess each of the 35 principles as unsatisfactory, satisfactory, good quality or high quality. In addition for each of the 10 quality areas the questionnaire invites comments and details to support the ratings as well identifying any steps needed to improve the situation which can be included in the service's continuous improvement plan. An extract from the QIAS self-assessment handbook is reproduced below.

It is suggested that a template based on this approach be developed for each service area to undertake self-assessment.

### The QIAS Quality Areas and Principles

| | |
|---|---|
| *Quality Area 1* | *Relationships with children* |
| *1.1* | Staff create a happy, engaging atmosphere and interact with children in a warm and friendly way |
| *1.2* | Staff guide children's behaviour in a positive way. |
| *Quality Area 2* | *Respect for children* |
| *2.1* | Staff initiate and maintain communication with children, and their communication conveys respect and promotes equity |
| *2.2* | Staff respect the diverse abilities and the social and cultural backgrounds of all children and accommodate the individual needs of each child |
| *2.3* | Staff treat children equitably |
| *2.4* | Mealtimes are pleasant, culturally appropriate occasions and provide an environment for social learning and positive interaction. |
| *Quality Area 3* | *Partnerships with families* |
| *3.1* | Staff and families use effective spoken and written communication to exchange information about individual children and about the centre |
| *3.2* | Family members are encouraged to participate in the center's planning, programs and operations |

| | |
|---|---|
| *3.3* | The centre has an orientation process for all new children and their families. |
| *Quality Area 4* | *Staff interactions* |
| *4.1* | Staff communicate effectively with each other and function well as a team. |
| *Quality Area 5* | *Planning and evaluation* |
| *5.1.* | Programs reflect a clear statement of centre philosophy and a related set of broad centre goals |
| *5.2* | Records of children's learning and well-being are maintained by the centre and are used to plan programs that include experiences appropriate for each child |
| *5.3* | Programs cater for the needs, interests and abilities of all children in ways that assist children to be successful learners |
| *5.4* | Programs are evaluated regularly. |
| *Quality Area 6* | *Learning and development* |
| *6.1* | Programs encourage children to make choices and take on new challenges |
| *6.2* | Programs foster physical development |
| *6.3* | Programs foster language and literacy development |
| *6.4* | Programs foster personal and interpersonal development |
| *6.5* | Programs foster curiosity, logical inquiry and mathematical thinking |
| *6.6* | Programs foster creative and aesthetic development using movement, music and visual-spatial forms of expression. |
| *Quality Area 7* | *Protective care* |
| *7.1* | The centre has written policies and procedures on child protection, health and safety; and staff monitor and act to protect the health, safety and well-being of each child |
| *7.2* | Staff supervise children at all times |
| *7.3* | Toileting and nappy-changing procedures are positive experiences and meet each child's individual needs |
| *7.4* | Staff ensure that children are dressed appropriately for indoor and outdoor play and that rest/sleep-time and dressing procedures encourage self-help and meet individual needs for safety, rest and comfort. |
| *Quality Area 8* | *Health* |
| *8.1* | Food and drink are nutritious and culturally appropriate and healthy eating habits are promoted |
| *8.2* | Staff implement effective and current food-handling standards and hygiene practices |
| *8.3* | Staff encourage children to follow simple rules of hygiene |
| *8.4* | The centre acts to control the spread of infectious diseases and maintains records of immunisation. |
| *Quality Area 9* | *Safety* |
| *9.1* | Buildings and equipment are safe |
| *9.2* | Potentially dangerous products, plants and objects are inaccessible to children |
| *9.3* | The centre promotes occupational health and safety. |
| *Quality Area 10* | *Managing to support quality* |
| *10.1* | Management consults appropriately with families and staff and written information about the centre's management is readily available to families and staff |
| *10.2* | Staffing policies and practices facilitate continuity of care for each child |
| *10.3* | Management provides an orientation program for new staff with a focus on the centre's philosophy, goals, policies and procedures |
| *10.4* | Management provides and facilitates regular professional development opportunities for staff. |

Quality Area 2

# Respect for children

| | Unsatisfactory | Satisfactory | Good quality | High quality |
|---|---|---|---|---|
| 2.1. Staff maintain communication with children; their communication conveys respect and promotes equity. | ☐ | ☐ | ☐ | ☐ |
| 2.2. Staff respect the diverse abilities and the social and cultural backgrounds of all children, and accommodate the individual needs of each child. | ☐ | ☐ | ☐ | ☐ |
| 2.3. Staff treat children equitably. | ☐ | ☐ | ☐ | ☐ |
| 2.4. Meal times are pleasant, culturally appropriate occcasions, and provide an environment for social learning and positive interaction. | ☐ | ☐ | ☐ | ☐ |

Centre comments/examples of practice to support ratings:

Centre Continuing Improvement Plan:

3 The material on pages 69-71 is taken from the National Childcare Accreditation Council's QIAS *Self-assessment Report*, 2nd ed., *2001*.

# TOOL 4 Checklist for decisions on the functions needed to implement standards and monitoring

Transition to a system where the content and quality of service provision is regulated by standards and is carefully monitored requires a number of decisions concerning who does what and how. This checklist highlights the major functions that must be dealt with. How a government decides to handle these functions will have implications for the local level as well as service providers.

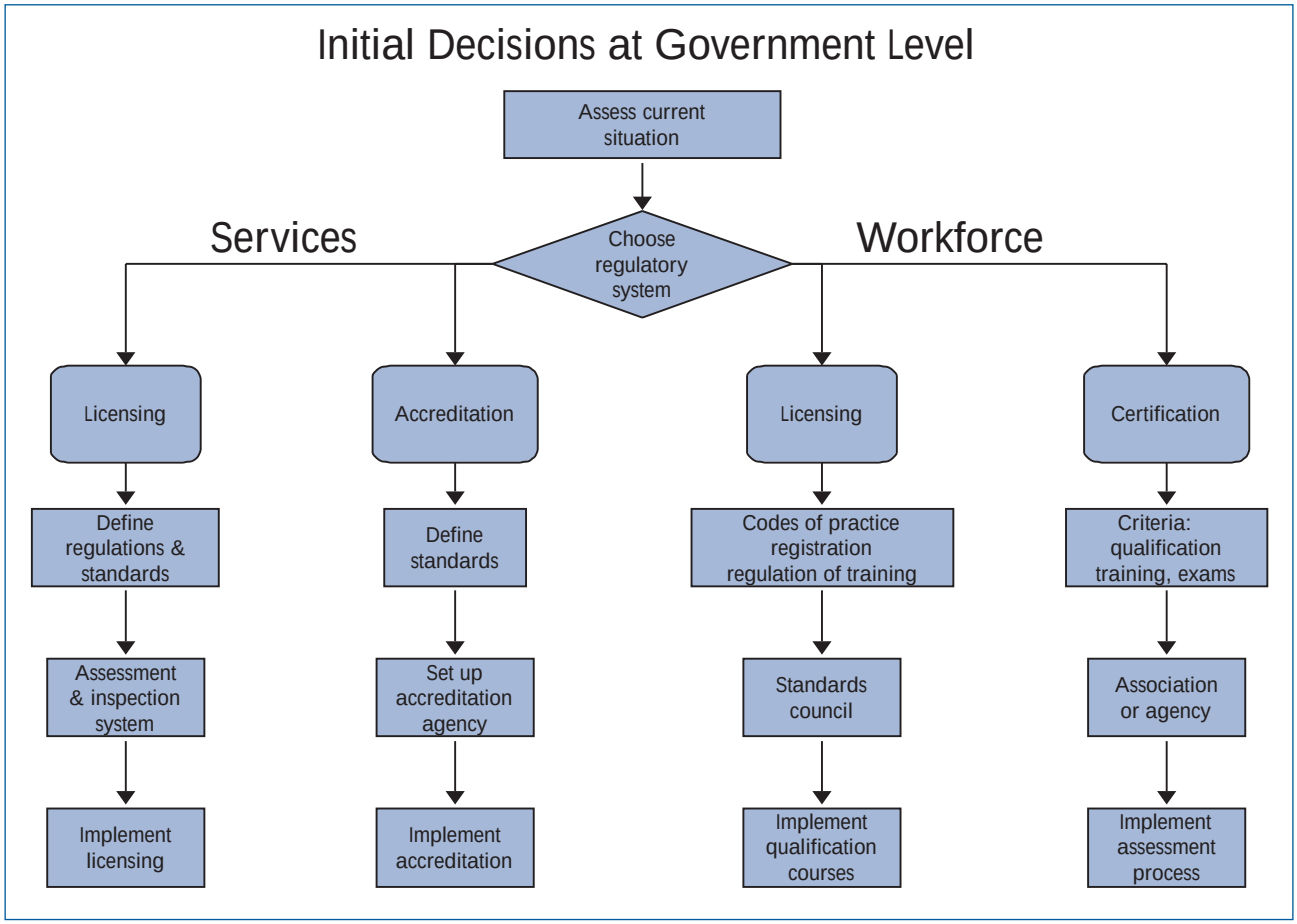
## Regulatory system

How do governments decide what regulatory system to implement, which governmental agency to delegate this task to, and how to prepare and train staff to handle the regulatory system? Depending on the choice of regulatory mechanisms, it will have an impact on local authorities, services and workforces. For example, if a licensing mechanism is implemented, it will trigger the following activities: (i) licensing rules must be based on standards (meeting targets set out in standards makes an institution eligible to be licensed), (ii) once the rules are drawn up, an assessment and inspection system must be put in place to judge who should be licensed and who should not (services that apply for a license must be controlled), (iii) continuous monitoring is needed to ensure that licensed services keep up to standards, if not, there must be a function that can remove a license or demand changes from a service provider.

## Standards

Governments need to formulate standards and decide whether they should only handle minimum standards or also standards of excellence. Minimum standards should ideally be a governmental task not delegated to lower levels of government. Governments may consider whether formulating standards should be done within the relevant ministry or whether this task should be allocated to a government agency.





## Quality assurance

Quality assurance and applying standards go hand in hand. Standards define the quality of services, and implementation of standards inevitably focuses on quality of services, but quality assurance is generally part of the day-to-day work at service level. Governments need to consider whether, how, and what kind of directives to supply to the local and service level.

## Monitoring

Governments need to set up the monitoring function, i.e. they need to decide what ministerial entity will carry out monitoring, how monitoring all providers (not only public) can be facilitated and sustained by appropriate legislation, how staff at the monitoring entity are trained to perform well, and to what extent a government should steer and provide guidelines for prioritization (what is most important to monitor, where to start etc.). The monitoring function needs to ensure that services which do not meet minimum standards are helped to change or take action to prevent any abuse of children's rights. This concerns how the legal system provides a framework for such action.

## Feedback to policymakers

Governments need to provide guidelines for feeding back findings from monitoring to the policy level, i.e. as a valuable input for policy improvement. This covers who does it, with what regularity, in what form etc.

## Methodological support

Governments may provide methodological support to the local level and service providers in the implementation of new strategies (standards, quality assurance etc.). A government may wish to consider whether to make a distinction between methodological support on the one hand, and monitoring on the other. Experiences from other countries suggest that conflicts of interest may occur if the same unit helps develop services and is subsequently responsible for monitoring them.

## Training

The content of training (curriculum) needs to be formulated in close relation to standards, those responsible for planning training, lecturers and trainers, whether financed or co-financed by the government, and those who are receiving training. Initial decisions must also cover the process assessing the competency of the stock of untrained but experienced staff that currently work in services and/or for new students. Nonetheless, a number of functions need to find an appropriate place in the organization at state level, but also at local and service level.

## Restructuring services

Once standards are in place, they will have an impact on the choices and priorities that municipalities have to make when they seek adequate service options for vulnerable children. Subsequently, it will affect demand; some services will attract fewer clients and others will attract more. Governments must take into consideration how these changes in demand can be used to scale back on residential care and promote the growth of community care. There may be a need for an overall planning function to ensure an even distribution of services country-wide.

## Case management

This deals with the tools for and organization of joint planning of services (see Checklist 11), and if and how a government chooses to set up a function to take the lead in planning. Case management will also be carried out at the local, as well as service, level and the more detailed planning (focusing on clients) should generate information that has to be aggregated and used at the state level.

## Overall planning

A government may combine all of the above into a comprehensive overall plan which clearly spells out who does what, how and when. This includes clear indicators and milestones needed to measure progress and maintain control over the different parts, in order to sustain cooperation and coordination of the implementation of new concepts and strategies.

# TOOL 5 Checklist for defining standards

## Introduction

The aim of national standards is to provide the sort of high-quality care in child protection services which we would be happy to use for our own children, i.e. services that protect children, meet their needs and promote their development. To achieve this quality of services the standards must:

- put the needs of those using the services first, and improve their experience of support and care
- be relevant for every child, shifting emphasis to meet different needs at different stages
- clearly express the expected quality of life, support and care to be offered by providers of services
- be relevant for all children, regardless of their race, religion, cultural and linguistic background, sex, sexuality, health, disability, age, and social or financial circumstances
- ensure services develop children's potential, making it easier for them to become independent and take control of their own lives
- constitute a measure for regulating good-quality support and care services.

To achieve these standards, both minimum requirements and standards of excellence must have the following attributes:

- *be realistic:* the standards can be achieved or followed with existing resources or achievable increases
- *be reliable:* following the standards for a particular area provides improved outcomes (external factors being equal)
- *be valid:* the standards are based on research evidence, knowledge of child development or other acceptable experience
- *be clear:* the standards are easy to understand (including by users and parents) and difficult to misinterpret
- *be measurable:* use of the standards can be assessed through quantitative or qualitative measures.

As the process of defining standards develops, a country has to find the most effective way of implementing them. Although the long-term goal may be to put standards of excellence into place, it may be a good idea to start with minimum standards. This will give management and staff experience and training in working with standards and make it easier for the state to monitor and support the growth of a coherent system of standards. It allows the state to compare how standards are implemented and used in different entities, and allows staff and management to undertake the same training etc. Moreover, having the minimum standards in place is a prerequisite for taking the next step, that is, implementation of standards of excellence.

Key areas for standards in practice settings are:

- planning for service users
- the developmental needs of children
- the dimensions of a service's parenting capacity
- environment
- staffing
- management and administration
- children's rights.

The following checklists are not comprehensive but list some key issues to be considered in each of the key areas.

## Checklist for planning for service users

*Assessment for services*

Children's best interests are assessed before deciding to provide a service.
*Includes:* procedures to assess services, criteria for services.

*Individual plans*

Children's needs are assessed effectively and comprehensively, and written plans outline how these needs will be met and implemented.
*Includes:* plans covering health needs and health promotion; education needs and attainment targets; cultural, religious, language and racial needs and how these will be met; leisure needs; keyworker systems to be responsible for implementing planning; participation in planning; when placed out-of-home, contact arrangements with family, friends and significant others.

*Reviews*

Children's needs, development and progress are reviewed regularly in the light of their care and progress.
*Includes:* regular and emergency reviews, record-keeping, participation by child and parents/family; implementing review recommendations.

Checklist for the Child's Developmental Needs[4]

**Health**

*Includes:* growth and development as well as physical and mental well-being. The impact of genetic factors and of any impairment should be considered. Involves receiving appropriate health care during illness, an adequate and nutritious diet, exercise, immunization where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

**Education**

Covers all areas of a child's cognitive development which begins from birth.
*Includes:* opportunities for play and interaction with other children; access to books; the chance to acquire a range of skills and interests; the chance to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

**Emotional and behavioural development**

Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family.
*Includes:* nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control.

**Identity**

Concerns the child's growing sense of self as a separate and valued person.
*Includes:* the child's view of self and abilities, self-image and self-esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

**Family and social relationships**

Development of empathy and the ability to place oneself in someone else's position.
*Includes:* a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age-appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

**Social presentation**

Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression created.
*Includes:* appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings.

**Self-care skills**

Concerns the acquisition by a child of practical, emotional and communication competences required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children.
*Includes:* encouraging children to develop social-problem solving approaches; special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self-care skills.

*Source:* DoH (2000) *Framework for the Assessment of Children in Need and their Families.* London: HMSO, p. 19



[4]The checklist is taken from the UK Department of Health's assessment framework, see http://www.doh.gov.uk/scg/cin.htm

Checklist for a Service's Parenting Capacity

**Basic care**
Providing for the child's physical needs, and appropriate medical and dental care.
*Includes:* provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

**Ensuring safety**
Ensuring the child is adequately protected from harm or danger.
*Includes:* protection from significant harm or danger, and from contact with unsafe adults/other children and from self-harm; recognition of hazards and danger both in the setting and elsewhere.

**Emotional warmth**
Ensuring the child's emotional needs are met and giving the child a sense of being specially valued and a positive sense of own racial and cultural identity.
*Includes:* ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs; appropriate physical contact, enough comfort and cuddling to demonstrate warm regard, praise and encouragement.

**Stimulation**
Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities.
*Includes:* facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining in the child's play, and promoting educational opportunities; enabling the child to experience success and ensuring school attendance or equivalent opportunity; facilitating the child's ability to meet challenges in life.

**Guidance and boundaries**
Enabling the child to regulate their own emotions and behaviour.
The key tasks are *demonstrating and modelling* appropriate behaviour and control of emotions and interactions with others, and *guidance* which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society in which they will grow up. The aim is to enable the child to grow into an autonomous adult, with their own values, and able to demonstrate appropriate behaviour with others rather than being dependent on external rules. This includes not over-protecting children from exploratory and learning experiences.
*Includes:* social problem-solving, anger-management, consideration for others, and effective discipline and shaping of behaviour.

**Stability**
Providing a sufficiently stable environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development.
*Includes:* ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour; parental responses change and develop according to child's developmental progress; in addition, ensuring children keep in contact with important family members and significant others.

*Source:* DoH (2000) *Framework for the Assessment of Children in Need and their Families.* London: HMSO, p. 21
http://www.doh.gov.uk/scg/cin.htm

## Checklist for the environment of the service

*Suitability of premises for purpose*

Children receive services in well-designed and pleasant surroundings providing sufficient space to meet their needs.
*Includes:* location, design and size in keeping with its purpose and function. It serves the needs of the children, and provides an environment that is supportive to each child's development; where services are residential, children enjoy home-like accommodation, decorated, furnished and maintained to a high standard, providing adequate facilities for their use.

*Health and safety*

Children receive services in premises that provide physical safety and security.
*Includes:* identifying hazards, estimating level of risk to health, safety or welfare from the hazards identified, and identifying action to be taken both to reduce risks to an acceptable level where practicable and to avoid unnecessary or unreasonable risks.

*Bathrooms and washing facilities*

Children's privacy is respected when washing.
*Includes:* a sufficient number and standard of baths, showers and toilets to meet children's needs.

## Checklist for staffing the service

*Qualifications*

Staff are sufficient in number, experience and qualification to meet the needs of the children.
*Includes:* level and types of qualifications and experience of staff, staff/child ratios at defined times of day/night.

*Training and experience*

Children are looked after by staff who are trained and competent to meet their needs.
*Includes:* training, development opportunities and supervision that equips staff with the skills required to meet the needs of the children and the purpose of the service.

*Vetting and recruitment*

Careful selection and vetting of all staff and volunteers working with children in the service to prevent children being exposed to potential abusers.
*Includes:* checks on criminal records, references on past employment, interview procedures.

*Professional standards*

Staff comply with professional standards in their work with children.
*Includes:* awareness of relevant ethical codes covering issues such as confidentiality and supervision of staff to ensure they understand and comply with them.

## Checklist for management and administration

*Record-keeping*

Children's needs, development and progress are recorded to reflect their individuality.
*Includes:* each child has a permanent private and secure record of their history and progress; files can seen by the child, and by the child's parents as appropriate.

*Complaints systems*

The service has a complaints procedure to ensure any complaint will be addressed without delay and the complainant is kept informed of progress.
*Includes:* children knowing how, and feeling able, to complain; enables children, staff, family members and others involved with children receiving services to make both minor and major complaints; does not restrict the issues they may complain about; provides for relevant issues to be referred promptly to other procedures, including the relevant authority where child protection issues are involved; provides appropriately for the handling of any complaint made against the manager of the home and other staff; is accessible to disabled children; staff are trained to respond effectively to complaints.

*Control and discipline*

Children are assisted to develop socially acceptable behaviour by encouraging acceptable behaviour and constructive staff response to inappropriate behaviour.
*Includes:* a clear written policy, procedures and guidance for staff based on a code of conduct setting out the control, disciplinary and restraint measures permitted and emphasizing the need positively to reinforce children for the achievement of acceptable behaviour.

*Quality control*

A system of quality control is in place to implement standards and improve practice.
*Includes: incentives* to improve quality; *shared understanding* of what constitutes these standards and why they are important; *staff training* and induction covering standards; *continual improvement* of services through a cycle of assessment; *leadership service managers* take the lead in promoting quality.

## Checklist for key principles based on children's rights

The CRC is indivisible and children's services should promote all the rights of the child. This section focuses on the four key principles of the convention plus the central issue that children should grow up in a family environment.

*Non-discrimination*

Steps are taken to ensure that discrimination is prevented and combated.
*Includes:* avoiding discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status of the child, his/her parents or legal guardians.

*Best interests of the child*

The principle that all actions are taken in the best interests of the child is a primary consideration in all actions concerning children.
*Includes:* ensuring proper assessment that services are in the child's best interests before allocation, decision-making processes to ensure children the care and protection necessary for their well-being.

*Right to life, survival and development*

Creation of an environment conducive to ensuring to the maximum extent possible the survival and development of the child.
*Includes:* physical, mental, spiritual, moral, psycholog-

ical and social development, in a manner compatible with human dignity, and to prepare the child for an individual life in a free society.

*Respect for the views of the child*

Services promote the right of the child to express views freely on all matters affecting him or her, and provision for those views to be given due weight.
*Includes:* training staff, meetings and other opportunities to listen to children, involvement of children in key decisions.

*Right to grow up in a family environment*

Services support and assist parents and families to enable children to develop fully and grow up in a family environment, in an atmosphere of happiness, love and understanding.
*Includes:* where children are in care, encouraging visiting, continued contact, keeping siblings together, involvement of families in planning, processes to promote rehabilitation. Services should be run in a family-like environment, involve parents and wider families and build on their strengths.

# TOOL 6 Examples of standards

The following examples demonstrate elements of exemplary practice in promoting quality. They have not been assessed in terms of their outcomes and whether they actually promote better quality care in a cost-effective and efficient way, but to demonstrate models and approaches which might be adapted to the ECA setting. They are not intended to be slavishly reproduced.

## Example 1 - QIAS System for Long Day Care Centers

In Australia, the National Child Care Accreditation Council Inc. is responsible for the Quality Improvement and Accreditation System (QIAS) for Long Day Care Centres (nurseries where infants spend long periods during the day). The QIAS concept provides a good tool for setting standards, preparing providers to implement quality standards and to support implementation and monitor the outcomes of services. The QIAS system does not cover environmental standards which are the subject of separate legal requirements for licensing day centres.

The strengths of this approach are that:

- staff, and parents are all involved
- standards are simple and understandable and provide clear indications of best practice without being excessively prescriptive
- access to state funds provides the incentive to achieve accreditation
- it promotes continuous improvement through a process of accreditation and review
- the system makes good use of self-assessment, peer assessment and moderation to ensure equity and validation of assessments.

The table below illustrates how the QIAS system operates in each of the areas identified as necessary for the effective implementation of standards. This work is supported by references to research and knowledge of child development as well as a range of documentation available on the NCAC website at http://www.ncac.gov.au/

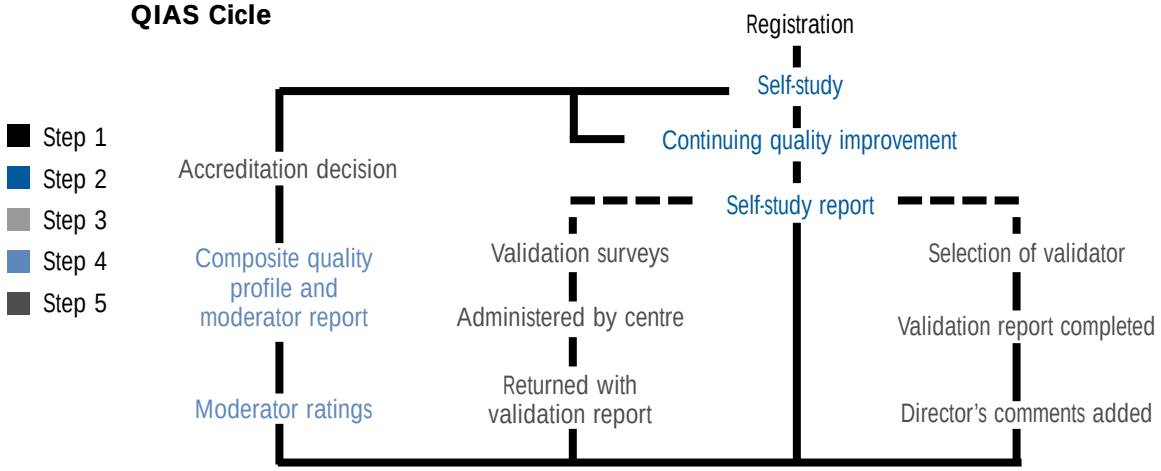
The QIAS system

| Topic | QIAS approach |
|---|---|
| *Standards* | QIAS has 10 quality areas and 35 principles (see Tool 3 for the full list of principles) and extensive practice guidance. Each principle is measured as part of the accreditation process against specific outcomes. |
| *Regulation of services and professions* | The QIAS is an accreditation system which operates as an addition to licensing which is carried out at state level in Australia. Licensing covers factors which are *associated with quality* normally including factors which are most readily measured, such as space, range of equipment, number and ages of children, number of staff and the length of their training in early childhood. The QIAS system supplements this by focussing on factors that it claims *determine quality.* The emphasis is on staff practices and actual outcomes for children. |
| *Monitoring systems* | This is a five-step process:<br>1. Centres *register* with QIAS.<br>2. *Self-study*. Centres are required to make a self-assessment of the quality of their childcare practices in consultation with centre staff and with the families of the children at the centre. During self-study centres evaluate the quality of practices for each of the 35 principles against specific standards. The results of this process are used to create a "self-study Report" and a "Continuing Improvement Plan".<br>3. *Validation*. A day-long care peer validator, selected and trained by the NCAC, visits the centre to validate its quality practices. The validator observes the centre's care practices, sights any necessary centre documentation and completes a Validation Report. Validators also collect the Validation Surveys completed by the director, staff and families during the few weeks prior to the visit, and return them to the NCAC together with the Validation Report.<br>4. *Moderation*. Moderation helps to ensure that all centres participating in the QIAS are treated consistently on a national basis. Moderators assess the quality of the centre's practice using the various reports from the centre and the validation<br>5. *Accreditation* A centre must achieve a satisfactory or higher rating in all 10 Quality Areas.<br>An accredited centre is required to continue its self-study and continuing improvement cycle and is then reassessed at regular intervals. The diagram below shows the QIAS Cycle. |

The QIAS system

**Topic** **QIAS approach**

**QIAS Cicle**




*Incentives* The accreditation allows users of the services to claim state benefits as a contribution to the cost of the service so there is a financial incentive for users to purchase accredited services.

*Implementation in practice settings* The QIAS cycle is effectively a quality management tool. In addition there is extensive documentation about how to achieve quality practice. The process requires the involvement of parents and all levels of staff. Mentoring is encouraged and extensive resources are available including a web-based training module.

Details of these resources are available on the NCAC website on http://www.ncac.gov.au/

## Example 2 - English National Minimum Standards for Children's Homes

This is an example of how to use standards, outcomes and practical guidelines. They have only recently been finalized following changes in England's regulatory system which have included not only extensive consultation on these guidelines but also the development of a new body, the National Care Standards Commission (NCSC), an independent, non-departmental public body. The NCSC takes over the regulation of social and health care services previously regulated by local councils and health authorities. It assesses whether or not a children's home should be registered on the basis of regulations and national minimum standards. The relationship between the regulations and standards and how they operate in practice is very important. Regulations are mandatory and providers of children's homes must comply with them. The Children's Homes Regulations are Statutory Instrument, SI 2001(3967). When the Commission makes a decision about a breach of regulations (or any decision relating to registration, cancellation, variation or imposition of conditions), it must take the national minimum standards into account.

Although these are minimum standards they nevertheless cover both environmental and quality of life issues and show how minimum standards can go well beyond the bare necessities of residential life.

## National Minimum Standards for Children's Homes

| Topic | Approach |
|---|---|
| Standards | The standards are 'minimum' standards, rather than 'best possible' practice. Many homes will more than meet the national minimum standards and will aspire to exceed them in many ways. Minimum standards do not mean standardization of provision. The standards are designed to apply to the wide variety of different types of establishment that come within the category of children's homes, and to enable, rather than prevent, individual homes to develop their own particular ethos and approach to care for children with different needs.<br>Although the standards are primarily issued for use by the NCSC in regulating children's homes, they will also have other important practical uses. They may be used by providers and staff of homes in self-assessment of their own homes, they provide a basis for the induction and training of staff, they can be used by parents, children and young people as a guide to what they should expect a home to provide and do, and they can provide guidance on what is required when setting up a home. Those involved with children's homes in any way are encouraged to make full use of these standards in these ways.<br>The standards are grouped into the eight areas shown below and each standard is preceded by a statement of the outcome for service users to be achieved by the children's home. The standards are intended to be qualitative, in that they provide a tool for judging the quality of life experienced by services users, but they are also designed to be measured.<br>There are a total of 36 standards and each of the 8 areas has several standards covering the topics and outcomes shown in the column below. |
| 1. Planning for care | 1. Statement of the home's purpose<br>*Children and young people are guided through and know what services they can expect from the home, how they will be cared for and who they are likely to share with, and a clear statement of how the home operates is available for parents and others needing this information.*<br>2. Placement plans<br>*Children's needs are assessed effectively and comprehensively, and written placement plans outline how these needs will be met and are implemented; children in the home are appropriately placed there.*<br>3. Reviews<br>*Children's needs and development are reviewed regularly in the light of their care and progress at the home.*<br>4. Contact<br>*Children are able to maintain constructive contact with their families, friends and others who play a significant role in their lives.*<br>5. Moving into and leaving the home<br>*Children are able to move into and leave the home in a planned and sensitive manner.*<br>6. Preparation for leaving care<br>*Children receive care which helps to prepare them for and support them into adulthood.*<br>7. Support to individual children<br>*Children receive individual support when they need it.* |
| 2. Quality of care | 8. Consultation<br>*Children are encouraged and supported to make decisions about their lives and to influence the way the home is run; no child is assumed to be unable to communicate their views.*<br>9. Privacy and confidentiality<br>*Children's privacy is respected and information is confidentially handled.*<br>10. Provision and preparation of meals.<br>*Children enjoy healthy, nutritious meals that meet their dietary needs; they have opportunities to plan, shop for and prepare meals.*<br>11. Personal appearance, clothing, requisites and personal money<br>*Children are encouraged and enabled to choose their own clothes and personal requisites and have these needs fully met.*<br>12. Good health and well-being<br>*Children live in a healthy environment and their health needs are identified and services are provided to meet them, and their good health is promoted.*<br>13. Treatment and administration of medicines within the home<br>*Children's health needs are met and their welfare is safeguarded by the home's policies and procedures for administering medicines and providing treatment.*<br>14. Education<br>*The education of children is actively promoted as valuable in itself and as part of their preparation for adulthood.* |

| | |
|---|---|
| | 15. Leisure and activities<br>*Children are able to pursue their particular interests, develop confidence in their skills and are supported and encouraged by staff to engage in leisure activities.* |
| 3. Complaints and protection | 16. Complaints and representation<br>*Any complaint will be addressed without delay and the complainant is kept informed of progress.*<br>17. Child protection procedures and training<br>*The welfare of children is promoted, children are protected from abuse, and an appropriate response is made to any allegation or suspicion of abuse.*<br>18. Countering bullying<br>*Children are protected from bullying.*<br>19. Absence of a child without authority<br>*Children who are absent without authority are protected in accordance with written guidance and responded to positively on return.*<br>20. Notification of significant events<br>*All significant events relating to the protection of children accommodated in the home are notified by the registered person of the home to the appropriate authorities.* |
| 4. Care and control | 21. Relationship with children<br>*Children enjoy sound relationships with staff based on honesty and mutual respect.*<br>22. Behaviour management<br>*Children assisted to develop socially acceptable behaviour by encouraging acceptable behaviour and constructive staff response to inappropriate behaviour.* |
| 5. Environment | 23. Location, design and size of the home<br>*Children live in well-designed and pleasant homes providing sufficient space to meet their needs*<br>24. Accommodation<br>*Children enjoy home-like accommodation, decorated, furnished and maintained to a high standard, providing adequate facilities for their use.*<br>25. Bathrooms and washing facilities<br>*Children's privacy is respected when washing.*<br>26. Health, safety and security<br>*Children live in homes that provide physical safety and security.* |
| 6. Staffing | 27. Vetting of staff and visitors<br>*There is careful selection and vetting of all staff and volunteers working with children in the home and there is monitoring of visitors to prevent children being exposed to potential abusers.*<br>28. Staff support<br>*Children are looked after by staff who are themselves supported and guided in safeguarding and promoting the children's welfare.*<br>29. Adequacy of staffing<br>*Children receive the care and services they need from competent staff.*<br>30. Sufficient staffing<br>*Staff are sufficient in number, experience and qualification to meet the needs of the children.*<br>31. Staff training and development<br>*Children are looked after by staff who are trained and competent to meet their needs.* |
| 7. Management and administration | 32. Monitoring by the person carrying on the home<br>*The person carrying on the home monitors the welfare of the children in the home.*<br>33. Monitoring of the operation of the home<br>*The care of children accommodated in the home is monitored and continually adapted in the light of information about how it is operating.*<br>34. Business management<br>*Children enjoy the stability of efficiently run homes.*<br>35. Children's individual case files<br>*Children's needs, development and progress are recorded to reflect their individuality.* |
| 8. Specific settings | 36. Secure accommodation and refuges<br>*Children living in secure units or refuges receive the same measures to safeguard and promote their welfare as they should in other children's homes.* |
| Regulation of services and professions | When the Commission makes a decision about a breach of regulations (or any decision relating to registration, cancellation, variation or imposition of conditions), it must take the national minimum standards into account. It may also take into account any other factors it considers reasonable or relevant. |

| | |
|---|---|
| | The Commission could decide there has been a breach of regulation even though standards have been largely complied with, but it must still decide what action, if any, to take. In practice, if the standards were not met in a few respects, it is likely that the NCSC would note this in its inspection report and send a written warning to the provider. If the standards were persistently flouted and/or they were substantially or seriously being disregarded, the NCSC may decide to take enforcement action, either in terms of cancelling registration or in terms of a criminal prosecution.<br>The NCSC also uses these standards as the basis for licensing new homes. In inspecting against these standards, the NCSC will follow a consistent inspection methodology and reporting format across the country. Regulators will look for evidence that the requirements are being met and that a good quality of life is being enjoyed by those cared for in the home. Practice which exceeds the requirements of the minimum standards will also be identified, recognized and reported through inspections.<br>Professionals working in children's homes are regulated through a separate licensing body - the General Social Care Council |
| Monitoring systems | The NCSC undertakes regular inspections through an independent national Inspectorate. Inspector's reports are publicly available and remedial action can be taken as described above. |
| Incentives | The regulations are the basis for licensing services and are legally enforced. |
| Implementation in practice settings | The standards are covered in qualification training, and require training in a range of issues. In addition to the above standards and statements about outcomes there is extensive guidance on the required practice. |

*Example of practical guidance*

2 Placement Plans

OUTCOME

*Children's needs are assessed effectively and comprehensively, and written placement plans outline how these needs will be met and are implemented. Children in the home are appropriately placed there.*

2.1 The placement plan for each child sets out clearly the assessed needs of the child, the objectives of the placement, how these are to be met by the registered person on a day-to-day basis, the contribution to be made by the staff of the home, and how the effectiveness of the placement will be assessed in relation to each major element of the plan. The plan includes:

- health needs and health promotion
- care needs including safeguarding and promoting welfare
- physical and emotional needs
- education needs and attainment targets
- cultural, religious, language and racial needs and how these will be met
- leisure needs
- contact arrangements with family, friends and significant others.

The placement plan is consistent with any plan for the care of the child prepared by the placing authority (where other plans cover the above, the placement plan may simply refer to the existing documents, without any need for duplication).

2.2 Each child's placement plan is monitored by a key worker within the home who ensures that the requirements of the plan are implemented in the day-to-day care of that child. The key worker also provides individual guidance and support to the child and regularly makes time available to the child to enable the child to seek guidance, advice and support on any matter. Where homes do not use key working schemes, this responsibility passes to the registered person or to another member of staff nominated by the registered person.

2.3 The child's wishes are sought and taken into account in the selection of their key worker and their wishes taken into account if they request a change of their key worker or other such person as noted in 2.2 above.

2.4 Support for disabled children with communication difficulties is provided to help them become active in making decisions about their lives.

2.5 The registered person regularly and frequently seeks the views of individual children, their parents (unless this is inappropriate) and the contact person in their placing authority on the content and implementation of the placement plan, and takes these views into account in initiating and making changes to the plan.

2.6 Children in the home know the content of their overall care plans and placement plan, according to their level of understanding.

*Source:* Details of these standards and similar documents for other services are available on the NCSC website http://www.doh.gov.uk/ncsc

# TOOL 7 Checklist for laws and regulations for standards and monitoring

## Policy

This concerns the legal framework regulating standards and monitoring, and the need for a clear policy statement from government, expressing its intentions to provide high-quality services and to ensure that all providers (statutory, NGO or private sector) deliver and monitor services accordingly. Consensus among the involved parties (state, local and service providers) will enable joint work for improved quality. Policy should be clearly communicated not only to those who implement and deliver, but also to the end-users of services. The policy statement should declare that standards are equally valid for all providers, that all clients have the same rights and will be treated equally. The policy statement must also be clear about what type of standards (minimum or excellence or combination) the government is striving for.

## Skills and capacity

This concerns how laws and/or regulations can have clear rules for the level of skills and competences required for staff who provide and deliver care and services. In some countries it may be unrealistic to expect an immediate formal qualification for staff training and education. In such cases, government can formulate a framework to enhance capacity among staff within a certain period of time.

## Standards

Standards include environmental issues (staff-ratio, square metres per child, feeding, clothing etc.) that are important for a child's physical well-being, and quality of life issues. Standards should cover both these areas and the law needs to outline how they will be developed, communicated, monitored and reviewed.

## Organization of monitoring

This deals with how a unit/department responsible for monitoring can be established and authorized to make decisions that are indisputable, respected, professional and independent. The unit/department must also be able to voice criticism of service providers, local and state authorities. A monitoring unit should not be responsible for policy-making and the formal status and powers of the unit must allow for fact-based conclusions and recommendations.

## Feedback from monitoring

The law and regulations should ensure that the monitoring entity can make its findings public and present them to those responsible for policy-making. Monitoring and analysis of findings from monitoring, loses its value if it does not reach those who enforce or promote improvements. The laws and regulations must ensure that there are appropriate channels and procedures for this.

## Corrective measures

Legislation and regulations can provide measures to enforce corrections if bad practice is evident. These corrections can include decisions not to register, to de-register or impose conditions on providers which have to be written into the regulatory framework alongside disputes and appeals procedures.

# TOOL 8 Examples of legislative frameworks for monitoring standards

The following examples have been chosen to illustrate different aspects of legislation for provision of quality control systems.

## Latvia

Under article 14 of the new Law on Social Services and Social Assistance an inspectorate is part of the Welfare Ministry but separate and independent from the policy and service provision departments of the ministry.

### Law on Social Services and Social Assistance, Latvia

Article 14. Social service quality control

(1) Social service quality control is carried out by an Inspectorate which is under direct supervision of the Ministry of Welfare.

(2) The inspectorate controls the compliance of social service providers – institutions established by the state, local governments, NGOs and individuals, and of local government social services – with the requirements specified by the cabinet.

(5) The charter of the inspectorate is approved by cabinet, and the Inspectorate is managed by a director appointed by the cabinet.

(6) Inspectorate staff are empowered to:

- inspect the premises of social service providers
- inspect documents irrespective of their form, and to request any information necessary to evaluate the compliance of the service provider with specified requirements, or to check complaints of service quality.
- interview staff and clients to collect information on compliance of the service provider with specified requirements, or to check complaints of service quality.

## England

The following is an extract from the legislation which set up the National Care Standards Commission in England covering the registration of services and carrying out inspections.*

### PART I INTRODUCTORY

*Registration authorities*

6. National care standards Commission

(1) There shall be a body corporate, to be known as the National Care Standards Commission (referred to in this Act as "the Commission"), which shall exercise in relation to England the functions conferred on it by or under this Act or any other enactment.

(2) The Commission shall, in the exercise of its functions, act -
(a) in accordance with any directions in writing given to it by the Secretary of State; and
(b) under the general guidance of the Secretary of State.

(3) Schedule 1 shall have effect with respect to the Commission.

(4) The powers of the Secretary of State under this Part to give directions include power to give directions as to matters connected with the structure and organisation of the Commission, for example -
(a) directions about the establishment of offices for specified areas or regions;
(b) directions as to the organisation of staff into divisions.

### General duties of the Commission

**7.** (1) The Commission shall have the general duty of keeping the Secretary of State informed about the provision in England of Part II services and, in particular, about -
(a) the availability of the provision; and
(b) the quality of the services.

(2) The Commission shall have the general duty of encouraging improvement in the quality of Part II services provided in England.

(3) The Commission shall make information about Part II services provided in England available to the public.

(4) When asked to do so by the Secretary of State, the Commission shall give the Secretary of State advice or information on such matters relating to the provision in England of Part II services as may be specified in the Secretary of State's request.

(5) The Commission may at any time give advice to the Secretary of State on -
(a) any changes which the Commission thinks should be made, for the purpose of securing improvement in the quality of Part II services provided in England, in the standards set out in statements under section 23; and
(b) any other matter connected with the provision in England of Part II services.

(6) The Secretary of State may, by regulations, confer additional functions on the Commission in relation to Part II services provided in England.

(7) In this section and section 8, "Part II services" means services of the kind provided by persons registered under Part II, other than the provision of -
(a) medical or psychiatric treatment, or
(b) listed services (as defined in section 2).

*All legislation reproduced below is from the UK Care Standards Act 2000.

The powers to inspect are laid out as follows:

**31.** (1) The registration authority may at any time require a person who carries on or manages an establishment or agency to provide it with any information relating to the establishment or agency which the registration authority considers it necessary or expedient to have for the purposes of its functions under this Part.

(2) A person authorised by the registration authority may at any time enter and inspect premises which are used, or which he has reasonable cause to believe to be used, as an establishment or for the purposes of an agency.

(3) A person authorised by virtue of this section to enter and inspect premises may -
(a) make any examination into the state and management of the premises and treatment of patients or persons accommodated or cared for there which he thinks appropriate;
(b) inspect and take copies of any documents or records (other than medical records) required to be kept in accordance with regulations under this Part, section 9(2) of the Adoption Act 1976, section 23(2)(a) or 59(2) of the 1989 Act or section 1(3) of the Adoption (Intercountry Aspects) Act 1999;
(c) interview in private the manager or the person carrying on the establishment or agency;
(d) interview in private any person employed there;
(e) interview in private any patient or person accommodated or cared for there who consents to be interviewed.

(4) The powers under subsection (3)(b) include -
(a) power to require the manager or the person carrying on the establishment or agency to produce any documents or records, wherever kept, for inspection on the premises; and
(b) in relation to records which are kept by means of a computer, power to require the records to be produced in a form in which they are legible and can be taken away.

(5) Subsection (6) applies where the premises in question are used as an establishment and the person so authorised -
(a) is a medical practitioner or registered nurse; and
(b) has reasonable cause to believe that a patient or person accommodated or cared for there is not receiving proper care.

(6) The person so authorised may, with the consent of the person mentioned in subsection (5)(b), examine him in private and inspect any medical records relating to his treatment in the establishment.
The powers conferred by this subsection may be exercised in relation to a person who is incapable of giving consent without that person's consent.

(7) The Secretary of State may, by regulations, require the Commission to arrange for premises which are used as an establishment or for the purposes of an agency to be inspected on such occasions or at such intervals as may be prescribed.

(8) A person who proposes to exercise any power of entry or inspection conferred by this section shall, if so required, produce some duly authenticated document showing his authority to exercise the power.

(9) Any person who -
(a) intentionally obstructs the exercise of any power conferred by this section or section 32; or
(b) fails without a reasonable excuse to comply with any requirement under this section or that section, shall be guilty of an offence and liable on summary conviction to a fine not exceeding level 4 on the standard scale.

**32.** (1) A person authorised by virtue of section 31 to enter and inspect any premises may seize and remove any document or other material or thing found there which he has reasonable grounds to believe may be evidence of a failure to comply with any condition or requirement imposed by or under this Part.

(2) A person so authorised -
(a) may require any person to afford him such facilities and assistance with respect to matters within the person's control as are necessary to enable him to exercise his powers under section 31 or this section;
(b) may take such measurements and photographs and make such recordings as he considers necessary to enable him to exercise those powers.

(3) A person authorised by virtue of section 31 to inspect any records shall be entitled to have access to, and to check the operation of, any computer and any associated apparatus which is or has been in use in connection with the records in question.

(4) The references in section 31 to the person carrying on the establishment or agency include, in the case of an establishment or agency which is carried on by a company, a reference to any director, manager, secretary or other similar officer of the company.

(5) Where any premises which are used as an establishment or for the purposes of an agency have been inspected under section 31, the registration authority -
(a) shall prepare a report on the matters inspected; and
(b) shall without delay send a copy of the report to each person who is registered in respect of the establishment or agency.

(6) The registration authority shall make copies of any report prepared under subsection (5) available for inspection at its offices by any person at any reasonable time; and may take any other steps for publicising a report which it considers appropriate.

(7) Any person who asks the registration authority for a copy of a report prepared under subsection (5) shall be entitled to have one on payment of a reasonable fee determined by the registration authority; but nothing in this subsection prevents the registration authority from providing a copy free of charge when it considers it appropriate to do so.

(8) Where the Secretary of State has specified regions in a direction made under paragraph 9 of Schedule 1, the reference in subsection (6) to offices is, in relation to premises in England which are used as an establishment or for the purposes of an agency, a reference to the Commission's offices for the region in which the premises are situated.



The following legislation from the UK Care Standards Act 2000 sets up the General Social Care Council and the Care Council of Wales, the licensing authorities for social care and social work in England and Wales respectively. It also

PART IV
SOCIAL CARE WORKERS

*Preliminary*

**54.** (1) There shall be -
(a) a body corporate to be known as the General Social Care Council (referred to in this Act as "the English Council"); and
(b) a body corporate to be known as the Care Council for Wales or Cyngor Gofal Cymru (referred to in this Act as "the Welsh Council"),
which shall have the functions conferred on them by or under this Act or any other enactment.

(2) It shall be the duty of the English Council to promote in relation to England -
(a) high standards of conduct and practice among social care workers; and
(b) high standards in their training.

(3) It shall be the duty of the Welsh Council to promote in relation to Wales -
(a) high standards of conduct and practice among social care workers; and
(b) high standards in their training.

(4) Each Council shall, in the exercise of its functions, act -
(a) in accordance with any directions given to it by the appropriate Minister; and
(b) under the general guidance of the appropriate Minister.

(5) Directions under subsection (4) shall be given in writing.

(6) Schedule 1 shall have effect with respect to a Council.

(7) In this Act, references to a Council are -
(a) in relation to England, a reference to the General Social Care Council,
(b) in relation to Wales, a reference to the Care Council for Wales.

**55.** (1) This section has effect for the purposes of this Part.

(2) "Social care worker" means a person (other than a person excepted by regulations) who -
(a) engages in relevant social work (referred to in this Part as a "social worker");
(b) is employed at a children's home, care home or residential family centre or for the purposes of a domiciliary care agency, a fostering agency or a voluntary adoption agency;
(c) manages an establishment, or an agency, of a description mentioned in paragraph (b); or
(d) is supplied by a domiciliary care agency to provide personal care in their own homes for persons who by reason of illness, infirmity or disability are unable to provide it for themselves without assistance.

(3) Regulations may provide that persons of any of the following descriptions shall be treated as social care workers -
(a) a person engaged in work for the purposes of a local authority's social services functions, or in the provision of services similar to services which may or must be provided by local authorities in the exercise of those functions;
(b) a person engaged in the provision of personal care for any person;
(c) a person who manages, or is employed in, an undertaking (other than an establishment or agency) which consists of or includes supplying, or providing services for the purpose of supplying, persons to provide personal care;
(d) a person employed in connection with the discharge of functions of the appropriate Minister under section 80 of the 1989 Act (inspection of children's homes etc.);
(e) staff of the Commission or the Assembly who -
(i) inspect premises under section 87 of the 1989 Act (welfare of children accommodated in independent schools and colleges) or section 31 or 45 of this Act; or
(ii) are responsible for persons who do so;
and staff of the Assembly who inspect premises under section 79T of that Act (inspection of child minding and day care in Wales) or are responsible for persons who do so;
(f) a person employed in a day centre;
(g) a person participating in a course approved by a Council under section 63 for persons wishing to become social workers.

(4) "Relevant social work" means social work which is required in connection with any health, education or social services provided by any person.

(5) "Day centre" means a place where nursing or personal care (but not accommodation) is provided wholly or mainly for persons mentioned in section 3(2).

*Registration*

**56.** (1) Each Council shall maintain a register of -
(a) social workers; and
(b) social care workers of any other description specified by the appropriate Minister by order.

(2) There shall be a separate part of the register for social workers and for each description of social care workers so specified.

(3) The appropriate Minister may by order provide for a specified part of the register to be closed, as from a date specified by the order, so that on or after that date no further persons can become registered in that part.

(4) The appropriate Minister shall consult the Council before making, varying or revoking any order under this section.

**57**. (1) An application for registration under this Part shall be made to the Council in accordance with rules made by it.

(2) An application under subsection (1) shall specify each part of the register in which registration is sought and such other matters as may be required by the rules.

**58**. (1) If the Council is satisfied that the applicant -
(a) is of good character;
(b) is physically and mentally fit to perform the whole or part of the work of persons registered in any part of the register to which his application relates; and
(c) satisfies the following conditions,

it shall grant the application, either unconditionally or subject to such conditions as it thinks fit; and in any other case it shall refuse it.

(2) The first condition is that -
(a) in the case of an applicant for registration as a social worker -
(i) he has successfully completed a course approved by the Council under section 63 for persons wishing to become social workers;
(ii) he satisfies the requirements of section 64; or
(iii) he satisfies any requirements as to training which the Council may by rules impose in relation to social workers;
(b) in the case of an applicant for registration as a social care worker of any other description, he satisfies any requirements as to training which the Council may by rules impose in relation to social care workers of that description.

(3) The second condition is that the applicant satisfies any requirements as to conduct and competence which the Council may by rules impose.

**59**. (1) Each Council shall by rules determine circumstances in which, and the means by which -
(a) a person may be removed from a part of the register, whether or not for a specified period;
(b) a person who has been removed from a part of the register may be restored to that part;
(c) a person's registration in a part of the register may be suspended for a specified period;
(d) the suspension of a person's registration in a part of the register may be terminated;
(e) an entry in a part of the register may be removed, altered or restored.

(2) The rules shall make provision as to the procedure to be followed, and the rules of evidence to be observed, in proceedings brought for the purposes of the rules, whether before the Council or any committee of the Council.

(3) The rules shall provide for such proceedings to be in public except in such cases (if any) as the rules may specify.

(4) Where a person's registration in a part of the register is suspended under subsection (1)(c), he shall be treated as not being registered in that part notwithstanding that his name still appears in it.

**60**. A Council may by rules make provision about the registration of persons under this Part and, in particular -
(a) as to the keeping of the register;
(b) as to the documentary and other evidence to be produced by those applying for registration or for additional qualifications to be recorded, or for any entry in the register to be altered or restored;
(c) for a person's registration to remain effective without limitation of time (subject to removal from the register in accordance with rules made by virtue of section 59) or to lapse after a specified period or in specified cases, or to be subject to renewal as and when provided by the rules.

**61**. (1) If a person who is not registered as a social worker in any relevant register with intent to deceive another -
(a) takes or uses the title of social worker;
(b) takes or uses any title or description implying that he is so registered, or in any way holds himself out as so registered,
he is guilty of an offence.

(2) For the purposes of subsection (1), a register is a relevant register if it is -
(a) maintained by a Council; or
(b) a prescribed register maintained under a provision of the law of Scotland or Northern Ireland which appears to the appropriate Minister to correspond to the provisions of this Part.

(3) A person guilty of an offence under this section shall be liable on summary conviction to a fine not exceeding level 5 on the standard scale.

*Codes of practice*

**62**. (1) Each Council shall prepare and from time to time publish codes of practice laying down -
(a) standards of conduct and practice expected of social care workers; and
(b) standards of conduct and practice in relation to social care workers, being standards expected of persons employing or seeking to employ them.

(2) The Council shall -
(a) keep the codes under review; and
(b) vary their provisions whenever it considers it appropriate to do so.

(3) Before issuing or varying a code, a Council shall consult any persons it considers appropriate to consult.

(4) A code published by a Council shall be taken into account -
(a) by the Council in making a decision under this Part; and
(b) in any proceedings on an appeal against such a decision.

(5) Local authorities making any decision about the conduct of any social care workers employed by them shall, if directed to do so by the appropriate Minister, take into account any code published by the Council.

(6) Any person who asks a Council for a copy of a code shall be entitled to have one.

*Training*

**63**. (1) Each Council may, in accordance with rules made by it, approve courses in relevant social work for persons who are or wish to become social workers.

(2) An approval given under this section may be either unconditional or subject to such conditions as the Council thinks fit.

(3) Rules made by virtue of this section may in particular make provision -
(a) about the content of, and methods of completing, courses;
(b) as to the provision to the Council of information about courses;
(c) as to the persons who may participate in courses, or in parts of courses specified in the rules;
(d) as to the numbers of persons who may participate in courses;
(e) for the award by the Council of certificates of the successful completion of courses;
(f) about the lapse and renewal of approvals; and
(g) about the withdrawal of approvals.

(4) A Council may -
(a) conduct, or make arrangements for the conduct of, examinations in connection with such courses as are mentioned in this section or section 67; and
(b) carry out, or assist other persons in carrying out, research into matters relevant to training for relevant social work.

(5) A course for persons who wish to become social workers shall not be approved under this section unless the Council considers that it is such as to enable persons completing it to attain the required standard of proficiency in relevant social work.

(6) In subsection (5) "the required standard of proficiency in relevant social work" means the standard described in rules made by the Council.

(7) The Council shall from time to time publish a list of the courses which are approved under this section.

**64**. (1) An applicant for registration as a social worker in the register maintained by the English Council satisfies the requirements of this section if -
(a) being a national of any EEA State -
(i) he has professional qualifications, obtained in an EEA State other than the United Kingdom, which the Secretary of State has by order designated as having Community equivalence for the purposes of such registration; and
(ii) he satisfies any other requirements which the Council may by rules impose; or
(b) he has, elsewhere than in England, undergone training in relevant social work and either -
(i) that training is recognised by the Council as being to a standard sufficient for such registration; or
(ii) it is not so recognised, but the applicant has undergone in England or elsewhere such additional training as the Council may require.

# TOOL 9 Checklist for designing a monitoring system at governmental level

## Type of monitoring

There are different approaches to monitoring. At the state level, when a government monitors the implementation and delivery of state policies, it is a matter of top-down monitoring. Although monitoring is about control, a government may wish to consider how this can be supportive by providing methodological aid to providers. Monitoring is not only about finding and correcting shortcomings but also about preventing and avoiding shortcomings and thereby improving quality of service.

Having standards in place is a prerequisite for effective monitoring. A standard is the yardstick against which findings in monitoring are compared. Since the monitoring system will be implemented alongside standards, the first task is to find out whether or not standards are successfully implemented. The next step is to find out whether they are effective, e.g. if they help to enhance the quality of service delivery.

## On whose authority and for whom?

Monitoring may be carried out either by the ministry directly or by a ministerial body empowered to carry out monitoring on behalf of the ministry. Another matter of concern is the balance between government priorities on the one hand, and the monitoring unit's ability to determine its own priorities on the other. A monitoring unit should preferably work on an independent basis and choose what to monitor – in addition to reporting back to providers, all important findings, analysis and conclusions should be reported back to government as an input to future policymaking.

## Approaches in monitoring

It is important to find the best balance between available resources and tasks. It is unlikely that a monitoring unit will be able to keep track of the full range of social services at the same time; this would take a rather large apparatus. Consequently, there has to be a continual choice between focus and scope. A government may want to consider the balance between different types of monitoring – the relatively time-consuming 'case-by-case' approach which focuses on individual client cases, type-of-service across the whole country, or assessment of all types of social services and care in one geographic region. In general, the choice of monitoring model will be guided by practical considerations, so that if an area appears to be troublesome or problematic, it is a good reason to step up the monitoring in the area. In setting the approach for the unit, government should ensure a strong focus on quality of life issues.

## Methods

How can data be collected effectively? What sampling methods should be used to obtain reliable information from which to draw conclusions, but which is also manageable and not too time-consuming to process? Should site visits or questionnaires be used? Each monitoring unit must find an approach to carry out analysis and to draw conclusions from the material collected.

## Training

Specific attention needs to be given to training staff in the monitoring units, the content and methods used, and the need for hands-on supervision particularly at the outset. Training must be designed to allow for close monitoring of the quality stipulated in the standards and help in evaluating quality of life issues.

# Tool 10 Checklist for building up a monitoring system at local level

## Type of monitoring

The monitoring carried out at the local level is basically the same as at the state level. This checklist covers how the local level – municipality or region – can set up a monitoring system which complements the state monitoring in order to ensure good quality in care and service provision. The local level will have financing responsibility for a large share of services and have a strong interest in monitoring effectiveness and service outcomes, in order to ensure that it gets the best possible value for money. The state may decide (or recommend) that the local level monitors its own provision of care as well as any sub-contracted care delivered by private providers.

## On whose authority and for whom?

Who assigns the task of monitoring to the local level? If government has made local monitoring a mandatory task, then it has the right to share the findings of local monitoring activities. If, on the other hand, there is no such state-level assignment, the use of the findings of monitoring will be left to the discretion of the municipality. The feedback from monitoring should be to the municipal authority and, if necessary, to the state monitoring function. In all cases feedback on specific services should be made available to providers, users and the general public. Where local monitoring also covers services provided directly by the regional/local government the monitoring system must be sufficiently independent to allow it to assess these services fairly.

## Approaches in monitoring

Since the scope of the local monitoring is narrower than that of central monitoring, the methods chosen will leave room for case-by-case monitoring, on-site visits and other types of close monitoring. A government may wish to consider shifting the focus in order to highlight quality of life issues.

## Methods

Methods should stimulate effective monitoring and supply the information necessary and valuable for making decisions to improve quality of services. Since some municipalities own *and* manage services *and* are responsible for contracted-out services, monitoring may have to combine different approaches.

## Training

How and where can an effective monitoring unit be built up in the local organization, and how can staff and management be trained to perform monitoring in best possible way?

# Tool 11 Checklist for case management

Case management is a collaborative process which assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet an individual's social care needs. It does this using communication and available resources to promote quality, cost-effective outcomes. At the local level a case management system will need to carry out functions on two levels:

- at the level of individual service users case management is the framework within which assessment and services provision are undertaken. The role of a case manager is particularly important in complex cases where the user may need a range of services to be supplied and coordinated. Case managers can also be responsible for budgets and purchasing in systems that have a purchaser/provider split.
- at the system level the case management system not only coordinates the provision and allocation of services but is also responsible for providing information for assessing the level of need in the community, monitoring the quality of services and provides the basis for strategic planning.

Key tasks at the local level to implement case management include:

- *Developing a system*. Case management requires a system of case allocation, staff supervision and management and purchasing where budgets are devolved. The case management system also plays a key part in gatekeeping ensuring that services are allocated according to need.
- *Assessment, monitoring and review*. Case management requires clear responsibility for the assessment, monitoring and review of the individual's needs and the services provided. This is usually achieved by nominating a case manager for each client, having systems and procedures to review cases regularly, and ensuring that the provision of services is monitored.
- *Services*. Effective case management needs to operate with a range of services and have the power to allocate services to meet the needs of clients as and where necessary.
- *Information*. Case management must generate the information to plan services and monitor quality and cost effectiveness. Computerized systems are most effective but should be kept simple and not too detailed. There will also be a need for case files to keep relevant information.
- *Staff development and training*. Case management needs well trained staff who have knowledge and expertise in child development in order to assess needs and match services appropriately.
- *Administrative support*. Case management must schedule regular reviews, keep track of service expenditure etc. Case managers will need administrative support for these tasks.
- *Management and supervision*. Front-line managers play a key role in developing effective case management by monitoring the quality of assessments and service allocation and through contributing to service planning.

# TOOL 12 Checklist for involving users and carers

Planning services cannot be done properly unless users can voice their opinions of appreciation and/or disagreement with the services provided. Furthermore, the carers (children's parents and families) can contribute enormously to the quality process. This checklist aims at supporting governments, local authorities and service providers to find ways of making users and carers a valuable asset in planning for quality in service provision.

## Why users and carers are important

Users are important for the following reasons: i) UN documents and Children's Rights Charters provide guidelines for respecting user rights and treating users with dignity and fairness, (ii) users can give an inside perspective on services and, (iii) users can express views on content, usefulness and quality in services. In some countries, this may constitute a new approach and experience and a government, local authority or service provider will have to consider how staff may be supported in this. This is particularly important where there is a general belief that users and carers are too biased to have a say; if participation confuses the child; and a lot of similar issues that may occur.

## Channels to users and carers

How can users be reached and encouraged to express their views, directly (children already in care/services); through parents and other relatives; in more organized forms (NGOs, client organizations), or with other approaches? If an authority sincerely wants to listen to the user, the user must be aware of this, e.g. communication and information campaigns may be considered. Carers are likely to express their views on a service in their day-to-day work and through the quality assurance process.

## Using the information

How can information from users and carers be taken into account and integrated into the design of services? How can user statements be systematically analyzed and fed back to service management, local authorities that purchase services and to governments which generate policy? It is worth noting that a systematic processing of user's views should not overshadow the importance of the day-to-day requests from a child and a carer's ability and willingness to meet these requests.

## A process

Research into successful participation suggests that the involvement of users and carers requires a process to enable staff and users to learn and benefit from it. The following steps have been suggested by Mary Godfrey of the Nuffield Institute for Health:

- *Active listening* - starting with people's current concerns, interests and capacities and meeting them in the kinds of places where they are likely to want to come together.
- *Supporting 'voice'* - building up confidence and skills to allow users/carers to participate in ways that are meaningful and appropriate. This will include training (for users and staff), support and advocacy, providing information in accessible formats, ensuring the forms of involvement are enjoyable and interesting, re-structuring decision-making forums to facilitate user participation.
- *Experimenting/reviewing* - trying out different approaches to involvement that relate to the specific needs of the individuals/groups; reviewing experiences jointly (staff and users), ensuring that the lessons learned inform new approaches, i.e. a willingness to be creative and flexible, take risks and accept some degree of disturbance.
- *Acting* - responding to the views/needs expressed. This may include agreement and action; agreement and deferment; disagreement and inaction; disagreement and action. Whatever the response, the rationale is clear and the next steps are identified.
- *Changing* - this phase of the process may involve a reconsideration of structures and processes for decision-making within different layers of the organization.

# Tool 13 Checklist for planning quality services

In order to provide an integrated range of services at the local level a planning process is required to assess the need for services, consult with service users and local communities and to coordinate service delivery. The aim of the plan is to provide a range of services able to meet children's needs and support them in their own families and local communities wherever possible. The plan is therefore a major tool for realigning services and should include the replacement of institutional services with ones to support families and for more family-type accommodation in cases where care at home is not possible.

The following checklist focuses on the key areas[5] for a planning process designed to reduce the need for the institutional care of children.

*The planning framework*. Local planning arrangements support the effective development and delivery of children's services. There needs to be an agreed inter-agency framework to which local agencies are committed including agreements to participate, share information and plan new services jointly.

*Shared commitment*. Local agencies are committed to working together to plan children's services. The planning process needs to give an opportunity to share understanding of the needs of children and to develop a commitment and joint understanding of what services are needed.

*Participation*. Relevant agencies and interested parties participate appropriately in children's services planning. Planning needs to include the participation of service users and their families, local communities and their representatives and experienced and knowledgeable staff.

*Responding to need*. Children's services planning responds to identified need, within resources and priorities. The planning process is based on information collected about current service provision as well as information on the needs of people in the local communities. Achievable and measurable objectives to meet prioritized needs are agreed between agencies.

*Equitable provision*. Planning children's services generates the sort of service provision which reflects the needs of children from all sections of the community. Children, young people and their families from a variety of backgrounds and with different needs participate in children's services planning.

*Organizational arrangements*. These support the implementation of Children's Services Plans. Planned changes in children's services are managed with explicit timescales and resource budgets. All levels of staff are well-informed, supported and appropriately trained, when service changes are implemented.

*Service development*. Children's services are developing appropriately against objectives and strategies agreed through the planning processes. There is a joint strategy, with timescales, for realigning current and planned inter-agency services with plan objectives and agencies monitoring plan implementation. Plans should be regularly reviewed and amended to take changing circumstances and needs into account.

[4]This checklist is based on the English framework for inspection of children's services planning (http://www.doh.gov.uk/pdfs/stand5.pdf ).

# Tool 14 Checklist for training management and staff

## Introduction

This tool presupposes that standards have been defined. It deals with how governments, local authorities or service providers can work with training in order to enhance the capacity of management and staff to apply standards and to carry out monitoring or self-assessment.

## Organization of training

Concerns how the content of training can be formulated and integrated into a curriculum, how trainers are identified and mobilized, how the target group for training is selected and how training can be financed. A government may have to consider what impact it wishes to have on the content of training programmes and what should be left to the discretion of the local level and providers. Since standards are equally valid for all services, part of the training should be the same for all providers, whilst other parts will need to be designed to fit the specific service provider, on the condition that it does not fall below the minimum standard level. A government may want to consider how a shift in focus towards quality of life standards could be sustained by the training programmes.

Governments must decide who provides training; e.g. should it be done by ministerial officials or by other trainers, procured and sub-contracted, and whether it can finance training, or parts of it. Resourceful and experienced staff may be used as trainers. This will in turn generate a need for a system which "trains the trainers".

The target groups will consist of two categories: the stock of social workers currently active in service provision and who lack training, but may have valuable experience and skills; and young students who may wish to enter the social services. The stock of untrained staff will require a specific type of training; there are probably a great number, and they are already involved in service operations and have a basic training and/or experience to build on. Young students will go through the regular education system and governments may consider how they can improve university and college courses to fit the standard concepts better.

## Content of training

*Shared understanding*. Concerns how management and staff are encouraged to have a full grasp of why standards are implemented and why monitoring is important. This shared view is a precondition for the successful application of quality standards and their monitoring. Committed staff constitute the most valuable asset in this process. Staff must also be encouraged to invite service users to become involved in how standards are defined and used and play a role in implementing quality standards.

*A role for each member of staff*. Irrespective of their organizational position each employee contributes to quality work and plays a role in delivery of good quality provision according to specified standards.

*Leadership*. This concerns the need for management to take the lead in the process and the need to encourage and give time to staff to assume its role. The leadership is responsible for indicating the direction of training to apply standards and particularly to shift focus towards quality of life issues in training.

*All staff must know*. Service providers should ensure that each member of staff is aware of the standards and accountable for their application in day-to-day work. A client should never meet a single member of staff who is not informed about standards or unable to apply them.

*Target-driven care plans*. Concerns how care plans, setting targets for each individual client in care, are used in quality work, e.g. how can management and staff use indicators showing progress in care and service delivery that enable them to measure outcomes on client level. Do they meet the care plan's target?

*Feedback and learning from what you do*. This concerns the systematic use of the findings from monitoring and self-assessment of a service facility; e.g. what can a service provider learn of its own work, shortcomings and achievements, that can form the basis for further and improved work?

*Enhancing quality through training*. Concerns the long-term efforts spent on training, e.g. the long-term counseling for service providers, repetitive training seminars and workshops, networking with other service providers to learn, compare and exchange experiences.

## Training plan

This deals with how the above can be put into a comprehensive and viable training plan that can gear the training activities in a long-term perspective, and where the use of measurable indicators can tell management and staff if they manage to enhance the competence and thus the quality over time.

# TOOL 15 Checklist for provider use of monitoring and self-assessment programmes

## Introduction

This checklist details how a provider can use different techniques to monitor own quality and strive for improvement in service provision. The regulatory mechanisms in place will have an impact on how monitoring and self-assessment are carried out. If, for example, a licensing system is in place (which is preferable) the license to provide a service is directly related to the ability to meet the targets set out in the standards. In such cases self-assessment will focus on how these targets are met and, in some cases, exceeded. A monitoring or self-assessment programme at provider level will facilitate local and state monitoring and monitoring the provider's own monitoring system will in turn provide information about the quality of service.



## Quality assurance

This deals with how the management at a service facility can take the lead and involve all staff in an ongoing drive to improve service quality, and invite service users to take part in quality work, standard-setting and monitoring. A government may wish to consider how ombudsmen and children's advocates can fit into a self-assessment concept.

## Quality management tools

How a provider selects techniques to identify problems, understand what causes them, determine what changes are needed to resolve the problems and take actions to improve the service using a range of methods for quality management and self-assessment.

## Comparisons

How a service provider can compare quality over time (are we better this year than last, do we meet the targets set out in client's care plans better now than before?), or with others (are we better than similar service facilities?).

## Staff training

How staff can be trained to view their work critically and continuously strive for improvement. Staff should be aware of the standards that set the quality targets and be encouraged to keep up the level of standards and continuously strive to improve quality in service delivery.