Jersey Care Commission
Care Standards
Child and Adolescent Mental Health Service (CAMHS)

Respect
Voice
Safety
Choice
Quality

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The Jersey Care Commission

The Jersey Care Commission's purpose is to:

- Provide the people of Jersey with independent assurance about the quality, safety and effectiveness of their health and social care services.
- Promote and support best practice in the delivery of health and social care by setting high Standards and challenging poor performance.
- Work with service users and their families and carers to improve their experience of health and social care and achieve better outcomes.

The Jersey Care Commission's work is based upon these core values:

- **A person centred approach** – we put the needs and the voices of people using health and social care services at the heart of everything we do.
- **Integrity** – we will be objective and impartial in our dealings with people and organisations.
- **Openness and accountability** – we will act fairly and transparently and will be responsible for our actions.
- **Efficiency and excellence** – we strive to continually improve and provide the best possible quality and value from our work.
- **Engagement** – we will work together with, and seek the views of, those using, providing, funding, and planning health and social care services in developing all aspects of our work.

Introduction to the Standards

The Jersey Care Commission Standards are statements which set clear expectations about how care services are provided, and the outcomes looked for as a result of care and support. They must be read in conjunction with the Regulation of Care (Jersey) 2014 Law, the Children and Young People Law 2022 and other legislation relevant to individual standards.

The Standards have been written to:

- promote the safety and wellbeing of children and young people
- show what children, young people and their families should expect from the care they receive
- set out a series of quality statements about what good outcomes look like for children, young people, and their families
- set out what providers of care services must do to meet the expectations of people who use care services and requirements under the Law
- provide a structure that can be used to inspect the care provided

The Standards have been written in a format which promotes a person-centred approach to all aspects of care. The content of the Standards was developed by hearing from people in Jersey who receive care and others to establish what matters most and is important to them.

The Standards have also been written to complement existing Jersey wide programmes to improve outcomes for children and young people, such as the Jersey Children's First standard framework. The standards have been developed in partnership with the Royal College of Psychiatrists.

In this document, each Standard begins with a clear statement about what children & young people should expect in relation to different aspects of the care service. This is followed by an explanation about what the Standard means to staff members, their managers and children, young people and their families who use the service.

Definitions of the wording used in these Standards can be found in Appendix 5.

Scope

These Standards apply to all providers of children's care services registered under the Regulation of Care (Jersey) 2014 Law. They may be read in conjunction with the 9 other Standards applicable to services for children, young people and their families listed below:

- Adoption Standards
- Child Contact Centre Standards
- Children and Family Community Nursing Standards
- Children's Homes Standards
- Children's Social Work Standards
- Fostering Standards
- Independent Reviewing Officers Standards
- Residential Family Centres Standards
- Special Schools Standards

More specifically, these Standards apply to the Government of Jersey as the provider of child and adolescent mental health services for children and young persons, registered under the Regulation of Care (Jersey) 2014 Law. This includes:

- Services provided to children and young people who are referred to the Government of Jersey CAMHS, including those for which intensive community-based support is required, children with autistic spectrum conditions and those requiring support with a range of mental health issues
- Mental Health Services provided to children in need of care and support
- Mental Health Services provided to children and young people who are looked after
- Mental Health Services provided to children and young people aged between 16 and 17 who are preparing to leave care, those aged 18 - 25 who have left care and are receiving on-going support for mental health
- Mental health services provided to young people within education settings

Guiding Principles

Guiding principles are the basic values which influence all the Standards. They reflect people's rights which are central to any care or support given.

Respect	Your right to support provision that is respectful, compassionate, and dignified.
Voice	Your right to be listened to, communicated with, and supported to reach your goals and aims.
Safety	Your right to be safe and cared for by people who are trustworthy and competent.
Choice	Your right to be informed and supported to make real choices and decisions that are respected.
Quality	Your right to the highest standard of service provision to promote your independence and decision making.

Standard 1: The Service has a clear statement of purpose and set of policies which are accessible to everyone.

What this means to children and young people:

Children, young people, and their parents are clear about the aims and objectives of the service. They understand the roles of the professionals who work in the service.

1.1 There is a written Statement of Purpose.

This could include information about:

- What the service sets out to do for children, young people, and their families
- The operating model of the service, including organisational structure and how many children, young people and families are supported
- The governance and quality assurance arrangements for the service
- The philosophy or ethos of the service (where this is based upon a theoretical or therapeutic model, a description of that model.)
- How the service is inclusive. Specifically, how the service is sensitive and responsive to needs relating to gender identity, sexual orientation, ethnicity, culture, religion, and disability. This includes a statement about equality, inclusion, and accessibility
- Who provides the service and how to contact the provider
- Who manages the service and how to contact the manager
- The makeup of the management and staff team, including their qualifications and experience
- The address and contact information for the service
- Details about the legal status of the service (i.e., charity, company etc.)
- How to access the service, including referral pathways, inclusion, and exclusion criteria, as well as procedures for emergency admissions
- Respecting children and young people's rights and responsibilities
- How children, young people and families are supported in making informed choices around care provision and support
- Positive behaviour management
- How to provide feedback or raise a concern or complaint and the support which is available to do so
- How children, young people and families are included in service provision and how any suggestions, feedback and concerns are considered
- The arrangements made to protect and promote the health and well-being of the children and young people accessing the service
- How children and young people using the service are protected from harm
- Any restrictions on the use of social media by staff, children, young people, and families
- Fire and safety procedures including details of any CCTV used in any premises (from which the service is provided)

- Any accommodation, facilities, and services it provides to include whether it is intended to accommodate children or young people who are disabled, have learning disabilities, or other needs
- Procedures for when children and young people go missing from the service and unauthorised absences where applicable
- Accessibility and equality for children and young people with additional needs
- Arrangements for seeing family and friends where applicable
- How bullying and discrimination is challenged, and children and young people are supported
- How children and young people's education needs will be met
- Meals and nutrition
- Leisure, sports, and other activities

The Statement of Purpose is child-focussed and sets out clear objectives. It is written in a way which is accessible to children, young people, families, and staff members. Where appropriate, the Statement of Purpose is available in formats which meet the communication needs of children, young people, and their families. This could mean translation of the document into different languages or versions available for those with a hearing or sight impairment.

The Statement of Purpose will be provided to the Jersey Care Commission and be made available on request to:

- Children and young people, their families, and others
- Any person working in the service
- Inspectors appointed by the Jersey Care Commission
- Any person involved in arranging care for children and young people

1.2 Policies and procedures based on best practice and evidence are available and are accessible to children, young people, and their families on request.

Policies are:

- Developed based upon best practice, guidance, evidence, legislation, and professional guidance
- Developed with children and young people's involvement
- Child or young person focussed
- Shared, implemented, and monitored for effectiveness
- Regularly reviewed by managers, staff members, other professionals, and children and young people
- Revised where necessary following incidents and learning events

A list of policies and guidance relating to notifications to the Commission is provided in Appendix 2.

1.3 Feedback on how the service operates is responded to positively.

Children and young people and others are encouraged and supported to provide feedback about how the service operates.

Children, young people, and others are regularly asked for their views about how the service operates and can raise and discuss general concerns both formally and informally and speak openly with others about how the service operates. This feedback is recorded and brought to the attention of the manager of the service.

Where necessary feedback is provided to the child or young person about their views, for example in a 'you said, we did' format that is tailored to the needs of the child or young person concerned.

1.4 The service operates a complaints policy and procedure.

Children and young people and others (including adults concerned with the care of the child or young person), are routinely provided with a copy of the complaints policy and procedures which are in a suitable format that allows children and young people to understand the procedures depending on their age and ability.

Children and young people know how to and feel able to complain if they are unhappy with any aspect of the service. Contact cards, apps, and other means of raising issues and complaints suited to the child or young person's age or ability are always available.

Children and young people are assured that raising a complaint does not result in them being treated unfavourably.

Children and young people are assured that details of their complaint are not widely shared beyond those who need to know.

Children and young people are supported and kept informed throughout the complaints process.

The complaints procedure sets out the investigative process and provides specified timescales for action.

There is a record of all complaints which are monitored monthly.

A written record of the complaint is kept in the relevant child or young person's care record. The registered person ensures that a record is kept of all communication with complainants, the results of investigations, action taken and the level of a complainant's satisfaction with the outcome.

Children and young people are encouraged to sign where appropriate or indicate their satisfaction or otherwise with the management and outcome of the complaint.

A systematic audit of complaints is carried out to identify recurring issues. There are mechanisms in place to use the information gained to improve the quality of the service.

1.5 There is a whistleblowing policy and procedure.

The registered person promotes an open, transparent, and safe working environment where all staff members feel able to speak up.

Staff are encouraged to raise concerns without fear of retribution. Complaints are handled appropriately and are monitored and reported on.

Staff are assured of the registered person's support if they raise valid concerns about the practices of colleagues. Staff are assured of support if they raise valid concerns about the practices of registered persons.

The policy includes:

- An explanation of what whistleblowing is, particularly in relation to the service
- A clear explanation of the organisation's procedures for handling whistleblowing, which can be communicated through training
- A commitment to training staff members at all levels of the organisation in relation to whistleblowing and the policy
- A commitment to treat all disclosures consistently and fairly
- A commitment to take all reasonable steps to maintain the confidentiality of the whistle-blower where it is requested (unless required by law to break that confidentiality). Clarification that any so-called 'gagging clauses' in settlement agreements do not prevent workers from making disclosures in the public interest
- An idea about what feedback a whistle-blower might receive
- An explanation that anonymous whistle-blowers are not ordinarily able to receive feedback and that any action taken to look into a disclosure could be limited – anonymous whistle-blowers may seek feedback through a telephone appointment or by using an anonymised email address
- A commitment to emphasise in a whistleblowing policy that victimisation of a whistle-blower is not acceptable. Any instances of victimisation are taken seriously and managed appropriately
- The time frame for handling any disclosures raised
- Clarification that the whistle-blower does not need to provide evidence for the employer to investigate the concerns raised
- Signpost to information and advice to those thinking of whistleblowing, for example trade unions
- Information about escalating concerns outside of the organisation

Standard 2: The service is well managed, and the organisation effectively led.

What this means to children and young people and their families:

The people who manage the service are skilled, professional, approachable and have all the right qualifications to do their job properly.

2.1 There is a coherent and integrated organisational and governance framework in place.

This is appropriate to the needs, size, and complexity of the service. There are clear lines of professional and corporate accountability, which assure the effective delivery of the service.

2.2 There are systems in place to discharge, monitor and report on the delivery of its functions in line with legislative requirements, standards, and guidance.

There are structures and processes to support, review, and action governance arrangements for children and young people's services. This includes but is not limited to:

- Corporate
- Financial
- Health and safety
- Social care
- Health and clinical care
- Information management

2.3 The registered manager is confident in their role, possessing the necessary skills and qualifications to lead the organisation effectively.

Managers can demonstrate a range of critical skills which include:

- The ability to lead and manage a team
- The ability to engage appropriately with children, young people, and their parents
- The ability to benchmark against best practice
- The ability to ensure appropriate governance and auditing arrangements
- A proven ability to learn from incidents and significant events
- Having sufficient oversight of the service
- Being prepared to escalate areas of concern

There is robust evidence that the manager provides clear direction to the staff employed in the service and sets the priorities for the service.

The manager takes ultimate responsibility for the service and is able to demonstrate oversight of decision-making.

The manager promotes a supportive team culture, with good communications, and routine commitment to rigorous professional practice.

2.4 Service development is a collaborative, inclusive process.

There is a widely understood service strategy (this could be part of a broader strategy) or service development plan that the local population can access.

There is a mechanism to highlight system-wide commissioning gaps, especially around complex cases e.g., sensory impairments, severe learning disability and complex physical needs.

The following groups are involved in and consulted on the development of the service:

- Young people who may access the service
- Families of young people who may access the service
- People from different religious, cultural and minority ethnic groups, whether or not they are patients of the service
- Staff, including volunteers
- Local community groups and partner agencies

Services are developed in partnership with appropriately experienced young people, parents, and carers, and they have an active role in decision making.

The service has a meeting, at least annually, with all stakeholders to consider topics such as referrals, service developments, issues of concern and to re-affirm good practice.

The team is actively involved in quality improvement activity. The service has a quality assurance framework which provides a systematic approach to the auditing of work practice and interventions.

2.5 Management advice and decisions are professionally sound and recorded.

Managers are visible and available to staff for discussion, reflection and learning outside of formalised supervision arrangements.

Discussions between staff and their managers is recorded within the child or young person’s records. These records outline who was involved in the discussion, the key points discussed, any decisions made, and how the information received is considered as part of the decision-making process.

2.6 Managers ensure all recording on children's records is of good quality and is completed in a timely manner.

As part of the casework process, good quality assurance and supervision enables staff to be supported and developed in their roles.

Managers regularly review the case records of children, young people, and families. Reference to any review of care records is noted in supervision records and details of any audit is captured through management oversight of records and indicated by electronic signature.

Case recordings are easy to read and free from jargon, as children, young people and families can request access to their records.

2.7 Managers can evidence regular auditing of children's records and reports, with follow up development and improvement actions implemented.

An audit of children's records and reports takes place on a regular cycle, considering compliance, impact, and outcomes. There is evidence of audit findings being shared with staff members and teams; and quality assurance leads consider strengths, improvements, and impact. As part of the quality assurance framework, any outstanding actions identified through audit are addressed in a timely way, recorded within the child or young person's records and wider learning is shared across the organisation**.**

2.8 Managers acknowledge and give credit to good practice and promote this within and outside the staff group.

Managers recognise good practice. This is acknowledged in reflective supervision and is shared through quality assurance mechanisms and considered as part of learning and workforce development.

2.9 Managers cultivate a staff group atmosphere that is mutually supportive and respectful, and an office atmosphere that is calm and purposeful, and where staff are facilitated to work. Managers promote a positive work life balance and consider the emotional well-being of workers.

Managers ensure the working environment is supportive, respectful, calm, and conducive to ensuring the best outcomes for children, young people and families.

Managers have oversight of the work being undertaken within the team, ensuring that caseloads are safe and manageable, and are in keeping with the skills, experiences, and knowledge base of each staff member.

2.10 There are sound accounting and other financial procedures to ensure the effective and efficient running of the business and its continued financial viability.

Certified copies of detailed accounts will be provided to the Jersey Care Commission annually.

There are clear processes to ensure Jersey Care Commission is informed of any substantial or imminent risk to the viability of the service and provided with information as requested.

2.11 There is adequate insurance cover.

Appropriate and adequate insurance certificates are displayed at any care service premises and available to the Jersey Care Commission. This includes indemnity cover and general insurance of premises and equipment.

2.12 There are contractual arrangements where services are commissioned which include a detailed specification of the requirements of the services commissioned by the commissioning body.

The contract sets out how registered persons can raise concerns about any deficits in care, or risks to children or young people who receive care including:

Concerns which relate to an insufficiency in the amount or type of care provided or an inability to meet the terms of the contact to meet the needs of people who receive care.

Concerns which relate to the environment, lack of equipment or other limitations.

Registered persons will inform the Jersey Care Commission of the concerns in addition to the commissioning body.

Standard 3: Staff are safely recruited and fully supported in their roles.

What this means to children and young people and their families:

The staff that work with children and young people have been background checked and the service has a detailed knowledge of them. Recruitment processes are fair, and staff are well supported by their managers and the wider organisation.

3.1 There is a policy and procedure for the safe recruitment of staff and volunteers who may have contact with children and young people in receipt of care and support.

Recruitment policies are compliant with all relevant legislation and guidance. Recruitment policies explicitly state and demonstrate the organisation's commitment to safeguarding and promoting the welfare of the children and young people it supports.

The policy is written with the intention of promoting positive experiences and outcomes for children and young people receiving support.

Recruitment policies include:

- Safeguarding arrangements
- A commitment to ensuring equal opportunities
- Detail of each stage of the recruitment process and how the organisation intends to approach them
- How the involvement of children and young people in receipt of support and their parents, families and/or carers, is promoted
- The use of interview assessment techniques
- Composition of interview panels
- How offers of employment are made
- Conditions of employment
- Retention of applicant information
- Provision of references to other organisations for existing or former employees.

The service operates a Recruitment and Selection policy which includes planning protocols relating to continuity of service. Specifically, the service demonstrates that it consistently takes tangible steps to retain staff.

3.2 There are clear job descriptions and person specifications.

Detailed job descriptions and person specifications are produced to ensure the right people with the right skills, knowledge and experience apply for roles. Specific competencies for the role are identified.

Job descriptions clearly state the main duties and responsibilities of the role including the individual's responsibility for promoting and safeguarding the welfare of people receiving support.

The person specification sets out a profile for the post and the desired characteristics of the ideal candidate. It includes:

- Qualifications, knowledge, and experience required
- Competences and qualities that the successful applicant should be able to demonstrate or have the potential to demonstrate.

3.3 Transparent procedures are used for advertising and shortlisting.

Job adverts are concise, easily understood and contain a link to where further information about the role can be sought. Job adverts state that a Disclosure and Barring Service check is required.

3.4 Staff members do not work and are not required to work outside of the scope of their profession, competence, or job description.

Staff members always adhere to any code, standards or guidance issued by any relevant professional body.

Staff members are honest about what they can do, recognising their abilities and the limitations of their competence.

Staff members only carry out or delegate tasks agreed in job descriptions and in which they are competent.

Opportunities are provided for social workers to update their knowledge and skills as well as for more advanced and specialised training to meet the needs of children and young people.

Staff members receive support to update and maintain their professional qualifications through continuing professional development and any regulatory body requirements.

Depending on the setting, staff who do not hold professional qualifications, such as social work assistants, may be required to carry out tasks or skills which might traditionally have been carried out by social workers. In such circumstances, staff may require further training and assessment.

Some skills and tasks may be performed by unqualified staff under an individual (person specific) delegation.

Unqualified staff are able to refuse to undertake any skill or task if they do not feel competent to perform it.

Standard 4: Access, referral and assessments are of high quality.

What this means to children and young people and their families:

Children and young people can expect good access to CAMHS either directly or through a referral by a trusted practitioner. Assessments of children and young people's needs are thorough, timely and collaborative. Access and referral methods are well understood by practitioners and children and families themselves.

4.1 CAMHS work with all potential referrers including families and young people to ensure access is appropriate, timely and co-ordinated.

The service provides information about how to make a referral and waiting times for assessment and treatment.

Where referrals are made through a single point of access, these are passed on to the community team within one working day unless it is an urgent referral which is passed across immediately.

A clinical member of staff is available to discuss urgent referrals during working hours.

Young people and families can make a self-referral to the service.

Outcomes of referrals are fed back to the referrer in writing, young person, and parent/carer (with the young person's consent). If a referral is not accepted, the team advises the referrer, young person, and parent/carer on alternative options.

If a referral is accepted the service provides information on:

- How young people can access help while they wait for an appointment (e.g., letter, leaflet, or telephone call; points of contact to access help may include the referrer, the school nurse, other local service, or online services)
- Information about expected waiting times for assessment and treatment
- Any updates of any changes to their appointment.

4.2 Measures are taken to ensure equity of access.

Appointments are flexible and responsive to the needs of young people and their parents/carers where appropriate. For example, young people and their parents/carers can choose a suitable appointment time and appointments can be offered out of school or college hours; home-based or school-based treatments; virtually via tele-appointments are offered where appropriate.

The service reviews data at least annually about the young people who use it. Data are compared with local population statistics and action is taken to address any inequalities of access where identified.

The team follows up with young people who have not attended or are not brought to an appointment or assessment. If they are unable to engage with the young person, a decision is made by the assessor or team, based on need and risk, as to how long to continue to follow up the young person.

Where young people consent, and if safe to do so, the parent/carer is contacted.

If a young person does not attend an assessment or appointment, the assessor contacts the referrer.

If the young person is likely to be considered a risk to themselves or others, the team contacts the referrer immediately to discuss a risk action plan.

Data on missed appointments are reviewed monthly. This is done at a service level to identify where engagement difficulties may exist. This includes monitoring a young person's failure to attend the initial appointment after referral and early disengagement from the service.

4.3 Young people receive timely mental health assessments.

Young people with a routine referral receive a mental health assessment within four weeks.

Young people with urgent mental health needs can access a mental health assessment within 24 hours (within 4 hours if very urgent).

Staff are aware of the different pathways available, and the urgent assessment process is completed by an appropriately skilled clinician.

For non-emergency assessments, the team makes written communication in advance to young people that includes:

- The name and title of the professional
- An explanation of the assessment process
- Information on who can accompany them
- How to contact the team if they have any queries, require support (e.g., an interpreter), need to change the appointment or have difficulty in getting there.
- Who to contact if the situation worsens significantly, and Crisis lines.

The team sends correspondence detailing the outcomes of the assessment to the referrer, the GP, and other relevant services within a week of the assessment. The young person receives a copy.

4.4 Assessments are collaborative, individual, and according to need.

When talking to young people and parents/carers, health professionals communicate clearly, avoiding the use of jargon so that people understand them.

Staff check that young people and their parents/carers understand the purpose of the assessment and possible outcomes as fully as possible before it is conducted.

For example, this is specified on an assessment checklist and audited through service questionnaires for young people and parents/carers.

Young people have a comprehensive evidence-based assessment which includes:

- Mental health and medication
- Psychosocial and psychological needs
- Strengths and areas for development
- Risk, including risk of suicide
- Harm reduction
- Educational background
- Social care or youth justice background.

Young people have a risk assessment and management plan which is co-produced where possible, updated promptly when changes occur and shared where necessary with relevant agencies (with consideration of confidentiality and consent).

The assessment considers risk to self, risk to others and risk from others.

Assessments are based on the wishes and goals of young people, the family, and their capacity to support interventions.

All assessments are documented, signed, or validated (electronic records) and dated by the assessing practitioner.

A list of records is provided in Appendix 1.

Young people assessed as requiring treatment see an appropriate clinician within six weeks.

If a service is unable to meet waiting time guidelines, appropriate steps have been taken to work towards their reduction.

4.5 Assessments are effectively co-ordinated with other agencies so that young people and their parents/carers are not repeatedly asked to give the same information.

There are processes in place to identify whether young people or parents/carers are involved with other agencies.

The assessing professional can access relevant information (past and current) about the young person from primary and secondary care and other relevant agencies.

4.6 The team assess the physical health needs of young people accessing the service.

A physical health review takes place as part of the initial assessment, or as soon as possible.

Staff members arrange for young people to access screening, monitoring and treatment for physical health problems through primary or secondary care services. This is documented in the young person's care plan.

The team, including bank and agency staff, are able to identify and manage an acute physical health emergency.

Standard 5: The care and intervention is of good quality, collaborative, supports independence and is outcome orientated.

What this means to children and young people and their families:

Children and young people are fully involved in the care they receive, and outcomes from that care are routinely monitored collaboratively with them.

5.1 Young people and parents/carers (with consent) are fully involved and informed in care planning.

Young people are actively involved in shared decision-making about their mental and physical health care, treatment and discharge planning and supported in self-management.

Every young person has a written care plan, reflecting their individual needs. Staff members collaborate with young people and their parents/carers when developing the care plan and they are offered a copy.

Where possible, the young person writes the care plan themselves with support, or with the support of staff.

All young people have a documented diagnosis and clinical formulation. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation is devised.

Young people and their parents/carers (with consent) are supported to understand the benefits, functions, expected outcomes, limitations and side effects of their medications, intervention options and non-intervention options.

This is where the child or young person has capability or competence to consent.

All young people know who is co-ordinating their care and how to contact them if they have any questions.

Young people and their parents/carers consistently see the same clinician for intervention, unless their preference or clinical need demands otherwise.

There is a mechanism for young people to change their clinician if there are problems without prejudicing their access to treatment. This is referred to in service information.

5.2 Decisions around the prescribing of medication are collaborative where possible and monitored appropriately.

When medication is prescribed, specific treatment goals are set with the young person, the risks (including interactions) and benefits are discussed, a timescale for response is set and the young person's consent is recorded.

Young people have their medications reviewed regularly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. Side effect monitoring tools can be used to support reviews.

The safe use of medication is audited, at least annually and at a service level.

For young people who are taking antipsychotic medication, the team maintains responsibility for monitoring their physical health and the effects of antipsychotic medication for at least the first 12 months or until the young person's condition has stabilised. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements.

Young people who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at three months and then six-monthly. If a physical health abnormality is identified, this is acted upon.

Young people, parents/carers can discuss medications with a specialist pharmacist.

5.3 Staff provide support and guidance to enable young people and their parents/carers to help themselves.

Where appropriate, young people are offered personalised healthy lifestyle interventions, such as advice on healthy eating, physical activity, and access to smoking cessation services. This is documented in the young person's care plan.

Young people and parents/carers are guided in self-help approaches where appropriate. This may include those waiting between assessment and treatment.

The team provides information, signposting, and encouragement to young people to access local organisations for peer support, social engagement, and work/education opportunities such as:

- Voluntary organisations
- Community centres
- Local religious/cultural groups
- Peer support networks
- Recovery colleges
- Pre-vocational training or employment programmes.

5.4 Efforts are made actively to support and engage parents/carers.

Parents/carers are involved in discussions and decisions about the young person’s care, treatment, and discharge planning. This includes attendance at review meetings where the young person consents.

Parents/carers are supported to access a statutory carer’s assessment, provided by an appropriate agency.

This advice is offered at the time of the young person's initial assessment, or at the first opportunity.

Parents/carers are offered individual time with staff members to discuss concerns, family history and their own needs.

The team provides each parent/carer with accessible carer's information.

Information is provided verbally and in writing (e.g., carer's pack). This includes:

- The names and contact details of key staff members in the team and who to contact in an emergency
- Local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.

The service actively encourages parents/carers to attend carer support networks or groups. There is a designated staff member to support carers.

5.5 Outcome measurement is routinely undertaken.

Clinical outcome measurement data, including progress against user-defined goals, is collected as a minimum at assessment, after six months, 12 months and then annually until discharge. Staff can access this data.

Staff members review young people's progress against self-defined goals in collaboration with the young person at the start of treatment, during clinical review meetings and at discharge.

The service's clinical outcome data are reviewed at least six-monthly. The data is shared with commissioners, the team, young people and parents/carers, and used to make improvements to the service

There is dedicated sessional time from psychologists to:

- Provide assessment and formulation of young peoples' psychological needs
- Ensure the safe and effective provision of evidence based psychological interventions adapted to young peoples' needs through a defined pathway.

There is dedicated sessional time from psychologists to support a whole-team approach for psychological management.

There is dedicated sessional input from occupational therapists to:

- Provide an occupational assessment for those young people who require it
- Ensure the safe and effective provision of evidence based occupational interventions adapted to young peoples' needs.

There is dedicated sessional input from arts or creative therapists.

The team supports young people to access local green space on a regular basis. This could include signposting to local walking groups or arranging regular group activities to visit green spaces.

All staff members who deliver therapies and activities are appropriately trained and supervised.

Case notes are updated promptly after an action or event has taken place and after each contact with the young person.

This takes place within 24 hours for all urgent events and within 48 hours for non-urgent.

Case notes clearly indicate when a young person has been spoken to and by whom. The views, wishes, feelings and expectations of the young person are included throughout.

In case notes which relate to information provided by family/friends or other professionals, the person's name, contact details, role and relationship with the young person should be recorded.

Standard 6: Good quality information is accessible and there are clear procedures on consent and confidentiality.

What this means to children and young people and their families:

Children and young people receive information about the service, the intervention, and how their information is held and shared, and confidentiality policies. Staff working with children know about procedures for consent, including consent for treatment.

6.1 Young people and their parents/carers are provided with information that is accessible and appropriate for their use.

Young people are given an accessible written information guide which staff members talk through with them as soon as is practically possible.

The information includes:

- Their rights regarding admission and consent to treatment
- Their rights under the Mental Health (Jersey) Law 2016
- How to access advocacy services
- How to access a second opinion
- Interpreting services
- How to view their records
- How to raise concerns, complaints and give compliments.

The Guide includes a summary of the support which the service intends to provide and its objectives in doing so. It includes details of how the child or young person can find out about their rights, including contact details for their independent reviewing officer, the Office of the Children's Commissioner, independent advocacy, and the Jersey Care Commission.

All information materials such as leaflets are regularly updated and include a date for revision.

Young people and their parents/carers can access information on the service via an up-to-date website.

Young people (and carers, with young person consent) are offered written and verbal information about the young person's mental illness and treatment.

Verbal information could be provided in a 1:1 meeting with a staff member or in a psychoeducation group. Written information could include leaflets or websites.

Staff provide young people and their parents with information about the roles played by key professionals across the CAMHS team.

Siblings of young people with learning disabilities, autism spectrum disorder and/or mental health problems are provided with clear information in an appropriate format.

The service provides young people and their parents or carers with service information that is culturally relevant and sensitive to protected characteristics. For example, images used in posters and leaflets fully reflect the cultural diversity of the community.

Information designed for young people and parents/carers is written with the participation of young people and parents/carers. For example, including quotations or narratives reflecting the real experiences of the young people and parents who have used the service.

6.2 Staff follow clear procedures for gaining valid consent to treatment.

Assessments of young people's capacity (and competency for young people under the age of 16), to consent to care and treatment are performed in accordance with current legislation.

Where young people are able to give consent, their consent to the proposed treatment or intervention is sought by the practitioner carrying out the treatment and the agreement or refusal is recorded in their notes. This is done each time there is a change in treatment.

Where young people are not able to give consent (due to age or capacity), their views are ascertained as far as possible and taken into account, and the legal basis for giving the proposed treatment or intervention is recorded, for example:

- Consent from someone with parental responsibility is obtained and recorded; or,
- Treatment in the young person's best interest is given in accordance with the Capacity and Self-Determination (Jersey) Law 2016.

Staff must be clear on who holds parental responsibility.

Where parental responsibility is held by a third party, young people and their parents/carers are informed about the procedures for obtaining consent.

Parental responsibility is be shared with others if the young person is subject to a care order (where the local authority has parental responsibility) or a residence order (in which case the person(s) named in the order will have parental responsibility).

6.3 Young people and their parents are well-informed about confidentiality and their rights to access information held about them.

Confidentiality and its limits are explained to the young person and parent/carer on admission, both verbally and in writing. The young person's preferences for sharing information with third parties are respected and reviewed regularly.

Young people are asked if they and their parent/carers wish to have copies of correspondence about their health and treatment.

The team knows how to respond to parents/carers when the young person does not consent to their involvement.

Standard 7: Children and young people's rights are upheld, and they are safeguarded at all times.

What this means to children and young people and their families:

Children and young people are treated with dignity and respect and are protected from harm through clear safeguarding practices. An open, transparent, and safe working environment is clear in all settings that children and young people use.

7.1 Young people and parents/carers are treated with dignity and respect.

Young people and parents/carers feel welcomed by staff members when attending the team base for their appointments.

Staff members introduce themselves to young people and address them using their preferred name and correct pronouns.

Staff members treat young people and parents/carers with compassion, dignity, and respect.

Young people and parents/carers feel listened to and understood by staff members.

Young people are offered the opportunity to see a staff member on their own without other staff or family present. This is recorded in case records.

The service uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The young person's relatives are not used in this role unless there are exceptional circumstances.

Exceptional circumstances might include crisis situations where it is not possible to get an interpreter at short notice.

7.2 Young people are protected from abuse through clear safeguarding policies and procedures.

Staff act in accordance with current child protection protocols (e.g., the procedures of the Safeguarding Partnership Board).

The organisation has a named professional responsible for child protection. This may include the safeguarding lead or the organisation's child protection lead.

Young people who may be at risk of harm are referred to the appropriate team within children's services.

Referrals which are made by telephone are followed up. Young people are reassured that any disclosure of abuse is taken seriously and are informed about the next steps.

If a safeguarding referral is made to MASH and no response is received within 24 hours, there are procedures in place for escalation via the identified safeguarding lead.

The specific safeguarding needs of young people who are Looked After are responded to through policies, procedures and practice that are designed to protect them.

This includes those under kinship care or guardians, foster care or under children's social services. The procedures involve staff participating in child protection strategy meetings and looked after reviews as required.

The team records which young people are responsible for the care of children and vulnerable adults and takes appropriate safeguarding action when necessary.

Where a young person is identified as a young carer, the service is able to signpost to specific young carer support for the young person. This may be a statutory young carers group through Health and Community Services.

7.3 Children and young people and others are supported to speak up when things are not right.

Children and young people know who can support them to raise a concern.

Complaints are dealt with in line with clear procedures and investigated by someone who is not involved in the complaint.

Children and young people are provided with information to enable them to contact helpline services such Childline and NSPCC and local organisations such as the Multiagency Safeguarding Hub (MASH), the Office of the Children's Commissioner and the Jersey Care Commission.

Standard 8: There is excellent transfer of care between services or after service.

What this means to children and young people and their families:

When children and young people leave the service, this is well managed with other services put in place around them as appropriate.

8.1 Leaving the service.

A discharge letter is sent to the young person and all relevant parties (with the young person's consent) within 10 days of discharge. The letter includes the plan for:

- On-going care in the community/aftercare arrangements
- Crisis and contingency arrangements including details of who to contact
- Medication, including monitoring arrangements
- Details of when, where and who follows up with the young person as appropriate.

When young people are transferred between community services there is a handover which ensures that the new team have an up-to-date care plan and risk assessment.

Teams provide support to young people when their care is being transferred to another community team, or back to the care of their GP.

The team makes sure that young people who are discharged from hospital are followed up within three days.

This may be in coordination with the Home Treatment or Crisis Resolution Team.

For young people who are Looked After, arrangements for their continuing care are planned in conjunction with the relevant Children's Services.

Having left the service, young people can re-access the service if needed, within agreed timeframes.

There may be exceptions where young people require a generic assessment and where it may be appropriate to follow the initial referral pathway.

If young people are placed off Island, there are agreements for mental health care to be transferred once they return to the Island.

For example, young people placed out of area for educational provision may require mental health support during holidays and are able to re-access care when they return to the local area without needing to be re-referred. If the young person moves off Island and is being transferred to a new service, the responsibility is held with their current service until they are accepted and receive their first assessment.

8.2 Transfer to inpatient care.

There are clear procedures for staff to follow in situations when inpatient beds are required but are not immediately available within the relevant service.

This includes a policy in relation to emergency support options and the use of inpatient beds off island.

When a young person is admitted to inpatient care, a community team representative attends and contributes to ward rounds and discharge planning.

This may be in person or via teleconferencing facilities.

8.3 Transfer to adult mental health services.

There is active collaboration between CAMHS and Working Age Adult Services for young people who are approaching the age for transfer between services. This starts at least six months before the date of transfer.

CAMHS have a named link person who liaises between services around transitions, who is responsible for leadership around transitions and monitors the quality of transition process.

Where young people reaching the upper age limit of the service are not referred to adult mental health services, but access adult services at a later date, the CAMHS (including learning disability services) provide liaison to the adult service, if needed and with consent.

When young people are referred to adult services, a joint transition meeting is organised between CAMHS and the adult team to ensure a comprehensive handover can take place.

Standard 9: Multi-Agency working is encouraged at every opportunity.

What this means to children and young people and their families:

Staff working with children and young people regularly liaise and work with other types of practitioners, such as GPs, School Health services, to get the best possible understanding of needs as well as the broad range of intervention pathways available to support families.

9.1 The service has identified links within a range of services and agencies, including:

- Local GP surgeries or primary care
- Paediatrics, development centres and other health services for children and young people, including neurological services where appropriate
- Education, education support services and school health services, including community paediatricians and school or college nurses
- Specialist education provisions

Organisations which offer:

- Housing support
- Support with finances, benefits, and debt management
- Social services

The team supports young people to access:

- Advocacy
- Housing support
- Support with finances, benefits, and debt management
- Social services
- Forensic mental health services
- Youth justice service
- Young people's drug and alcohol teams or substance misuse services
- Dietetics
- Community-based services which provide art or creative therapies

9.2 The service has clear links and pathways with other agencies.

Documented inter-agency agreements clearly state the roles and responsibilities allocated to each organisation, and the names of responsible contacts. This follows the service specification. There are locally agreed health-based places of safety that are designed for young people with appropriate staffing levels and safeguards.

The team follows a joint working protocol or care pathway with the Home Treatment or Crisis Resolution Team in services that have access to one. This includes joint care reviews and jointly organising admissions to hospital for young people in crisis.

The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity, harassment or violence and advice for young people in mental health crisis.

The service or organisation has a care pathway for the care of young people in the perinatal period (pregnancy and 12 months post-partum) that includes:

- Assessment
- Care and treatment (particularly relating to prescribing psychotropic medication)
- Referral to a specialist perinatal team or unit unless there is a specific reason not to do so.

Young people can access help from mental health services 24 hours a day, seven days a week.

Out of hours, may involve crisis, home treatment teams, psychiatric liaison teams.

9.3 Staff engage in activities and initiatives to improve joint-working and liaison.

There is regular liaison between CAMHS and representatives from all other agencies involved in the young person's care, and this is documented in the clinical notes.

CAMHS offer consultation and training to partner agencies. For example, by appointing link persons to work with education, social services, drug and alcohol teams, and primary healthcare.

Joint working is facilitated through flexible initiatives such as secondments, rotational posts, split posts, and opportunities for job shadowing across organisations.

Standard 10: Staffing levels are appropriate, and staff are well trained and supported.

What this means to children and young people and their families:

All staff have been carefully selected and recruited to offer the best quality care for children and young people, and there are sufficient staff in place to deliver this.

Staff have received appropriate opportunities for training and development to provide the best possible support in line with best practice.

10.1 There are appropriate numbers of skilled staff.

There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the service.

The service has a mechanism for responding to low or unsafe staffing levels, when they fall below minimum agreed levels, including:

- A method for the team to report concerns about staffing levels
- Access to additional staff members
- An agreed contingency plan, such as the minor and temporary reduction of non-essential services.

When a staff member is on leave, the team puts a plan in place to provide adequate cover for the young people who are allocated to that staff member.

There is an identified senior clinician available at all times, who can attend the team base within an hour. Video consultation may be used in exceptional circumstances.

There may be an agreement with a local GP to provide this medical cover.

Administrative support or procedures are in place to enable staff to support the effective running of the service.

All staff have clearly defined job descriptions and job plans which are revised at least annually.

The team includes a peer support worker who can share knowledge, experiences, and support to those currently accessing the service.

This might include providing accounts of their experiences to new young people and parents/carers through a support group or documentation.

Managers must have a management and leadership qualification (Level 5) or must have a plan to obtain one within a three-year period of becoming registered as a manager.

The service has a staffing policy which includes:

- The number and skill mix of the staff team required to enable the service to function appropriately
- The number of students able to be supported in the service at any one time
- Start and finish times where appropriate and number of hours worked per week
- Arrangements for managing a duty and support system with day-to-day decision making
- Arrangements for contacting management, senior staff or on call support if necessary
- The delivery of an out of hours service in respect of ensuring an appropriate skill mix and the availability of management support
- Specification that staff are not required to work outside of the scope of their profession, competence, or job description, and that students, trainees and volunteers are not included in staffing numbers.

10.2 The service takes steps to ensure that staff are sufficiently qualified to fulfil their roles.

New staff members, including bank staff, receive an induction based on an agreed list of core competencies.

This includes arrangements for shadowing colleagues on the team; jointly working with a more experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met.

There is an appropriate induction policy which includes understanding the local context, introduction to relevant professionals, shadowing of more experienced colleagues and receiving enhanced supervision until core competencies have been met.

All staff (including volunteers) who come into contact with young people or who have access to information about them undergo a Disclosure and Barring Service (DBS) check before their appointment is offered. Ongoing monitoring of this is carried out at least once every three years, in line with national guidance.

Appropriately experienced young person or parent/carer representatives are involved in the interview process for recruiting staff members. These representatives have experience of the relevant service.

There is a comprehensive application process which allows an organisation to obtain a common set of core data about applicants.

Application forms must request:

- Full employment history
- Academic and/or vocational qualifications relevant to the position
- Declaration of any disciplinary or grievance procedures
- Details of registration with regulatory bodies
- Declaration of unspent and/or spent convictions
- Declaration of any relationships with existing employees.

Recruitment packs provided to applicants contain:

- Application form and explanatory notes
- Job description and person specification
- Terms and conditions of the post
- Information about the employer, recruitment process and policies such as equal opportunities and safe recruitment to include the recruitment of ex-offenders
- An explicit statement about the organisation's commitment to safeguarding and promoting the welfare of the people it provides support to.

There is a clear, values-based process for the assessment of applicants. This specifies:

- The necessary training required for members of the interview panel
- That the assessment criteria match the person specification
- That the questions are values and competency based and prepared ahead of the interview.

10.3 Staff are regularly appraised and supervised and know how to gain additional support when needed.

All staff members receive an annual appraisal and personal development planning (or equivalent).

This contains clear objectives and identifies development needs and are recorded on a designated form. Clinical staff appraisals consider the use of 360-degree feedback including from people who access the service.

All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body.

Supervision is profession specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.

All staff members receive line management supervision at least monthly.

Staff members are able to access reflective practice groups at least every six weeks where teams can meet to think about team dynamics and develop their clinical practice.

Legal advice is available to staff on issues such as information sharing, confidentiality, consent, rights and child protection.

For example, staff have access to a solicitor on the children's panel who is familiar with the service and can offer up-to-date legal advice.

There are measures in place to ensure staff are as safe as possible when conducting home visits. These include:

- Having a lone working policy in place
- Conducting a risk assessment
- Identifying control measures that prevent or reduce any risks identified.

There is an assessment process to identify any additional support that may be required to meet the physical and mental health needs of staff.

The service has disciplinary and grievance procedures in line with local legislation. This specifies that where concerns or allegations about a worker's fitness to practise or harm to a care receiver occurs, the employer has a duty to notify the relevant bodies and the Jersey Care Commission.

10.4 Staff members are supported by management.

The service actively supports staff health and well-being.

For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, ensuring that staff can take regular breaks, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports, and taking action where needed.

Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.

When mistakes are made in care this is discussed with the young person themselves and their parent/carer, in line with the Duty of Candour agreement.

Staff members, young people and parents/carers who are affected by a serious incident are offered post incident support. This includes attention to physical and emotional wellbeing of the people involved and post-incident reflection and learning review.

Lessons learned from untoward incidents and complaints are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.

A list of incidents which require notification to the Commission is provided in Appendix 4.

Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing.

10.5 Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:

A list of statutory and mandatory training is included in Appendix 3.

Registered managers ensure they are aware of statutory training requirements in relation to local legislation including, but not limited to:

- Children (Jersey) Law 2002
- Capacity and Self Determination (Jersey) Law 2016
- Data Protection (Jersey) Law 2018
- Fire Precautions (Designated Premises) (Jersey) Law 2012
- Fire Precautions (Jersey) Law 1977
- Health and Safety at Work (Jersey) Law 1989

Physical health assessment - this includes training in understanding physical health problems, understanding physical observations and when to refer the young person for specialist input.

Safeguarding vulnerable adults and children - This includes recognising and responding to the signs of abuse, exploitation, or neglect.

Risk assessment and risk management. This includes assessing and managing suicide risk and self-harm.

Recognising and communicating with young people with cognitive impairment or learning disabilities.

Training and associated supervision supports the development and application of skills and competencies required in role to deliver equitable care.

Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.

The service supports the training needs of the team including shared in-house multi-disciplinary team training, education, and practice development activities. This occurs in the service at least every three months.

Young people and parent/carer representatives are involved in delivering and developing training.

Training is available to all staff including volunteers.

Training, where appropriate, is accredited by a recognised body or organisation and includes relevant local legislation and guidance. Trainers or organisations who deliver training are able to demonstrate:

- Experience and knowledge in the subjects delivered (this may include professional qualifications)
- They have a recognised teaching qualification and/or have completed a train the trainer course in the subject being delivered and have evidence of Continuing Professional Development which demonstrates the ability to maintain an effective learning environment and deliver effective training which is based upon best practice and guidance
- Where possible, be externally quality assured

E-learning courses can be a useful part of a blended learning approach to training. The registered person ensures that local relevant legislation and guidance is covered during any training that is arranged for staff members. E-learning courses may support knowledge and understanding, however is not used as a substitute where practical skill development is required (i.e., First Aid, Safe Moving and Handling).

All training includes an assessment of learning.

Training update requirements are specified by the training provider and be based upon best practice and statutory requirements.

Evidence of training completed, and an assessment of learning and assessment of competency is kept in staff members' personnel files.

The registered person maintains a training database which is updated with all training booked, completed and due which is made available to the Jersey Care Commission upon request.

10.6 Staff work effectively as a team or network.

The team uses monthly business meetings to review progress against its own plan or strategy, which includes objectives and deadlines in line with the broader organisation's strategy.

Frontline staff are consulted on relevant management decisions such as developing and reviewing operational policies.

Managers ensure that policies, procedures, and guidelines are formatted, disseminated, and stored in ways that front-line staff members find accessible and easy to use.

A list of policies is provided in Appendix 2.

The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments, and reviews.

Referrals that are urgent or that the team feel do not require discussion can be allocated before the meeting.

10.7 All staff provide a good handover of information when leaving the organisation or when required to take periods of leave.

Registered Managers ensure that the service facilitate a good handover of cases and other work from the departing member of staff to another. This is also the case when a member of staff takes a period of leave. Children, young people, and their families should be notified well in advance of any changes of staff working with them and given the opportunity to meet new members of staff who will be working with them as part of the handover process.

Standard 11: The location, environment and facilities are clean, welcoming and of good quality.

What this means to children and young people and their families:

Locations are child friendly and promote children and young people's rights, privacy, and dignity, as well as that of their parents and carers. Families are in safe CAMHS buildings and facilities are excellent and monitored regularly.

11.1 CAMHS are accessible.

Everyone is able to access the service using public transport or transport provided by the service.

The environment complies with current legislation on accessible environments.

Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence.

The team offers appointments both in person and virtually, and patient preference is considered.

11.2 Environments in which CAMHS are delivered are managed so that the rights, privacy and dignity of young people and their parents/carers are respected.

The service environment is clean, comfortable, and welcoming.

CAMHS practitioners have access to large and small rooms suitable for individual and family consultations.

Clinical rooms are private, and conversations cannot be easily over-heard.

Waiting areas are sufficiently spacious and young person friendly.

Play and reading materials are age- and developmentally appropriate for the whole age range.

All patient information is kept in accordance with current legislation. This includes transfer of patient identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards, and having password protected computer access.

Staff members are easily identifiable (for example, by wearing appropriate identification).

11.3 CAMHS are delivered in safe environments.

If teams see young people at their team base, the entrances and exits are visibly monitored and/or access is restricted.

The team base is securely separated from adult services. There are separate areas and entrances for adult and CYP services, and access to CYP services is restricted.

An audit of environmental risk is conducted annually, and a risk management strategy is agreed. When consultation takes place in a new setting, staff carry out a risk assessment regarding the safety of the environment and its suitability for meeting the needs of the consultation.

Low-stimulation environments are available to meet the needs of young people who require them, including designated quiet areas. For example, waiting areas are kept tidy or materials can be easily put away; there is access to low stimulation areas for ‘quiet time’ if necessary.

It is acceptable that rooms can be multi-functional if necessary. Services need to have quieter spaces for young people with additional needs.

There is a system by which staff are able to raise an alarm if needed.

A collective response to alarm calls and fire drills is agreed before incidents occur. This is rehearsed at least annually.

Emergency medical resuscitation equipment (crash bag) is accessible as required by Trust or organisation guidelines, and is maintained and checked weekly, and after each use. The team know the location of the resuscitation equipment.

11.4 Staff have sufficient office facilities and IT systems.

Staff report they have sufficient space to complete administrative work.

Staff can access suitable space to make confidential phone calls.

There are sufficient IT resources (e.g., computer terminals) to provide all practitioners with easy access to key information, e.g., information about services, conditions, treatment, young people's records, clinical outcome, and service performance measurements.

Appendices

Appendix 1: List of records

Information and documents which must be made available at all times to the Jersey Care Commission, if applicable:

GENERAL REQUIREMENTS

- Statement of purpose
- Children's guide
- Policies and procedures
- Staff contingent
- Food records (menus and additional food prepared).
- Quality assurance and service reports
- Independent visitor monthly reports
- Feedback and complaints (including outcomes and actions taken)
- Insurance certificates
- Meeting agendas and minutes (staff, care receivers, relatives etc.)
- Visitor's register
- Recordings of all referrals, initial assessments, support plans etc
- A register of all people who use the care service which includes the following information where applicable:
    - Name, address and date of birth.
    - Name and address and telephone number of representative or next of kin or contact.
    - Name and address and telephone number of general practitioner
    - Date of commencement of services
    - Date and details of end of services
    - If the person has died at their home, the date, time, cause of death and the name of the medical practitioner who certified the cause of death.
    - If the person has been received into guardianship under the Mental Health (Jersey) Law 2016, the name, address and telephone number of the guardian, and the name, address and telephone number of any officer required to supervise the welfare of the person.
    - Name and address and telephone number of any agency or individual who arranged the care provision.

CARE RECEIVER RECORDS

- Assessments (including risk assessments)
- Referral information including care plans and assessments from health and social care professionals.
- Personal plans (care plans, risk management plans etc.)
- Medication records
- Communication sheets including visiting professional's entries
- Evaluation records and daily notes
- Written agreements or contracts
- Inventory of belongings on admission

- Behaviour Management Incidents register

STAFF RECORDS

- Application information
- Job descriptions or person specifications
- Interview records or candidate assessment
- Identification or social security registration information
- References
- Criminal records and barring lists checks
- Risk assessments
- Qualifications and training certificates
- File notes including any disciplinary or grievance information
- Competency assessments
- Supervision records
- Appraisal records
- Contract of employment
- Absence, sickness or leave

HEALTH AND SAFETY RECORDS

- Incident, accident, near miss reports and investigations
- Safeguarding alerts, investigation and reports
- Restrictive physical intervention records
- Risk assessments
- Fire drill and equipment testing (alarm, emergency lighting, extinguishers etc.)
- Equipment checks, testing and maintenance logs
- Water and surface temperature checks
- Hydrotherapy pool checks and maintenance (water, chemical, temperature etc.)
- Cleaning records
- Infection, prevention and control records (decontamination records, certificates etc.)
- CCTV and Electronic monitoring recordings

MEDICATION RECORDS

- Medicines requested and received
- Medicines prescribed
- Medications administered
- Medicines refused
- Medicines doses omitted
- Medicines doses delayed
- Medicines transferred
- Medicines disposed of
- Controlled drugs register
- Risk assessments
- Fridge and room temperatures (where medications are stored)

- Medication errors and incidents (incident reports, investigations and outcomes etc.)
- Copies of prescriptions and authorisation records
- Parameters for the use of ‘as required’ advised and authorised by health care professionals.
- Signatory list (Name, signature, and initials).

FINANCIAL RECORDS

- Detailed, certified annual accounts (not applicable to services operated by the States of Jersey)
- Scale of fees and additional charges (must be published)
- Individual fees charged
- A record of all money or other valuables deposited by a person for safe keeping or received on the person’s behalf specifying:
    - The date deposited or received
    - The date and sum of money or valuable returned
    - The sum used at the request of the person (must include receipts)

Appendix 2: List of Policies

Below is a list of policies and procedures associated with the Standards. It is not an exhaustive list, and some may not be appropriate to all settings:

Absence of the manager
Access to bedrooms
Access to personal files and other records
Accessibility
Accidents – reporting, recording and notification
Accounting and financial arrangements
Administration of finance (petty cash) and allowances
Admission and discharge or transition from the service
Alcohol, drugs, and misuse of substances
Anti-bullying
Assessment
Care practices
Child Sexual Exploitation
Children missing from care
Children and young people visiting friends
Children and young people's meetings
Clinical waste disposal
Clothing and personal requisites
Complaints and representations
Computer use, social media and internet safety
Confidentiality
Contact between children, young people, their family members and others
Countering racism and discrimination
Criminal Exploitation and gangs
E-Safety
Education and training
Employment of resident children and young people
Equality and diversity
Extra-curricular activities
Fire safety
First aid
Food Hygiene and nutrition
Gender, sexuality and personal relationships
Harassment
Health and safety
HIV and AIDS awareness
Holidays for children and young people
Implementation of placement plans
Independent visitor
Infection control
Information sharing
Inspections
Insurance
Intimate care

Involving children and young people in decisions making
Key working
Keys for children and young person's rooms
Leisure activities, sports, and other activities
Management of medicines
Management of records
Managing allegations
Managing behaviour, aggression, and violence
Menu planning
Mobile phones
Moving and handling
Night supervision
Notification of events
Occupational health arrangements
On-call arrangements
Permissible sanctions
Personal expenses allowances or pocket money
Personal possessions – security and insurance
Physical contact by staff with children and young people
Physical restraint
Placement planning and delegated authority
Placement plans
Preventing extremism and radicalisation
Privacy for children and young people
Promoting good health
Promoting social and life skills
Quality improvement
Recording and record keeping
Repairs and maintenance
Responding to allegations or suspicions of abuse
Reviews
Risk management
Safe and healthy working practices
Safe recruitment
Safeguarding
Searching children and young person's rooms or belongings
Security of and in the accommodation
Self-harm policy
Sleeping arrangements and bedtimes
Smoking
Spending one to one time with children
Staff absent from work
Staff contact with children and young people
Staff disciplinary and grievance procedures
Staff handovers
Staff induction
Staff meetings
Staff rotas, shift management and on-call arrangements
Staff supervision and appraisal
Staff training and development

Staffing the service
Transport, provision, and use
Visitors
Volunteers
Whistleblowing
Working with parents, family members and significant others
Young Person’s guide

Appendix 3: Minimum Statutory and Mandatory Training Requirements

Registered persons will identify mandatory training requirements based upon the needs of the children and young people who are cared for. This will be in line with the written Statement of Purpose.

Statutory and mandatory training (All care and support workers)		**Location, person, risk specific**
Health and Safety	Moving and Handling	Learning disabilities
Communication	Fire safety	Mental Health
Equality, diversity, and human rights	Emergency response	Capacity and Self Determination (age 16+)
Learning disabilities, mental health	Infection control	United Nations Convention on the Rights of the Child
Data Protection	Safeguarding	End of life care
Food Hygiene	Child development	Conflict resolution

Location or person or risk specific training requirements are dependent on the needs of the children and young people accommodated.

Whilst basic learning disabilities and mental health training is mandatory for all care and support workers in children's residential settings (and covered in the Care Certificate), additional specialised training is required for care and support workers who directly care or support children and young people with learning disabilities and/or mental health issues or end of life care.

This additional training should be at the appropriate level identified through local or national guidance (e.g., Gold Standards Framework, Skills for Health Core Skills Education and Training Frameworks).

Appendix 4: Notifiable Events

Regulation 21 (Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018) requires that a registered person must notify the Jersey Care Commission of such accidents or other events that have posed or may pose a risk of harm to care receivers as the Commission may specify in such manner as the Commission may specify.

Below is a list of events or occurrences which will require notification (this list is not exhaustive). The term incident is used to refer to incidents, accidents and near misses.

- Any incident or accident where harm has occurred
- A child being the victim or perpetrator of a serious assault
- An incident of self-harm where professional medical treatment has been sought
- Serious concerns over a child's missing behaviour
- Events that stop a service running safely or properly- e.g- damage to premises, fire, safety equipment, theft, burglary
- Safeguarding/child protection referrals/concerns
- Unauthorised absence (missing)
- Placement of a child looked after off island
- Notifiable Infectious Diseases
- Admissions and discharge to children's homes
- Referral of employee/volunteer to police or Regulatory Body
- Restrictive physical intervention
- An incident requiring police involvement
- A child/Young person who is suspected or known to be involved in or subject to sexual/criminal exploitation
- Authorisation of Significant Restriction of Liberty
- Death

Notification of Incidents Form

Regulation 21: Notification of incidents, accidents, and other events.

Please complete the form below and email to: notifications@carecommission.je within 2 working days of the incident.

Information about the Registered Care Service			
Registered Provider: (Name and Address)	Registered Manager: (Name and Address)	Location of incident: (Address)	
Information about the person(s) affected by the incident			
Name:	Address	Telephone: Email:	
Care receiver ☐	Care/support worker ☐	Volunteer ☐	Other ☐ (please state)
Information about the incident			
Date of incident:	Time of incident:	Location of incident:	
Description of the incident:			
Were there any witnesses to the incident? If yes provide names and contact details:			
Was the person injured? If so describe the injury:			
Was medical treatment provided? Please state where and who by:			
Has any action been taken following incident: (if an investigation is taking place, please state so and send report when complete)			
Name and role of person submitting notification:			
Signature:	Date completed:		

Notification of Death

Regulation 21: Notification of incidents, accidents, and other events.

Please complete the form below and email to: notifications@carecommission.je within 2 working days of the death.

Information about the Registered Care Service		
Registered Provider: (Name and Address)	Registered Manager: (Name)	
Information about the person		
Name:	Date of birth:	Age:
Date of admission:	Date of death:	Time of death:
Was the death expected? Yes/No	Circumstances of death:	
Place of death:		
Where death occurred in hospital, date of admission:		
Name and role of person submitting notification of death:		
Signature:	Date completed:	

Appendix 5: Definitions

NOTE – not all of these definitions have been referred to in the standard above, but they are a consistent set that apply to all Standards.

Adopted child is a child or young person who has been legally made the son or daughter of someone other than their biological parent.

Adopter is a person who takes on the legal responsibilities of a parent of a child or young person which is not the person's biological child.

Adoption Panel is an independent panel that makes a recommendation to the Agency decision Maker regarding applications to become adopters. The panel also makes recommendations regarding to permanence decisions for children and young people.

Adult Community Mental Health Team is the point of entry for all individuals referred into adult mental health services. The service is for clients aged 16-65

Agency Decision Maker (ADM) is the person who makes the decisions as to whether the proposed care plan for adoption, early permanence and foster to adopt and permanent fostering is the right decision for the child or young person. They also approve prospective adopters.

Article 42 Assessment is led by Children's social care where a child protection enquiry has been raised suggesting that a child or young person may have experienced or is at risk of experiencing significant harm.

Caldicott Principles are that all use of confidential information is lawful. All those handling confidential information are responsible for ensuring that their use of and access to that information complies with legal requirements set out in statute and under the common law.

CAMHS is the service known as Child and Adolescent Mental Health Service and relates to community mental health services.

Care leaver is an individual aged 16 years up to (but not including) the age of 25 years who has been looked after by the Minister for a minimum period of 13 weeks, whether in aggregate or consecutively, from the age of 14 up to (but not including) the age of 18 years; or an individual who is of such description as the Minister may by Order specify, and who at any time before the age of 18 years was looked after by the Minister but ceased to be so looked after before that age.

Care Plan is a document that details the permanence plan for the child or young person alongside how their overall needs are met.

Care or support worker relates to any person employed, volunteering or on work placement including health or social care professionals who provide care or support to people receiving care services which are registered under the Regulation of Care (Jersey) 2014 Law.

Child Contact Centre is defined as a service providing premises for facilitating contact between a child and any of the following persons who do not live with that child:

(a) the child's mother or father
(b) a relative (as defined by the Children Law), or
(c) a friend.

Child for the purposes of these Standards, a child is differentiated from a young person and is defined as a person aged 0-14 years.

Child Permanence Report (CPR) is a report that details a child or young person's journey from birth to a decision regarding permanence. The CPR includes the reason why a child or young person was permanently removed from their birth parents as well as background information about their parents.

Connected person foster carer is defined as "A relative, friend or other person connected with a child. The latter is someone who would not fit the term 'relative or friend', but who has a pre-existing relationship with the child.

Core Group is a Core Group of key practitioners and family members. The meeting is normally chaired by a Team Manager and the role of the group is to develop the outline plan made at the end of a child protection conference.

Delegated Authority is a mechanism where certain day-to-day decision making can be given to foster carers to ensure that they can meet the immediate needs of children and young people in their care. The delegated authority is given by those who hold parental responsibility for the child or young person and is contained in a written document.

Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

Disruption Meeting is convened for a child whose long-term fostering home or residential home ends abruptly or on an unplanned basis.

Duty of Candour relates to the registered person's responsibility to tell the person (or, where appropriate, their advocate, carer or family) when something has gone wrong. apologise to the person (or, where appropriate, their advocate, carer or family) offer an appropriate remedy or support to put matters right (if possible)

Feedback is the Government of Jersey's on-line portal for making compliments, complaints, comments and suggestions about government services children, young people and adult's access.

Foster carer agreement is the written agreement made between the foster carer and the fostering service when they are approved. It sets out the fostering service's expectations of the foster carer and what support and training the foster carer can expect.

Foster carer is a person who provides a home environment for a child or young person whether on a short-term or long-term basis.

Fostering Panel is a meeting held to consider an applicant's: request to become a foster carer or, continued approval after their first year of fostering, or where there are practice issues or, de-registration if there are concerns about their practice.

Freeing Order is an order that discharges parental responsibility from birth parents or those holding parental responsibility and is granted by the Royal Court of Jersey as part of care proceedings.

Hague Convention on intercounty adoption provides safeguards for children and families involved in adoptions between participating countries and also works to prevent the abduction, sale, or trafficking of children.

Health or social care professional is a person who registered with a professional regulatory body in the United Kingdom and where required is registered under the Health Care (Registration) (Jersey) Law 1995 (e.g., nurse, social worker or doctor).

Health Assessment is completed by a suitably qualified medical professional or health practitioner and outlines the health needs of a child or young person in the care of the Minister. The health assessment forms part of the care plan for a looked after child. Additionally, the plan outlines any health service, medication, advice, or support that may be required to ensure that the child or young person experiences good health, including good emotional health.

Independent Reviewing Officer a social worker who has sufficient relevant social work experience with children and families to perform the functions of an independent reviewing officer in an independent manner and having regard to the best interests of children in care. The independent reviewing officers chair child protection conferences, children looked after reviews, provide independent oversight and scrutiny of wellbeing plans, and (in regard to care leavers), the Pathway Plan. The independent reviewing officer holds oversight and progress of the plan and provides support and challenge to children's social care and other services supporting the child, young person and their family.

Initial Child Protection Conference is an initial child protection conference (ICPC). It is a meeting that is held when agencies believe that a child may be at risk of significant harm or if a child has suffered significant harm. The aim of the conference is for the family and professionals to meet and share information with each other about the risks and the strengths. They will then consider and decide, with the family and where appropriate the children and young people, what will ensure the safety and wellbeing of the children and young people where these concerns exist.

Intercountry adoption recognizes that intercountry adoption may offer the advantage of a permanent family to a child for whom a suitable family cannot be found in his or her state of origin

Intermediary Service specialist service that's provided by a registered Adoption Agency who can make an approach to a birth relative to let them know of your interest in making contact.

Jersey Designated Officer (JDO) is the person who is notified when it has been alleged that a professional, volunteer or prospective adopter who works with or cares for children is suspected of causing harm to a child or young person.

JFCAS is the Jersey Family Court Advisory Service

Looked After Child A child or young person under the age of 18 years of age who is in the care of the Minister, through being in need of care and protection and through an interim care order or care order issued by the court under Article 24 or 30, or through a voluntary arrangement with the child or young person's parent under Article 17 of the Children (Jersey) Law 2002 or a child who has been or authorised as being placed with prospective adopters under Article 17.

NACCC is the National Association of Child Contact Centres Child Contact Centres - NACCC

Nursing care means services that by reason of their nature and circumstances, including the need for clinical judgement, should be provided by a nurse including:

Panel Advisor provides advise to the adoption and permanence panel or the fostering panel regarding procedural matters and in relation to application to become approved adopters, to foster or for existing carers at their review stage.

Parental responsibility means those who have legal responsibility for a Child and who are entitled to receive relevant information concerning the Child whether or not they are the parent unless a court order has been made to the contrary.

Pathway Plan The pathway plan is a wellbeing plan that is completed with children and young people after their 16th birthday where they are eligible for a leaving care service. This plan replaces the care plan, outlining the young person's current circumstances and planning for the time when they leave care, outlining their goals and aspirations and what advice and support is required to ensure children and young people reach their potential.

Permanence Plan This is a plan that is considered where children are in the care of the Minister. A permanency plan considers the types of arrangements that can be considered for children and young people. This includes a potential return to parents, the child or young person being cared for by connected persons or extended family, the child or young person being adopted, living in foster care with an identified family or within a children's home. Permanence plans always consider long term planning arrangements to allow children and young people to build and maintain relationships and provide stability.

Personal advisor is a person who provides advice and support to young people who are care leavers from the age of 16 through to the age of 21, but potentially up to the age of (but not including) 25. Personal Advisor continue to support the young person alongside the social worker whilst the young person is in care or up to the age of 18.

Personal care means assistance in daily living that does not need to be provided by a nurse being: Practical assistance with personal tasks such as eating, washing, and dressing or prompting a person to perform daily tasks.

Personal Education Plans (PEP) are part of the statutory care plans for protected children and are a legal requirement. The Personal Education Plan reflects any existing education plans, such as an education or individual education plan.

Personal support includes supervision, guidance and other support in daily living that is provided as part of a support programme.

Placement Plan is a document that details how the needs the child or young person will be met and by whom in relation to their likes or dislikes, developmental needs, health, and arrangements in respect of contact with parents, birth family and significant others.

Preparing for adult transition plans are developed for young people with special educational needs or a disability regarding their transition from a teenager to being an adult, and from moving on from children's services to adult services.

Primary School means a school which provides full-time education to children compulsory school age who have not attained the age of 12 years.

Prospective adopter is a person who is intending to adopt a child or young person and is either undergoing the appropriate assessment process or is awaiting an appropriate match.

Prospective foster carer is a person who has been though the enquiry and initial training process and has lodged an application to become a foster carer with the fostering service.

Protected Placement is where the Royal Court has granted a freeing order and Parental Responsibility is passed to the Minister who discharges that power to Children and young people's Social Care Services.

Pupil premium is funding to improve education outcomes for disadvantaged pupils in schools in Jersey.

Reflective Supervision is the thought process where individuals consider their experiences to gain insights about their whole practice. Reflection supports individuals to continually improve the way they work or the quality of care they give to people.

Registered Person has legal responsibilities in relation to the role. A Registered Manager shares the legal responsibility for meeting the requirements of the relevant regulations and enactments with the provider.

Residential Family Centre is defined as a service providing premises for facilitating the assessment of parents' capacity to care for their children successfully and safely, in a residential setting.

Review Child Protection Conference is held after a child has been made subject to a Child Protection Plan at an Initial Child Protection Conference. The purpose of the Review Child Protection Conference is to review whether the child is continuing to suffer, or is likely to suffer, significant harm, and review progress against Child Protection Plan outcomes and to consider whether the Child Protection Plan should continue, be updated or end.

Safe Care Plans enable foster carers to demonstrate how they propose to make their home as safe as is reasonably practical, both emotionally and physically, for both the carer and their family, and for any child placed. The Safe Care Plan provides a 'map' of family routines and rules.

School means any institution providing full or part-time education.

Secondary school means a school which provides full-time education suitable to children who have attained the age of 12 years.

Social care includes all forms of personal care, practical assistance, personal support, assessment of need and safeguarding from harm.

Social worker relates to a professional with a designated social work qualification who is registered both with Social Work England (SWE) and the Jersey Care Commission ('the Commission').

Special educational needs, special educational provision and special school should each be defined in accordance with Article 4 of the Education (Jersey) Law 1999.

Staying put arrangements is where a young person who has been living in foster care remains in the former foster home after the age of 18.

Stepparent adoption is an adoption where a married couple adopts their spouse's own child born during a previous relationship.

Strategy Discussion. This is a strategy discussion and is also sometimes called a strategy meeting. It takes place between a social worker and other agencies when they are worried a child may be suffering significant harm or if they suspect a child is likely to suffer significant harm.

Supervised contact is used when it has been determined that a child has suffered or is at risk of suffering harm during contact. Referrals are usually made by a Court, JFCAS Officer, Health Visitor or Social Worker. Children always remain within sight and sound of staff (unless otherwise previously agreed), reports are written, and direct observations are made.

Supervising Social Worker has the same qualification registration requirements of a social worker; however, their principal role is to ensure that children and young people are safeguarded whilst in a protected placement and that foster carers are supported and trained to provide the high level of care children and young people require.

Support worker relates to any person employed, volunteering or on work placement including health or social care professionals who provide care or support to children receiving care services which are registered under the Regulation of Care (Jersey) Law 2014.

Supported contact is suitable for families where no significant risk to the child or others has been identified. It can be offered in various community locations and is run by trained and checked out volunteers who give everyone a warm welcome and to

make the visit as beneficial and enjoyable as possible for the children and the adults. They can also support with handover arrangements.

Training, Support and Development Standards provide a national minimum benchmark that set out what all foster carers should know, understand and be able to do within the first 12 months of approval.

Young person for the purposes of these Standards, a young person is differentiated from a child and is defined as a person aged between 14 and 25 years.

These standards have been developed in partnership with the Royal College of Psychiatrists and are based on the Quality Network for Community CAMHS standards.