



**Jersey Care Commission**  
**Care Standards**  
**Children's Homes**

**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.

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

Specifically, these Standards apply to all providers of children's homes, registered under the Regulation of Care (Jersey) 2014 Law, which includes care homes, secure accommodation and residential settings for short breaks in which children and young people live or stay and receive personal support, personal care, or nursing care.

## 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 and 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 accommodation 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 are 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 is provided to the Jersey Care Commission and 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 There is a children and young peoples' guide.**

This is produced in a format which meets children and young people's communication needs and includes information about:

- The service details, including aims and objectives, and how it supports children and young people
- Management arrangements
- What to expect from the service
- The role of the registered manager, key workers, staff, and others
- Children, young people and families' rights and ways to get involved
- The expectations of children and young people and staff members' behaviour and respectfulness
- Procedures for absences or when children and young people go missing from the service
- Any limits or restrictions to the service
- Information about how to stop or change the service
- How alternative arrangements are made if for any reason the provider is unable to deliver the services agreed

- Where specialist care is provided the qualifications of the care and support workers is specified
- Information about the service's policies and procedures
- How and in what circumstances information is shared
- Advocacy, how children and young people have contact with advocacy and what it means
- How to make a complaint and the support available to do so
- The roles and contact details of organisations including the Jersey Care Commission and the Office of the Children's Commissioner

The service ensures that children and young people receiving support from the service receive a copy of the Guide at the start of the service. The service ensures that the contents of the Guide are explained to children and young people receiving support from the service.

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.

### **1.3 Parents have access to written information about the service.**

This information provided enables them to understand the purpose of the service. It explains what is expected of parents and what they can expect of the service. The information enables parents to understand how they and their children are kept safe.

The information informs them of any observations that are made, how these are made and how these are shared.

Parents are made aware of how they can access policies and procedures.

A list of policies is provided in [Appendix 2](#).

The information provided includes (where applicable):

- The service's location and contact details
- Opening times (or arrangements where there are not set times)
- Information about the premises and the services being provided
- House rules for all service users (both parents and children)
- Policy and procedures for the disclosure of information
- Evaluation forms
- Compliments & complaints procedures
- Safeguarding information.

A list of records to be maintained and made available to the Commission is provided in [Appendix 1](#).

**1.4 There is a written agreement which states how the service is provided to meet the needs of the person receiving care.**

People who receive care or their representative are fully involved in the development of the care plan which includes:

- The date the agreement was made
- When the service starts
- How and when the service is provided
- Terms and conditions of service
- Information about how to change or end the service

The person receiving care (this could be the child and young person or the adult dependent on the child's age and capacity), receive a copy of the signed agreement and can ask for a review of the agreement at any time.

**1.5 Policies and procedures are 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 or learning events

A list of policies and guidance relating to notifications to the Commission is provided in [Appendix 4](#).

**1.6 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.

### **1.7 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 as 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.

### **1.8 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 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.

### **1.9 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 There are systems for identifying escalating risks to service provision and management structures in place to effectively respond to identified risks.**

There are policies and procedures in place to prevent, identify, manage, and review adverse incidents to prevent reoccurrence and assure learning across the service.

There is a workforce strategy that clarifies structure, function, roles, and responsibilities of care and support workers. Each staff member is fully aware of, supported and trained to fulfil their responsibilities within the governance arrangements. There are effective human resource policies and procedures in place to ensure the workforce planning, skill mix, recruitment, training, supervision, and development opportunities to deliver the service in compliance with legislation, standards, and guidance.

There are systems and processes in place to ensure that urgent communications, safety alerts and notices, standards and good practice guidance are made across the service in a timely manner.

There are planned responses to a range of foreseeable crises (e.g., outbreaks of illness, fires, utilities outages, serious allegations, significant accidents, staffing shortages, and control problems within or outside any accommodation).

#### **2.4 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

Managers possess a recognised management and leadership qualification or have a plan to obtain one within a three-year period of becoming registered as a manager.

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 ensures that good quality supervision and annual appraisal arrangements are in place and that staff and team meetings are regular, sufficient, and well-organised.

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

#### **2.5 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
- Staff, including volunteers
- Local community groups and partner agencies

Services are developed in partnership with appropriately experienced young people and parents or 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.

## **2.6 Managers ensure that there are sufficient staff to support children and young people in the service.**

There are enough staff deployed to deliver the statutory requirements of the service. Staff maintain good quality, trusting relationships with the child or young person and their family. Where possible, there are permanent staff, and use of agency staff is limited.

Managers regularly review workforce numbers to ensure children and young people's needs are being met and that work-life balance for staff is achieved. Numbers of children's home residents are based on good practice, are manageable and not excessive. Where there are difficulties maintaining the workforce required, managers feed information to senior managers for consideration and action.

## **2.7 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.

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

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.

## **2.9 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.

## **2.10 Managers can evidence that regular critically reflective supervision is taking place with all staff which is recorded and is outlined in contracts.**

Managers and staff ensure that supervision takes place at least every four weeks. This includes discussions of support and work being undertaken with children, young people, and their families.

There is evidence in the records of managers and their staff using a reflective model of supervision.

## **2.11 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.

**2.12 Managers keep up to date with best practice research findings and procedure changes and make sure that these are shared with staff, with an expectation that they do the same.**

Managers work closely with colleagues in workforce development and with senior managers as part of their learning and development.

There are opportunities to ensure continued professional development and to consider and draw on research findings.

Evidence of best practice is shared across the staff team, procedural changes are driven by research findings and evidenced in casework decisions.

**2.13 Managers ensure that the work demands are matched to the skills and abilities of staff members, and staff capacity and capabilities is defined and managed fairly.**

Managers consider the skills, abilities, and experiences of all team members, this is reviewed regularly. This oversight allows for improved safeguarding of children and young people and families, ensuring the right support is available at the right time.

**2.14 Good levels of communication are evident within the staff group, and all staff are informed of important matters affecting their work.**

There is regular use of briefings and team meetings. Minutes reflect key issues, themes and learning and there is evidence of discussions and any actions required as a result. Team meetings are properly set up, chaired, have formal agendas and the minutes are recorded and shared.

**2.15 Managers cultivate a staff group atmosphere that is mutually supportive and respectful, and a home 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 care is safe and manageable, and is in keeping with the skills, experiences, and knowledge base of each staff member.

**2.16 Staff working in the service proactively seek advice and guidance and escalate issues and concerns to senior managers in a timely manner.**

Where staff or managers require professional or legal advice, or where there is a significant safeguarding issue, there is a clear process for asking for and receiving such advice.

Matters are escalated in a timely manner to senior managers for awareness, advice, guidance, and decision making. All such actions are recorded in children and young people's care records.

Senior leaders are aware of responses to safeguarding and issues affecting service users at a strategic level, including their role as corporate parent where a child or young person is in care.

**2.17 The service is managed and provided from sound and permanent premises which are suitable for the purpose of operating a service.**

The premises provide a safe working environment for staff and include the provision of private space for confidential meetings involving people who receive care and others.

The premises contain equipment and resources necessary for the efficient and effective management of the service.

The premises where clinical services are provided for children and young people provide an appropriate environment, including infection prevention and control measures.

**2.18 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.

The Jersey Care Commission is informed of any substantial or imminent risk to the viability of the service and provided with information as requested.

**2.19 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.

## **Standard 3: Staff are safely recruited and are 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.

Policies and procedures set out practical ways in which people who receive care or support can be meaningfully involved in each stage of the recruitment process. Organisations consider how they can positively work together with other bodies to ensure people who receive care or support are involved in recruitment.

### **3.2 There is a comprehensive application process which allows an organisation to obtain a common set of core data.**

These are outlined in the [Safe Recruitment Policy](#) on the Government of Jersey internal website for Government of Jersey services, or found in the registered organisations operational policies.

### **3.3 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 is able to demonstrate or have the potential to demonstrate

### **3.4 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.

### **3.5 There are clear and fair processes for the assessment of applicants.**

Organisations may have different screening processes for people seeking to be recruited, including exercises, simulation and role play based upon competencies which must be appropriate for the role being filled. However, a value-based approach is used to support identify candidates who are the 'best fit' for the role because their values, behaviours and attitudes have been assessed and matched against that of the role and the organisation.

Formal interviews allow the applicant to disclose any issues prior to employment checks and allow for explanation of any gaps in employment history. Interviewers need to be prepared to explore any issues disclosed.

Conditional offers of employment to successful candidates state the appointment is subject to:

- Verification of the candidate's identity and right to work in Jersey
- The receipt of satisfactory written and verified references

- Verification of qualifications and registration with professional or regulatory bodies
- Receipt of appropriate criminal records and barring lists checks – which must include the receipt of an Enhanced Disclosure and Barring Service (DBS) return.

Conditional offers of employment also request that the candidate must declare any new charges or convictions.

### **3.6 All safer recruitment employment checks are completed prior to staff (including volunteers) commencing employment.**

All staff must not have any contact with people who receive care or support or have access to their personal information or data prior to the completion of all necessary employment checks.

### **3.7 There are always enough competent, experienced staff to meet the needs of children and young people being supported by the service.**

The registered person ensures that the accommodation is staffed at all times at or above the minimum level specified in the Statement of Purpose. There are sufficient staff employed to cover absences due to annual leave, sickness, and study leave.

The overall number, competence, and deployment of care or support workers both as a group and on individual shifts can fulfil the accommodation's Statement of Purpose and meet the individual needs of all children and young people resident in the home.

There is a staffing policy which includes:

- The number of care and support workers required during the day (which may include different requirements for different circumstances)
- The number of care and support workers required during the night and whether they are required to be 'waking' or 'sleeping in'
- Duty rosters that include start and finish times
- Arrangements for adequate skill mix including health or social care professionals where appropriate and ensuring that 50% of care and support workers on duty at any time have completed a minimum Level 3 Diploma in Children's Residential Care (or equivalent)
- Arrangements for sickness or absence cover
- Arrangements for managing the care and support workers on duty and support with day-to-day decision making
- Arrangements for care and support workers to be present in the building or available during the day
- Arrangements for contacting senior care and support workers or on call support if necessary

The registered person ensures that the care and support workers required to work in the accommodation are allocated specifically to that location.

The registered person makes every effort to achieve continuity of staffing and ensure that the majority of care and support workers at the accommodation are permanent.

Students on practice placements, trainees and volunteers are not included in staffing numbers or requirements.

All care and support workers are at least 21 years old and at least 4 years older than the oldest young person accommodated (excluding students on placement).

The registered person ensures that at least 50% of care and support workers on duty at any time have completed a minimum Level 3 Diploma in Children's Residential Care (or equivalent).

Rotas have time scheduled to ensure that handovers, spending time with individual children and young people, visits, transportation, completion of records, planning and delivery of care occur without compromising the overall care of children and young people. Records of rotas are maintained for at least 2 years and made available to the Commission upon request.

There is always a care and support worker responsible for children and young people. Children and young people know who it is and how to contact them.

Children and young people are not given responsibility for other children or young people, nor given any responsibilities to compensate for any lack of care and support workers. Children and young people who are given responsibility for specific tasks are appropriately supervised.

Where the service provides nursing care to 5 or less children and young people, the registered person ensures that at all times a suitably qualified registered nurse is working at the accommodation or where it is sufficient to meet the nursing requirements of the children or young people are available on call.

Where children and young people's nursing needs are stable and predictable it is accepted that a registered nurse is not required to be on duty on the accommodation 24 hours per day. However, there will be the requirement for 24 hour on call nursing cover. The whole-time equivalent nursing requirement has been calculated based on 7.5 hours direct nursing per day, (assessing, planning, delivering, evaluating, supervising, and monitoring), the remaining 16.5 hours requiring on call provision plus an allowance for sickness, training, and holiday absence.

Suitably qualified registered nurses are required to be on duty at the accommodation 24 hours per day under the following conditions:

- Where children or young people's nursing needs are not stable or predictable
- Where children or young people's care needs require clinical judgement or decision making
- Where there are 6 or more children or young people with nursing care needs

Care and support workers do not work more than 48 hours per week (unless under extraordinary circumstances and on a short-term basis only).

Care and support workers work no more than 12 hours in a 24-hour period unless there is an overnight break. The registered person considers care and support workers additional employment, ensuring that care and support workers who work in other settings do not work more than 48 hours per week combined and do not work more than 12 hours in 24, unless there is an overnight break.

### **3.8 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 facilitates good handovers. This is also the case when a member of staff takes a period of leave. Children, young people and their families are 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.

### **3.9 All staff employed by the service are supported to complete a structured induction programme.**

The purpose of induction is to review individual competencies and set out a bespoke development plan. Development plans remain applicable during and after the probationary period in employment.

The induction period allows for relevant training and development, including familiarity and understanding of the service's policies, procedures, and any practice standards.

### **3.10 All staff complete statutory and mandatory training.**

Registered managers identify mandatory training requirements based upon the needs of the children and young people who are supported by the service. This is in line with the written Statement of Purpose.

A list of mandatory training is included in [Appendix 3](#). Training is available to all staff including volunteers.

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

### **3.11 All staff are given regular opportunities to discuss their role and identify any issues through formal supervision and appraisal.**

The purpose of supervision is to promote standardised, high quality, safe, and critically reflective practice by providing a channel for communication between manager or supervisor and staff member.

Supervision:

1. Is a formal discussion about the worker's performance against the standards they are expected to meet
2. Ensures the worker is clear about their roles and responsibilities
3. Is a two-way process where both supervisors and staff are responsible for raising issues where there is a need for discussion.
4. Identifies the worker's personal and professional development needs
5. Offers a source of support for the worker encouraging reflection on challenges and achievements
6. Encourages workers to share any issues or concerns and provides updates and clarity on decision making
7. Is carried out as appropriate to the requirements of the service. Supervision is comprehensively recorded on a designated form which is retained by the employer for reference.

Appraisals are intended to provide workers with a forum to discuss their capabilities, training needs and development plans in relation to the needs of the business. Appraisals are recorded on a designated form. They must be outcome based and the objectives must be SMART.

Appraisals are carried out at least annually.

### **3.12 There are clear and transparent disciplinary and grievance procedures.**

Organisations have adequate disciplinary and grievance policies in line with local legislation and best practice. Where concerns or allegations about a worker's fitness to practice or harm to a care receiver occurs, the employer has a duty to notify the relevant bodies and Jersey Care Commission.

## Standard 4: The service maintains comprehensive records.

### What this means to children and young people:

The records held by the service contribute to an understanding of a child or young person's life. These records can be accessed by care experienced adults when and if they wish to. The service maintains these records for every child or young person they work with.

The information in these records is written in a way which is easy to understand.

### 4.1 Recordings are child-centred, appropriate, and comprehensive.

All children and young people have records that include an accurate chronology, genogram (a picture of family relationships and medical history), plan and reviews with up-to-date recordings, case notes, visits and evidence of management oversight, reflective supervision and key decisions. A list of records is provided in [Appendix 1](#).

There is a written policy on case recording which establishes the purpose, format, and content of files, and clarifies what information is kept on the child or young person's files. The service ensures that all children and young people whom it supports, are provided with clear information relating to these matters in a format which they can understand.

Records clearly indicate when a child or young person has been spoken to and by whom, for example their allocated social worker may visit them or the Children Looked After Nurse may undertake a health assessment visit. The views, wishes, feelings and expectations of the child or young person are included throughout.

The child or young person's situation and their 'journey' remains the focus of the recordings.

Without deviation, all recordings about the child or young person and their family are respectful. Those making recordings are always mindful of difference and diversity in relation to educational attainment, class, communication needs, language, culture, gender, gender identity, sexual orientation, age, ethnicity, and disability. If interpreters, specialists, and communication aids have been employed, this is clearly recorded.

In respect of records which relate to information provided by family, friends or other professionals, the person's name, contact details, role and relationship with the child or young person is clearly recorded.

Recordings are clearly expressed and differentiate between fact and opinion. Where third-party information is recorded, its provenance is made clear.

Consideration is given to the possibility that the child or young person may seek to access their files, whether at the time that a recording is made, or in the future.

Children and young people are supported to and made aware of how they can access their records.

The service ensures that their carers can store information in a secure manner and understand what information they are expected to keep.

#### **4.2 Recordings are made in a timely manner.**

As a matter of principle and wherever possible, recordings are made immediately after an action or event has taken place. The timeliness of recordings is detailed in the procedures or operating manual for the service.

#### **4.3 Appropriate governance arrangements are in place in relation to recordings.**

There is regular and consistent management oversight of the service's operations. This includes case discussions, supervision, management decisions and authorisations. All episodes of management oversight are appropriately recorded, including any decisions and the associated rationale.

The service operates a written policy relating to the purpose and content of information which is retained on a child or young person.

The registered person ensures that the premises from which the service operates has facilities to secure the retention of records (in accordance with the Government of Jersey retention schedules) and appropriate IT safeguards.

#### **4.4 Recording reflects the complexity of the child's or young person's life and the interventions of key people in their life. Care records differentiate between observed fact, reported fact and interpretation, or opinion and include references to relevant research in the analysis.**

Staff understand the difference between observed fact, reported fact and interpretation or opinion and this is clearly indicated in a child or young person's records.

Records are free from jargon and are written in clear language, considering the rights of the child or young person and their families to request access to their records.

#### **4.5 Records indicate where interpreters, specialist workers or other tools and activities have been used to help communication.**

Basic information about language, religion or communication needs are included in children and young people's records. Any tools or activities used are clearly recorded. Where interpreters are required, consideration is given to consistency and confidentiality for children, young people and their families.

Consideration is given by the staff member if a communication assessment referral is made to the Speech and Language Therapy service.

**4.6 Children or young people's views are clearly identified in their record. The record includes what the child or young person has said in their own words and is confirmed with them.**

There is evidence of a range of tools being used to engage children, young people and families in sharing their views, wishes and feelings. These are clearly recorded and shared within the case notes. This includes uploading of any pieces of direct work complete by the child, examples include children and young people's own words pictures or drawings, feedback from the 'Mind of My Own' App and other means of consultation.

**4.7 Where other professionals or family and friends have provided information, the record reflects the person's name, contact number and who they are.**

Details of all people who provide information, including telephone numbers and their relationship to the child and family are recorded accurately.

## **Standard 5: The environment is nurturing and supportive with positive behaviour promoted throughout.**

### **What this means to children and young people:**

Children and young people are welcomed to where they will live or stay and supported to settle in with a gentle approach enabling them to feel safe and well cared for, in a warm, friendly homely setting run by supportive and suitably qualified staff.

#### **5.1 Children and young people are cared for in a nurturing environment that is supportive and welcoming by care and support workers who understand that it may be a distressing time.**

Children and young people are encouraged and supported to express and cope with their feelings about the placement and the circumstances surrounding it.

For all admissions, consideration is given to other children and young people already at the accommodation who are supported and introduced to the new child or young person.

Children and young people are not admitted under emergency circumstances or at short notice, unless this function is explicitly included in the Statement of Purpose. Where such admissions are included in the Statement of Purpose they only occur in exceptional circumstances and are not the normal way that children and young people are admitted to the accommodation. In most cases, placements are properly planned and there is sufficient time provided to enable planning to be robust.

There is a policy and procedure for when a child or young person is admitted under emergency circumstances, which includes meeting and supporting their individual needs and consideration for the other children or young people already at the accommodation.

#### **5.2 The service operates in accordance with its Statement of Purpose and only children and young people whose assessed needs can be met within its purpose are admitted.**

#### **5.3 There are procedures for introducing children and young people in advance to the accommodation.**

These policies include the following:

- Where possible giving the child or young person the opportunity to visit the accommodation and see their bedroom before their stay

- Letting the child or young person choose and meet their key worker before their stay if possible and informing the child or young person how their key worker will support them
- Supporting the child or young person to meet others living and working in the accommodation
- Arrangements to ensure that the child or young person has suitable luggage or packing materials (not bin bags) to bring their belongings and possessions into the accommodation. This may not be possible in emergencies.
- The completion of an initial assessment prior to the stay or if a stay begins at short notice within 48 hours of arrival
- The direct involvement of children or young people at all stages of planning for their placement
- When making decisions about placement, consideration of both the child or young person's needs and the effect of their stay upon the others living in the accommodation is considered

#### **5.4 Children and young people are supported and encouraged to express their views, wishes and preferences, which are listened to and taken seriously.**

Children and young people and others are encouraged and facilitated to express their views on any aspect of their care.

Children and young people with disabilities or communication difficulties are supported to express their views, wishes and preferences in the way best suited to their abilities and needs.

#### **5.5 Children and young people are provided with an experience of a supportive and homely environment as possible.**

Children and young people are supported and encouraged to develop age-appropriate behaviours, build, and increase levels of trust with care and support workers and take appropriate risks as part of normal growing up.

There is a proportionate approach to managing and supporting risk-taking behaviours and where there are lessons to be learned from the outcomes of taking risks, these are applied proportionally and individually.

Risk management measures do not prevent children and young people from enjoying activities that a reasonable parent would accommodate.

Children's rights are understood, and there is evidence that staff actively enforce and support these rights in the range of activities undertaken in the home.

**5.6 Children and young people enjoy appropriate and positive relationships with care and support workers based on nurture and care.**

Communication between care and support workers and children and young people is positive and reflects care and concern for the child or young person's welfare.

Where there are disagreements between care and support workers and children or young people these are responded to openly, fairly, and consistently, in line with a documented process.

**5.7 Children and young people benefit from being cared for and supported by care and support workers who always conduct themselves in a responsible and appropriate manner.**

Care and support workers act as appropriate role models and strive to always set a good example to children and young people.

The registered person has implemented a policy in respect of conduct of care and support staff.

**5.8 Each child or young person is allocated a key worker whose skills, knowledge, experience and where possible, interests match the child and young person's needs and preferences.**

There is written guidance about the role of the key worker, which is included in the children and young person's guide.

Where possible the child or young person is given a choice of key worker.

The child or young person and key worker is asked for feedback about their relationship and if necessary, action is taken to address any issues. If the relationship between key worker and child or young person is not having a positive effect on the child or young person's wellbeing and welfare, then the child or young person is offered a choice of other key workers.

**5.9 Training, where appropriate is accredited by a recognised body or organisation and must include 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)
- Able to evidence 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 care and support workers. E-learning courses may support the acquisition of knowledge and understanding. However, such training is not used as a substitute where practical skill development is required (i.e., First Aid, Safe Moving and Handling).

All training includes assessment of learning.

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

Evidence of training completed, assessment of learning and assessment of competency is kept in care and support worker's personnel files.

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

#### **5.10 Care and support workers do not work outside of the scope of their profession, competence, or job description.**

Care and support workers at all times adhere to any code, standards or guidance issued by any relevant professional body.

Care and support workers are honest about what they can do, recognising their abilities and the limitations of their competence.

Care and support workers only carry out or receive delegate tasks agreed in job descriptions and in which they are competent.

Opportunities are provided for care and support 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.

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

Depending on the setting, care and support workers who do not hold professional qualifications may be required to carry out tasks or skills which might traditionally have been carried out by health or social care professionals or may require further training and assessment.

Some skills and tasks may be performed by care and support workers under an individual (person specific) delegation. This involves additional training (i.e., vocational training module) and assessment of competence carried out by a delegating professional (e.g., percutaneous endoscopic gastrostomy (PEG) feeds).

Some skills and tasks may be performed by care and support workers who have completed additional specific training and assessment under the direction or agreement of a health or social care professional (e.g., restrictive physical intervention).

Some extended skills and tasks may be performed by care and support workers who have completed additional training and have been assessed as competent by their manager or assessor (e.g., insertion of hearing aids).

Care and support workers are able to refuse to undertake any skill or task if they do not feel competent to perform it.

### **5.11 Care and support workers are suitably qualified.**

The registered person has or completes within three years a relevant (i.e., specific to children and young people's residential care) Level 5 Diploma in Leadership (or equivalent).

A registered person who has not completed a relevant Level 5 Diploma in Leadership must have completed a relevant (i.e., specific to children and young people's residential care) Level 3 Diploma (or equivalent) or have a relevant professional qualification (i.e., social worker or nurse) and be working towards a relevant Level 5 Diploma which must be completed within three years of the date they are registered as a manager.

All other care workers in children and young people's residential care must complete a relevant (i.e., specific to children and young people's residential care) Level 3 Diploma within 2 years of the commencement of their employment.

The date qualifications must be gained by may be deferred if the manager or care worker has had a break in employment.

To establish whether an existing qualification is equivalent to either a Level 3 or Level 5 Diploma, the registered person checks whether the existing qualification has appeared in previous national (England) legislation or previous minimum standards.

In addition, the registered person also establishes whether the units completed in the candidate's original qualification have content which maps against the Level 3 or Level 5 Diploma. Any shortfalls are addressed with additional training.

The registered person keeps a record of the information they have considered to establish 'equivalence' in the care and support worker's personnel file.

All care and support workers maintain their qualifications through continuing professional development.

## **Standard 6: Children and young people's rights are respected.**

### **What this means to children and young people:**

All children and young people have the same rights. Staff employed by the children's social care service do not share anything about a child or young person with anyone who does not need to know, or without first talking it through with that child or young person.

Staff do all they can to make children and young people feel comfortable, safe, and not embarrassed by anything or anyone. Children and young people's significant others (which may include family or others close to them), are also listened to and, where possible, their views are acted upon. Where children and young people's views aren't acted upon, they are helped to understand why.

### **6.1 Care and support workers understand and promote the rights of children and young people.**

Care and support workers explain children and young people's rights and responsibilities in a way that can be understood and is relevant to them. The United Nations Convention on the Rights of the Child is available in child friendly language.

Children and young people, care and support workers and others are encouraged to respect and support each other whatever their background. Staff help children and young people understand and celebrate differences and promote inclusion and equality.

### **6.2 Care and support workers are aware of legislation, policies and procedures which reflect children and young people's right to choose, and how these may be related to age.**

Children and young people are supported to make positive, informed decisions and reduce risk to themselves. Where they make decisions that may not be in their best interests they are supported through the consequences of any actions and helped to learn.

Children and young people in line with their age, understanding and risk assessment are able to access and leave the accommodation at times and in as independent a manner as a reasonable parent might allow.

Children and young people are involved in day-to-day decisions.

Children and young people can choose their clothes and other personal belongings.

There is a policy and procedure for personal allowances which support children and young people to take responsibility for managing their money and develop budgeting skills in line with their age and ability.

Children and young people can choose whether or not to follow a faith. Depending on their age, the views of the family may be considered. Children and young people receive any necessary support if they choose to follow a faith.

Children and young people with disabilities or communication difficulties have the same opportunity to make choices and are provided with additional support if required.

Children and young people's right to make choices appropriate to their age is not affected by the nature of their placement.

Children and young people are supported to understand why it may not be possible to act on their wishes in all situations.

Care and support workers have clarity from the child or young person's personal plans about decisions that can be made about the day-to-day arrangements for the child or young person, including education, holidays, leisure activities, overnight stays, and personal issues.

### **6.3 Care and support workers respect children and young people's wishes, privacy and confidentiality and always promote dignity.**

There is a policy and procedure on privacy and confidentiality which include:

- Access to children and young people's records by care and support workers and others
- Sharing information (including under safeguarding requirements)
- Practical details about the way children and young people's rooms are entered, including entry, interruptions, without permission in emergencies or where children and young people are considered to be at risk
- Showering, bathing, and use of toilets
- Personal hygiene matters such as support with menstruation and washing clothes
- Intimate personal care
- Sex education
- Use of the internet and social media

Care and support workers are sensitive to gender issues of children and young people who require support with intimate care and are where possible, given a choice of who supports them.

Care and support workers who support children and young people with intimate or personal care receive appropriate training and are provided with guidance on the provision of such assistance.

Guidance includes:

- Boundaries to be observed
- Children and young people's choices
- Consent
- Practical guidance based upon best practice

#### **6.4 Children and young people have access to independent advocacy services.**

The registered person ensures that each child or young person is directly supported to access independent advocacy if required and they know how to contact their independent advocate.

#### **6.5 Children and young people living in secure accommodation experience positive support, as well as security and receive the same measures to safeguard and promote their rights and welfare as in non-secure accommodation.**

Apart from the measures essential to the accommodation's status as secure care provision, children and young people receive the same care services, rights, and protections as they should in other children's accommodations.

A child or young person's liberty is restricted only if it is in accordance with Article 22 of the Children (Jersey) Law 2002. The restrictions are clearly set out in the aims and objectives of the placement.

The issues that precipitated the need for a secure care placement are addressed through focussed therapeutic work, which has individual identified outcomes. This work includes preparation for the child or young person's departure from the secure accommodation.

#### **6.6 Children and young people using short break services are provided with support to enable them to have the same opportunities and choices as other children and young people.**

Children and young people with disabilities are supported to express their opinions, views, and preferences by care and support workers who understand their communication needs and know how to engage with them using verbal and nonverbal methods.

The service operates in a way that is not restrictive and upholds and supports the rights of children and young people with disabilities.

Children and young people with disabilities are cared for according to their assessed needs by care and support workers who are trained and competent to deal with their individual needs.

Children and young people with a disability are supported and enabled to express choices and give their consent regarding the provision of intimate care (in line with best practice). Where children and young people are unable to express consent, this is received from the person with parental responsibility.

## **Standard 7: Children and young people are fully involved in their care.**

### **What this means to children and young people:**

Children and young people are cared for and supported in a way which has been planned with them, and these plans are set out clearly and reviewed regularly. This includes being involved in their assessments, reviews and care planning.

### **7.1 Children and young people are fully involved in an initial assessment which identifies their preferences needs and wishes.**

The initial assessment includes:

- Seeing family, friends, and others
- Health and wellbeing
- Safeguarding and welfare
- Emotional needs
- Cultural and religious needs
- Gender and sexuality
- Education and learning
- Social and leisure activities

Where a child or young person is distressed or withdrawn, they are given time, encouragement, and support to let their views, wishes and preferences be known.

### **7.2 The support and care received by children and young people is based upon a personal care plan. Children and young people are fully involved in its development and have access to their personal care plan.**

Personal plans set out:

- How the assessed needs and aims of the child or young person are met
- Detailed objectives (short term and or long term) of the proposed outcomes for the child or young person from the placement and how they are met on a day-to-day basis
- The contribution to be made by care and support workers
- How the effectiveness of the placement and how outcomes for the child or young are evaluated

Personal care plans include:

- Arrangements to see and stay in touch with family and friends
- Health and health promotion
- Care needs including safeguarding and promoting welfare

- Physical and emotional needs
- Education, training, employment
- Cultural and religious needs
- Communication needs
- Gender, sexuality, personal relationships
- Social and leisure activities

Children and young people are supported to develop their identity, self-esteem, social and emotional skills. Children and young people's individual support needs are identified on their personal plan.

**7.3 The personal care plan is consistent with any plan for the care of the child or young person prepared by the placing authority. Any inconsistencies are identified and discussed with the child or young person, their family and social worker and resolved.**

Personal care plans are monitored by the child or young person's key worker, who ensures that the requirements of the plan are implemented in the day-to-day care of the child or young person. Changes are and discussed with the child or young person, providing advice, guidance, and support.

The views of the child or young person, their parents, social worker and other significant people about the content and implementation and review of the personal care plan are sought regularly and frequently.

There is a copy of all relevant documentation made available to the child or young person.

**7.4 Children and young people's assessments and personal care plans are regularly reviewed and revised as required by key workers, at the request of the child or young person or others and if there is a change in needs or circumstances. Children and young people are fully involved in any review process.**

Care and support workers support children and young people to enable them to express their views about the care and support they receive and ensure that these are recorded within the child or young person's support plan.

Care and support workers engage with and support children and young people through any placing authority reviews or meetings. They ensure that the voice of the child or young person is appropriately captured and used to inform the process, either by encouraging the child or young person to express their views or advocating on their behalf if necessary.

The relevant persons or placing authority is informed if the service is unable to meet its responsibilities in implementing the plan and a review meeting is requested as necessary.

The placing authority is contacted to request a statutory review for any child or young person when due, if the placing authority has not made plans for one or if a review is required (e.g., a change in needs or circumstances).

Care and support workers including the child or young person's key worker where appropriate contributes effectively to statutory reviews, which are recorded within the child or young person's care records. The child or young person's personal plan is updated following any review in consultation with the child or young person and others.

## **Standard 8: Relationships with family and friends are important and are supported.**

### **What this means to children and young people:**

The service supports children and young people to stay in touch with family and friends where it is appropriate to do so.

### **8.1 Children and young people are provided with practical support to maintain constructive relationships with parents, siblings, family, friends, and others.**

The views and wishes of the child and young person on the nature and extent of visits, meetings and other forms of contact are respected and recorded.

There are facilities to allow families and friends to visit that is welcoming, private (as appropriate) and comfortable.

A record is kept of seeing or staying in touch with family and friends.

Care and support workers are adequately trained, supervised, and supported if they are required to supervise and facilitate visits with family and friends.

Seeing and staying in touch with family and friend's arrangements is discussed as part of the initial assessment and detailed within the child or young person's personal plan. Keeping in touch with family and friends can be facilitated through:

- Visits
- Telephone calls or texts
- Social Media
- Emails
- Letters

### **8.2 Written guidance for seeing and staying in touch with family and friends is provided.**

Written guidance clarifies:

- The rights of the child or young person
- Arrangements for the supervision of visits or other means staying in touch where it is necessary to safeguard the child, young person, or others
- When and how to encourage parents, relatives, and friends to take part in activities and events

Any restrictions on or the monitoring of seeing family and/or friends – including monitoring telephone and email and social media contact – is discussed with the child or young person, and other significant people involved in their care.

The reason for any restriction on seeing family and/or friends is clearly recorded in writing on the child or young person's personal plan and the restriction is subject to regular review.

Children and young people are provided with guidance and support to appeal against restrictions of seeing family and/or friends. Where seeing parents or other family members is not possible, difficult, or inappropriate, efforts are made to encourage contact with a significant adult from outside the care system.

## **Standard 9: Accommodation is comfortable, safe, and accessible.**

### **What this means to children and young people:**

Children and young people are provided with accommodation that is comfortable and homely, with good facilities. There is a bedroom for each child or young person with an area for private study, as well as areas for communal activities.

### **9.1 The accommodation provides a comfortable and homely environment and is well maintained and decorated.**

The accommodation's location and design are of a size that is in keeping with its Statement of Purpose and serves the needs of the children and/or young people it accommodates.

The accommodation feels homely as a domestic setting, with age-appropriate décor. Office and admin space is discreet and not impose an institutional feel on the building.

The design of the accommodation, where appropriate, enables children and young people to develop independence skills within a supportive environment including through encouraging independent use of kitchen and laundry areas.

Children and young people have access to the internet. Restrictions on access may be necessary and appropriate but such restrictions must always be applied consistently and in line with an associated policy and recorded in the personal care plan of the child or young person.

The premises is not marked in any way to distinguish it as children or young people's residential care setting. Care is taken to ensure that the building fits in with its surroundings and surrounding buildings.

### **9.2 The accommodation is clean, has adequate lighting, heating, and ventilation. Furniture and equipment are in good working condition, sturdy and meets health and safety requirements. Risk reduction measures do not lead to an institutional feel.**

Children and young people are supported to personalise their rooms by modifying the décor or fittings when this is in keeping with their personal plan, with regard given to fire safety.

There are no risks posed to the safety and welfare of children or young people by outstanding requirements or recommendations relating to the accommodation from any statutory body or authority for example, the Fire service, Infrastructure, Building Control or Environmental Health.

**9.3 Each child or young person has their own bedroom with an area for private study and access to either an en-suite bathroom or nearby private bath or shower facilities.**

The design, layout and use of the accommodation is such that children and young people's care, and privacy is not compromised.

In accommodation where bedrooms do not have en-suite facilities there is a ratio of 1 bathroom or shower room, with toilet, to a maximum of 4 children or young people. Where bedrooms have en-suite facilities, there are specifications sufficient for children and young people with physical disabilities to access personal care.

**9.4 There is sufficient communal space which includes a range of separate rooms.**

Rooms are available for use at the same time for a variety of activities, including visitors. This includes:

- An activity room
- A TV lounge
- A room where meetings can take place in private
- A dining room
- A kitchen or other facilities for children and young people to make drinks and snacks
- A place where phone calls can be made or received in private

**9.5 Design of the accommodation includes any necessary adaptations to meet the needs of children and young people with disabilities to ensure inclusivity.**

The registered person is responsible for ensuring that the accommodation can meet the child or young person's needs. Support and guidance are requested from an appropriate health and social care professionals, i.e., Occupational Therapist where appropriate.

Settings which accommodate children and young people with physical disabilities or sensory impairments meet the following requirements:

- The minimum corridor width, in areas used by children and young people is 1.2m, except where it is planned to accommodate children and young people who use wheelchairs or who need assistance with walking, whereby the minimum width is 1.6m
- The doorways in areas used by children and young people have a clear opening width of at least 800mm, but where easy passage of wheelchairs, or assistance for children and young people is required a wider doorway will be necessary. Corridor doors have vision panels
- All areas used by children and young people, including those with a physical disability or sensory impairment, are accessible to them. Ramps, passenger lifts, signs and other aids are provided where required

- Where necessary to the statement of purpose, suitably positioned hand and grab rails (recessed if necessary to retain 1.6m corridor width), hoists, communication aids, and other equipment, including assistive technology are installed to meet the specific needs of children and young people or young people with a disability to promote their independence

**9.6 Physical restrictions on normal movement within the accommodation are only to be used in relation to a child or young person where the restriction is specified in their personal plan and only used where necessary to safeguard and promote that child or young person's welfare.**

Such restrictions for one child or young person do not impose similar restrictions on other children or young people, if that is not necessary.

Any restrictions are compliant with all relevant legislation and guidance and are regularly reviewed

**9.7 The premises is not to be used for functions unrelated to the accommodation.**

## Standard 10: Children and young people feel safe and are safeguarded in care.

### What this means to children and young people:

Staff support children and young people to feel safe and their home environment. Positive behaviour is promoted throughout, and the health and safety of all children is protected. If a child or young person goes missing, everyone works together to try to find them.

### 10.1 Children and young people feel safe and are safe. Care and support workers support children and young people to understand how to protect themselves, feel protected and are protected from harm and abuse.

There are safeguarding policies and procedures in line with The Jersey Safeguarding Partnership Board Multi-Agency Procedures.

- All care and support workers know:
- How to recognise signs of abuse
- What to do if they have a concern
- How to respond to children and young people who raise concerns
- How that the child or young person is supported through any child protection or safeguarding processes

The policy or procedure includes:

- Definitions of abuse and neglect
- Training requirements for care and support workers
- Procedures to be followed if abuse or neglect is disclosed, reported, or suspected
- Instructions for care and support workers on action to be taken if an allegation or suspicion of abuse or neglect becomes known to them involving any member of care and support workers, visitor, or manager of the accommodation
- Guidance for care and support workers who are subject to allegations against them which makes clear how senior care and support workers provide information and support to them
- Details of how information is shared with other registered persons, regulatory bodies and law enforcement agencies where required to assist in safeguarding children or young people from harm

Registered Persons cooperate fully with any investigations where appropriate.

There is procedural guidance which identifies the systems required in order to protect children and young people and minimise the risk of abuse whilst the child or young person is living or staying in the accommodation this includes guidance on:

- Making a full assessment of children and young people's histories and any experience of abuse including peer abuse
- Recognition of inappropriate sexual behaviour of children
- Recognition of indicators of substance abuse
- Observing contacts between children or young people, their peers and care and support workers
- Supervision of children
- Supervision and support of care and support workers
- Recognition of possible involvement of children and young people in sexual exploitation
- Confidentiality
- Appropriate and inappropriate physical contact between care and support workers and children and young people
- One to one time alone with care and support workers and children and young people
- Intimate care and invasive procedure.
- Positive behaviour support and physical interventions
- Administering medications
- Multi-agency working

Care and support workers are skilled to support children and young people to change behaviours which are harmful to them and provide advice to children and young people on how to protect themselves from harm.

Where there are safeguarding concerns for a child or young person, their personal plan includes details of the steps to be taken to manage any assessed risks on a day-to-day basis.

Care and support workers provide guidance to children and young people on how to use the internet safely, which is set out on the child or young person's personal care plan. Age-appropriate media is available in the accommodation.

There is guidance for children and young people and care and support workers on when it may be necessary to search a child or young person's possessions. They are only searched in accordance with the guidance and only on clear grounds which is explained to the child or young person. Any search is documented showing:

- Time and dates of search
- Reason for search
- What if anything found
- Who carried out the search
- Who was present during the search
- Signatures of all present at the search

**10.2 Effective precautions, made in consultation with children and young people and care and support workers ensures the security of the accommodation from access by unauthorised persons, without compromising or having an adverse effect on the care of children and young people living or staying there.**

There is a policy for visitors which identifies when authorisation is required, from whom and states what measures are required to record visits.

Children and young people's property in the accommodation is secure.

There is a written policy in line with legislation and best practice guidance where CCTV is used or other security measures including electronic monitoring devices.

Auditory, electronic, visual, or other monitoring systems are not used unless:

- they have been specifically required for the individual child or young person within their personal plan
- specifically approved by the child or young person's placing authority
- specifically required by a court
- noted in the Statement of Purpose

Such equipment is solely for the purpose of safeguarding and promoting the welfare of the child or young person or other children and young people in the accommodation and with the full knowledge of the children and young people affected.

**10.3 Children and young people and care and support workers know what to do if there is a fire or any other emergency.**

Fire and safety procedures that meet statutory regulations and requirements set by the States of Jersey Fire and Rescue Service are in place and followed. Risk assessments are regularly updated.

All Care and support workers are trained and know how to respond appropriately to emergencies, ensuring that risks to children, young people and others are identified and managed.

**10.4 Care and support workers know what to do if a child or young person is absent or goes missing.**

There is a policy and procedure which are in line with multi-agency procedures to support children or young people who are absent (not at the accommodation when expected) or missing. Information is provided in the children and young people's guide in a way they understand explaining what will happen if they go missing or are not at the accommodation when expected.

The written procedures cover:

- Action to obtain information about the whereabouts of the child or young person and ensure the safety and welfare of the child or young person
- Proportionate and appropriate response if location of the child or young person is established
- Searching for any child or young person missing or believed to have run away from the accommodation
- Reporting missing children and young people to the police, to the placing authority and to others including parents
- Action to be taken on the child or young person's return
- Allowing for any individual arrangements based on the needs of the child or young person (as agreed in their personal plan) and their legal status (i.e., if accommodated voluntarily or under a care order).

On return to the residential care setting the relevant persons are notified and a return interview is arranged.

Any reasons given for being absent are considered in relation to how the child or young person is cared for, which feeds into the child or young person's personal plan.

Any report from a child or young person or suspicion that they went missing because of abuse is referred immediately to the Multi-Agency Safeguarding Hub (MASH) and appropriate action taken to protect the child or young person concerned and others as necessary.

Written records of a missing incident include:

- The circumstances of all incidents of absconding
- All action taken by care and support workers
- The circumstances of the child or young person's return
- Any reasons given by the child or young person for absconding and any action taken in light of those reasons

All care and support workers are aware of and do not exceed the measures they can lawfully take to prevent a child or young person leaving without permission.

When a child or young person is considered likely to go missing, there is an agreed procedure to monitor the child or young person to reduce the likelihood of this happening. Procedures may include behavioural and/or therapeutic approaches to change the child or young person's behaviour. Any such measures used are agreed in the child or young person's personal plan.

Where there are frequent or concerning absences a multi-agency review of the child or young person's personal plans are initiated by the registered person or a representative of children's social care services.

**10.5 Children and young people and care and support workers challenge any form of bullying or discrimination. Children and young people and care and support workers know how to report any concerns, and these are addressed appropriately.**

There is an anti-bullying policy based upon guidance and best practice which includes:

- Definitions of bullying including physical, psychological, and verbal abuse
- Different types of bullying – on grounds of race, gender, disability, or sexuality.
- Cyber bullying
- Bullying by care and support workers
- Bullying which may occur elsewhere
- Measures to prevent bullying and to respond to observed or reported bullying
- Training requirements for care and support workers in awareness of and effective strategies to counter bullying

The anti-bullying policy is cross referenced with the safeguarding policy.

Children or young people who are bullied are supported and children or young people who bully others are given appropriate support and guidance.

The registered person regularly carries out risk assessments which are recorded for health and safety purposes of the times, places, and circumstances in which the risk of bullying, including abuse by other children or young people is greatest and takes action where feasible to reduce or counteract the risk of bullying.

**10.6 Good behaviour is encouraged.**

Care and support workers understand, manage, and deal with children and young people's behaviour including encouraging children and young people to take responsibility for their behaviour and support them to learn how to resolve conflict. There are clear and fair boundaries, where children and young people feel safe, encouraged, and appropriately rewarded, so that they thrive and do well.

Children and young people are involved in suggesting, developing, and agreeing on rules, rewards, and sanctions where appropriate, regarding both 'house' rules and individual behaviour plans.

There is a positive behaviour policy which supports to identify why children and young people may display challenging behaviours and how to support children and young people individually to manage their behaviour. The policy includes guidance for rewards and sanctions where appropriate.

The use of sanctions is proportional and individualised and not affect other children and young people. Children and young people are never subject to:

- Any form of corporal punishment
- Any deprivation of food or drink

- Any restriction on seeing or staying in touch with friends, parents, or other relatives (other than when restriction of contact has been identified to protect the child or young person)
- Any restriction on contact with visits to or from their solicitor, appointed guardian, social worker, independent person, inspector authorised by the Jersey Care Commission or any other authorised person

Restrictive physical interventions and/or the use of isolation is not used unless it has been specified within an individual child or young person's personal plan as directed by a health or social care professional and then, only be used when a situation warrants immediate action. De-escalation techniques are always used to avoid the need to employ restrictive physical intervention unless the risk is so exceptional that it precludes the use of de-escalation.

There is a policy and procedure on the conditions when and how restrictive physical interventions may be used.

- Care and support workers are fully trained and assessed as competent in the use of restrictive physical interventions
- The child or young person is supported after any occasion where restrictive physical intervention has been used
- Incidents involving restrictive physical intervention are recorded by the service and notified to the Care Commission
- The Jersey Care Commission is notified of any use of restrictive physical intervention which was found to be unlawful (in which case, the incident must be reported to the police), or not in the best interest of the child or young person
- Care and support workers receive debriefing after each incident where restrictive physical intervention has been required.

### **10.7 Accidents and incidents are reported and investigated.**

There is an open and transparent incident policy which identifies who needs to be informed of incidents or near misses and under what circumstances (i.e., parent or placing authority). The registered person is required to carry out their own investigations and contribute to multi-agency investigations and reviews.

The registered person has a duty of candour and informs any affected children or young people (and/or their parent or others) of any unintended or unexpected incident, near miss or event which affects their health or well-being.

The child or young person is supported appropriately following any accident or incident and is fully involved and aware of any investigative process and findings.

The registered person notifies the Jersey Care Commission of such incidents, accidents or other events that have posed or may pose a risk of harm to children or young people as specified by the Jersey Care Commission. ([Appendix 4](#))

Learning from incidents is actioned and monitored where appropriate to support prevent a similar situation from occurring.

Care and support workers are trained in first aid and emergency response and there is access to adequately equipped first aid kits.

### **10.8 There is a policy and procedure for the transportation of children and young people.**

The policy or procedure includes:

- Insurance requirements
- Driver requirements
- Vehicle requirements (road worthiness etc)
- Restraint requirements (seatbelts, height, age-appropriate car seats etc)

Vehicles used to transport children and young people are not marked in a way which identifies its use for children and young people in residential care.

### **10.9 There is a policy and procedure to promote online safety.**

Children and young people have access to the internet for education, training, employment, and leisure activities including where appropriate social networking and email.

Children and young people understand that there are controls on online activity and access to websites which are informed by guidance and legislation and their individualised assessment and care plan.

Children, young people, and care and support workers understand online safety, cyber-bullying, and measures to prevent and reduce harm from online activity.

### **10.10 The health and safety of children, young people, care and support workers and others is protected.**

Health and safety procedures comply with legislation and best practice guidance and cover:

- Maintenance of equipment and how this is evidenced in relevant logbooks for reference
- Working practices that are safe with risks to health and wellbeing, assessed and managed appropriately
- The maintenance of a safe and healthy working environment

Health and safety measures do not lead to an institutional feel or look. Health and safety measures do not prohibit normal activities of day to day living such as ordering and eating takeaway food.

The registered person promotes safe and healthy working practices through the provision of information, training, supervision, and monitoring of care and support workers.

There are arrangements in place to ensure that the person in charge of the accommodation at any given time receives all information necessary to fulfil their health and safety responsibilities.

Risk assessments are carried out for all areas of work, including:

- Premises and grounds
- Vehicles
- Equipment
- Children and young people's known and likely activities
- Potential for self-harm, bullying and abuse
- Impact of emergency admissions for both the admitted child or young person and the existing children and young people in the home

Findings from risk assessments are recorded and the actions taken to reduce and manage risk.

The registered person regularly reviews the implementation and effectiveness of actions as a result of risk assessments.

## **Standard 11: Health and wellbeing is promoted and facilitated by staff.**

### **What this means to children and young people:**

Health and wellbeing needs are assessed with the involvement of children and young people themselves. Support is given to access health services, including a GP as well as age-relevant information, advice, and guidance. Staff are fully trained in being able to offer basic support in health and wellbeing.

### **11.1 Children and young people's views and experiences are sought to assess their health and well-being needs.**

Children and young people are fully involved in identifying their health and wellbeing needs detailed in their personal plan which includes:

- Medical history
- Mental health needs
- Any specific medical or other health interventions which may be required
- Any necessary preventative measures
- Allergies or known adverse reactions to medications
- Dental health
- Hearing
- Eyesight
- Records of developmental checks or vaccination schedules
- Specific treatment therapies or remedial programmes needed in relation to physical, emotional, or mental health
- Health monitoring required by care and support workers
- The involvement of a child or young person's parents or significant others in health issues

Personal care plans are developed in a way to empower children and young people to take age-appropriate responsibility for their own health and wellbeing.

Statutory health assessments take place and are reviewed at appropriate times.

### **11.2 Children and young people are registered with a general practitioner and have access to mental health services, dentists, eye care, therapeutic input or other specialised services when required.**

Children and young people are offered regular check-ups at the dentist or opticians or other services.

Children and young people are supported to attend appointments and care and support workers support children and young people to follow any advice.

Children and young people who are competent enough to do so are enabled to make choices concerning their nursing, medical, dental, and other health needs.

Children and young people, subject to their age and understanding choose whether or not they are accompanied by a care and support worker when being seen by a doctor, nurse, dentist, or other health or social care practitioner.

Care and support workers understand and respect children and young people's rights to privacy and confidentiality and are aware of the laws around consent to medical treatment.

### **11.3 Children and young people receive individual age or development appropriate health and wellbeing guidance and support to enable them to take responsibility for their health and wellbeing.**

The guidance includes:

- Sexual health
- Mental health
- Healthy living
- Substance misuse
- Personal hygiene
- Physical development and growth
- Social issues
- Individual specific health or wellbeing needs and requirements

### **11.4 Care and support workers are appropriately trained and competent to meet the health, wellbeing and physical needs of children and young people.**

Care and support workers respond appropriately to children and young people who are not feeling well physically or emotionally in a caring and compassionate manner.

Care and support workers know when and how they need to escalate any concerns about a child or young person's health or wellbeing to the appropriate health and social care practitioner or service.

Care and support workers are trained in first aid and emergency response and have access to first aid kits. Accidents are recorded as directed in the incident or accident policy and procedure.

Children and young people with health needs or a disability including physical or sensory impairment or learning disabilities are provided with appropriate support and care

Care and support workers always protect children and young people's dignity.

Care and support workers understand the needs of children and young people from black, Asian, and other minority ethnic and cultural groups and specialist advice is sought in order to promote the cultural needs of such children and young people with evidence of how advice is implemented.

Care and support workers are trained on health, development, and hygiene. They know how to deal with a spillage of blood or bodily fluid and how to recognise the symptoms of infections and communicable diseases.

Therapeutic techniques (any technique intended to relieve or treat a physical, social, emotional, behavioural, psychological, or cognitive problem, the application of which requires skills or knowledge beyond what would normally be expected of a parent or teacher) are only be used if:

- It is specified in the child or young person's personal plan and specifically approved by the placing authority
- It is a safe and effective technique which is supported by evidence
- It is only be carried out by, on the direction of, or under the supervision of a health or social care practitioner who holds a current recognised qualification in the therapy concerned. The registered persons must ensure that the qualification is valid
- Care and support workers using the technique are supervised by a person independent from the accommodation who is qualified and experienced in the therapy concerned

Clinical tasks such as enteral nutrition (PEG feeding), airway management, catheterisation etc, are only be carried out by competent staff members or in some circumstances by other care and support workers under an individual child or young person specific delegation. The delegating health care professional is responsible for assessing competence of any care and support workers involved in the task following adequate suitable training, supervision, and observation. The delegating health care professional retains responsibility for that aspect of the child or young person's care. Any delegation meets professional standards and guidance.

### **11.5 Children and young people have access to any equipment or devices which may be required to meet their health, wellbeing, or physical needs.**

Care and support workers are trained and competent in the use of any equipment needed to meet the health, wellbeing, physical and sensory needs of children and young people.

There is an equipment and devices policy and procedure which identifies responsibilities for maintenance and checks which are recorded within the child or young person's personal plan.

## **11.6 There is a policy and guidance on promoting the health and wellbeing of children and young people.**

The guidance includes:

- Immunisation and screening
- Nutrition and diet
- Exercise and rest
- Personal hygiene
- Sexual health and contraception
- Alcohol, smoking and substance misuse
- HIV and AIDS and other blood borne viruses
- Mental health
- Management of self-harm

There are links to services such as CAMHS, sexual health services and addiction or substance misuse services. Access to services is supported and care and support workers are aware of external support organisations.

Care and support workers are trained in mental health promotion and suicide awareness, including risk assessment.

## **11.7 There is a policy and procedure to ensure that children and young people receive any medications they require safely and effectively.**

Where appropriate children and young people are supported to manage their own medication. The arrangements for self-medication including safe storage, ordering and collection are clearly detailed within the child or young person's personal plan and risk assessment.

Medicines are only to be administered by care and support workers who have completed appropriate training and have been assessed as competent to administer medicines, which is reviewed on at least an annual basis.

The administration of any medicine by care and support workers is recorded and signed on a Medication Administration Record (MAR) chart, which must be written or produced by the prescriber or pharmacist (transcribing unless in exceptional circumstances is not permitted).

The home has robust arrangements with local pharmacies and GP surgeries to ensure that children have access to medical care and prompt prescriptions. There are specific arrangements for the medical care of children and young people on short break care with disabilities.

## **11.8 Medicines are managed in compliance with legislative requirements, professional standards, and best practice guidelines.**

Medication management requirements are detailed in [Appendix 6](#).

## **Standard 12: Good nutrition is promoted at all times and food preferences are taken into account.**

### **What this means to children and young people:**

Food preferences are responded to where possible and recorded in personal plans, and children and young people are engaged in food planning and preparation as they would in a family setting.

### **12.1 Children and young people's food choices and preferences are recorded in their personal plans and reflected in the food and drinks they are offered.**

Ethical, cultural, and religious requirements are recognised and celebrated.

Procedures are in place to ensure that food and drink is safely stored and cooked to prevent cross contamination.

Individual allergies are properly recorded, and action taken to ensure that food is safe for each child or young person.

Children and young people are offered a range of nutritious meals in adequate quantities and encouraged to try different foods and foods from different cultures. There is always an alternative available if needed.

Children and young people including those with disabilities have access to a kitchen facility, appropriate to their age and abilities to make drinks and snacks. Fresh fruit and vegetables are offered at every mealtime and available for snacks. Fresh drinking water is always available.

Care and support workers ensure that children and young people have access to any equipment or support that is needed to meet their nutrition and hydration needs.

Food is well prepared, cooked and presented and any care and support workers involved in the preparation or serving of food are adequately trained in food hygiene.

### **12.2 Children and young people are involved in meal planning and preparation.**

Children and young people are encouraged to take part in shopping for food, preparing and cooking meals and snacks, cleaning up and planning menus (which might include takeaway food in moderation).

Age and ability appropriate support is given to children and young people to develop independent skills around shopping, healthy meal planning and cooking.

Care and support workers promote the social aspects of mealtimes and a community approach to mealtimes is encouraged. If a child or young person misses a meal for any reason, provision is made to ensure they are offered a meal or alternative at a suitable time.

## **Standard 13: Education is promoted at all times and the right to an education respected.**

### **What this means to children and young people:**

Children and young people experience uninterrupted education. They have access to training and employment opportunities, as appropriate to their age, and are encouraged to develop their interests and to access leisure and communities, facilities and activities.

### **13.1 Children and young people's right to education is promoted and supported.**

Children and young people's education and learning needs are identified during their initial assessment and are regularly reviewed.

Children and young people's personal care plans address the following:

Where they are educated and the particular educational establishment

- Special educational needs and how they are met
- Level of monitoring of attendance
- Involvement of others in education
- Educational assessments, reviews, and exams
- Responsibilities for liaising with schools, careers services, advance to work schemes, employment agencies and local employers
- Arrangements for travelling to and from school or college
- Arrangements for provision of appropriate school uniforms and funding for school trips

### **13.2 Children and young people are encouraged and supported in homework activities.**

Care and support workers seek guidance from the school or college to find out how to meet children or young person's learning needs.

Children and young people have access to a wide range of resources including computers, information technologies and other educational resources. They have access to a suitable environment for study.

Children and young people are provided with opportunities beyond the school or college day to engage in activities which promote learning.

Care and support workers ensure that children and young people have the necessary equipment they need for learning.

**13.3 Children and young people are supported to attend school or college regularly and care and support workers work with the child or young person and teachers to address any issues.**

Travel arrangements to and from school are identified and planned.

Regular contact with schools or colleges attended by the child or young person is maintained to monitor attendance.

Daily contact is made with education or training setting when children or young people are thought to be especially vulnerable or prone to frequent absences during the school day.

Where there is continued absence from school or college, the registered person or representative from children's social care service initiate a review of the child or young person's personal plan.

**13.4 Children and young people are supported to take part in wider educational opportunities, such as school trips and clubs.**

Care and support workers support children and young people in the arrangements and travel for events and trips.

Care and support workers support children and young people by attending events or matches, consultation sessions or other community events.

**13.5 Children and young people who no longer receive compulsory full-time education are supported to achieve their potential through participation in further or higher education, training, employment, or other individualised programmes.**

Children and young people are fully involved in identifying their aims and goals to achieve their potential. Children and young people are supported with reviewing their options, which may include visits to different educational establishments and support with application, interviews and travel arrangements.

Where appropriate children and young people are supported to attend appointments at Social Security.

## **Standard 14: Access to leisure and recreational activities is actively promoted.**

### **What this means to children and young people:**

Sport and leisure activities are available both within the accommodation and in the community. Friendships are encouraged, as well as 'giving back' to local communities.

#### **14.1 Children and young people are supported to take part in leisure or sporting activities they enjoy both within the accommodation and in the community.**

Children and young people's wishes and preferences regarding leisure, sports, interests and hobbies are identified and the support required to undertake activities is identified during the initial assessment of their needs. This is regularly reviewed by key workers.

There is evidence of involvement from the Jersey Youth Service and other relevant community organisations.

Children and young people are encouraged to meet with care and support workers individually or in groups at house meetings to explore opportunities, plan activities, trips, and outings.

Activities planning consider the safety of children and young people. Risk assessments are carried out where hazards are identified, and consent is sought from those with parental responsibility where necessary.

Risk assessment or safety requirements do not inhibit children or young people from undertaking activities they enjoy that a reasonable parent would allow.

Any high-risk activity arranged for children or young people is supervised by people who hold relevant qualifications to supervise children and young people's involvement in that activity (i.e., the qualification for instructing children or young people awarded by a recognised national body for the activity concerned).

There is a balance between structured or planned activities and enabling children and young people to have free time.

#### **14.2 There are facilities and equipment available for educational and recreational activities which encourage children and young people to explore and learn through a diversity of media appropriate to their language, age, ability and understanding.**

Children and young people have access and choice in a selection of age, gender, culture appropriate toys, games, music, magazines, etc.

Computer games, consoles, internet usage, television, video are age appropriate, and controls are in place to promote safe use.

**14.3 Children and young people are encouraged and enabled to make and sustain friendships with children and young people both within and outside the accommodation.**

Friends are able to visit the accommodation and these visits are reciprocated.

Children and young people understand, accept, and demonstrate their rights and responsibilities as members of the wider community.

Care and support workers promote the involvement of all children and young people, counter isolation of individuals by others, nurture friendships between children and young people and support those who for any reason feel that they do not 'fit in'.

**14.4 Children and young people are encouraged and enabled to make a positive contribution to where they are living or staying and the wider community.**

Children and young people are encouraged to play a part of the wider community in which they live and are enabled to participate in community life through links established to community organisations for leisure, sports, arts, and culture.

Children and young people are encouraged and supported to undertake age-appropriate activities such as volunteering, apprenticeships, work experience and paid work.

Care and support workers seek networks which offer opportunities for children and young people to get involved.

**14.5 Children and young people are involved in the preparation and celebrations of birthdays, cultural and religious festivals and events that are important to them.**

Children and young people are given the opportunity to plan events and celebrations. Arrangements are discussed individually or at regular house meetings.

## **Standard 15: Leaving care is planned and supported in a timely, practical, and sensitive way.**

### **What this means to children and young people:**

Young people are supported to develop knowledge and skills in preparation for independent living, with young people fully involved in decisions about their next steps as care leavers in their transition to adulthood.

### **15.1 Children and young people are fully involved in discussions and planning around moving on.**

Children and young people's on-going assessment process and personal care plans identify short term and/or long-term goals of the placement, which may include the development of self-care skills in preparation for independence.

### **15.2 The daily life at the accommodation provides opportunities for children and young people appropriate to their age and needs to develop the knowledge and skills needed for independent living.**

Young people leaving to live more independently are ready and feel confident.

There is evidence that young people:

- Are and continue to be supported to develop self-care skills, including cooking, managing money, managing a household, and living with neighbours
- Know where to get advice on financial issues
- Have received advice on how to access benefits, housing, health, continuing education leisure and other services
- Are and continue to be supported to develop social skills such as forming and maintaining relationships

### **15.3 Care and support workers ensure that all arrangements are in place to ensure that children and young people's needs, and requirements are identified, planned, and are met when they leave.**

Before the young person's 16th birthday, a Pathway Plan (Pathway to adulthood plans for young people with complex needs), is developed and recorded. The child or young person is consulted about who attends their review meetings, and they know they can be accompanied by a relative, close friend or advocate to enable them to participate and provide them with support.

Children in care before their 16th birthday, are made aware of their entitlements and are allocated a personal adviser who supports the young person in considering their current and future needs.

The child's Pathway Plan is based upon an assessment of need, drawing on the child or young person's experiences, wishes and feelings.

Pathway Plans contain contingency arrangements where intended outcomes are not achieved. Pathway Plans outline arrangements for:

- Education, training, and employment
- Securing safe and affordable accommodation
- Support for disabilities or other specific requirements
- Financial assistance to enable the young person to set up and maintain independent accommodation if applicable
- Social Security benefits
- General and specialised health education and health care and other services such as counselling
- Maintaining existing important networks as defined by the young person which may include the care setting, they have been living in or staying at
- Creating new networks of advice and support
- Leisure pursuits
- Seeking support or assistance

Children or young people having short break placements are prepared for future short break placements and any transition to adult social care provision. Any ongoing support or services required are arranged and the child or young person have everything they need when they leave.

If the child or young person who is leaving is not transitioning into independent living or finishing a short break, then this is planned accordingly, ensuring that the child or young person is fully involved in the decision-making process and links are promoted with adult services if required.

The young person is supported by the key worker, who ensures that arrangements are in place to meet all the young person's needs, and that where necessary, introductions and visits are planned and supported.

## **Standard 16: Compliments, complaints, and feedback are listened to and responded to in a timely way.**

### **What this means to children and young people:**

Children, young people, and their families are encouraged to voice their views, and this is responded to. Staff too, can speak out if they have any concerns.

#### **16.1 Feedback on how the service operates is responded to positively.**

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

There are regular house meetings where children and young people are able to raise and discuss general concerns informally and speak openly with others about how the service operates. The meetings also enable children and young people to discuss and decide on meals, shopping, planned activities, visits and trips. These meetings are recorded and brought to the attention of the registered person.

#### **16.2 Children, 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.

Children and young people's complaints and concerns are listened to and taken seriously.

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

Children and young people have access to trusted adults such as social workers, mentors or advocates outside the accommodation and know how to contact relevant local helpline services.

#### **16.3 There is a complaints policy and procedure.**

Children, young people, and others are provided with a copy of the complaints policy and procedure which are in a suitable format that allows children and young people to understand the procedure depending on their age and ability.

Children and young people know and are able to complain if they are unhappy with any aspect of living or staying in the accommodation. Contact cards, Apps, and other means of raising issues and complaints suited to the child or young person's age or ability are available at all times.

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 will not be 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 within specified timescales for action.

If the first stage consideration has not satisfied the complainant, a panel that includes at least one independent person is convened to consider the complaint.

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

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 by the registered person to identify recurring issues. There are mechanisms in place to use the information gained to improve the quality of the service and outcomes for children and young people.

## 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 serious 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](mailto:notifications@carecommission.je) within 2 working days of the incident.

<b>Information about the Registered Care Service</b>			
Registered Provider: (Name and Address)	Registered Manager: (Name and Address)	Location of incident: (Address)	
<b>Information about the person(s) affected by the incident</b>			
Name:		Address:	Telephone:
			Email:
Care receiver <input type="checkbox"/>	Care and support worker <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Other (please state) <input type="checkbox"/>
<b>Information about the incident</b>			
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](mailto:notifications@carecommission.je) within 2 working days of the death.

<b>Information about the Registered Care Service</b>		
Registered Provider: (Name and Address)	Registered Manager: (Name)	
<b>Information about the person</b>		
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 intercountry 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 advice 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 16<sup>th</sup> 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 through 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.

## Appendix 6: Medicines Management

Medicines are managed in compliance with legislative requirements, professional standards, and best practice guidance.

1. Medication support needs are identified through assessment.
2. Facilities and equipment for the storage of medicines meet the following requirements:
  - There is an identified room for storing medicines and medicinal products that is secure.
  - Standards modular cupboards conforming to British Standards are provided for the secure storage of medicines. Where necessary there are suitable lockable trolleys to prevent unauthorised access to medicines whilst they are being administered.
  - Controlled Drugs administered by care and support workers must be stored in a metal cupboard which complies with the Misuse of Drugs (Safe Custody) (Jersey) Order 1981. This includes the use of a heavy gauge metal cabinet with a double locking mechanism.
  - Sufficient space is provided to store, access and administer medicines safely.
  - There is easy access to hand washing facilities.
  - Provision is made for medicines to be stored under optimum environmental conditions (temperature, lighting etc.).
  - Provision is made for children and young people who self-administer medicines to have a lockable drawer or cupboard in which to store them.
3. Medicines are administered on time and in strict accordance with the prescriber's instructions, changes to prescriptions are authorised in writing by the prescriber and a copy of all prescriptions are kept on file.
4. Written policies for the management of medicines are up to date, based upon best practice and cover all aspects of medicines management.
5. Responsibilities and systems for the ordering, collection and disposal of medications are recorded and agreed.
6. The administration of medicines is undertaken by trained and competent care and support workers who are registered nurses or who have completed an Accredited Level 3 Medication Administration Module (Vocational Qualification). Systems are in place to review care and support workers competency in the management of medicines on at least an annual basis.
7. There are systems in place to report adverse drug reactions and any other concerns about medicines to the prescriber.
8. There are effective incident reporting systems in place for identifying, recording, reporting, analysing, and learning from incidents and near misses involving medicines and medicinal products.
9. Care and support workers have access to up to date information relating to relevant legislation, medicines reference sources and guidance with respect to the safe and secure handling of medicines.

10. There are effective systems in place to audit all aspects of the management of medicines and records are kept in accordance with legislation and guidance. Documentation records all medicines received, administered, and disposed of.
11. Systems are in place to ensure that medicines can be managed safely as per policy prior to the commencement of care.
12. Appropriate risk assessment are in place for the management of self-administered medicines.
13. Medicines are prepared immediately prior to their administration from the container in which they are dispensed.
14. Compliance with prescribed medication regimens are monitored and any omissions or refusals likely to have an adverse effect on the person's health are reported to the prescriber.
15. The act of administering medication in disguised or covert form does not occur, unless there has been a formal best interest decision made. This is recorded in the person's personal plan.
16. There are parameters for the use of 'as required' medicines advised and authorised by health care professionals. A registered nurse is required to administer or delegate the administration of 'as required' medicines where clinical judgement or a clinical decision is necessary.
17. Systems are in place for non-prescribed medicines (homely medicines) to ensure that they are managed in accordance with medical advice.