



**Jersey Care Commission**  
**Care Standards**  
**Adoption Services**

**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:

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

These Standards apply to all providers of adoption services registered under the Regulation of Care (Jersey) 2014 Law.

## 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: Children and young people receive rights-based services and can make or be supported to make choices appropriate to their age and ability.**

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

All children and young people have the same rights. Rights are things that every child or young person have or be able to do.

Children and young people know that their views, wishes, and feelings are listened to regarding the care they receive, and this is acted upon, unless it is deemed not to be in their best interests. Children and young people are supported to understand why their views, wishes and feeling have not been acted upon if this is the case.

Children and young people can expect to have their confidentiality respected, with staff employed by the service and approved adopters for the Government of Jersey understanding their responsibility to not share anything about a child or young person with anyone who does not need to know.

Children and young people can expect to view their own records and know who else has access to them.

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.

Children and young people know how to obtain support and make a complaint.

### **1.1 Staff members understand and promote the rights of children and young people.**

Staff members and approved adopters of the Government of Jersey explain to children and young people, their rights and responsibilities in a way that can be easily understood. The United Nations Convention on the Rights of the Child is available in child friendly language and format. The Children's Commissioner's guidance is always adhered to in this respect.

The registered person ensures that staff and approved adopters inform and remind children and young people of their rights, as appropriate and relevant, during the adoption process. Where a child is too young to express their views, wishes and feelings, those working with and for the child ensure that they advocate in their best interests.

Children and young people are given the opportunity to feedback, raise concerns or complaints without fear that this does not result in any adverse consequences for them.

Staff members respect all children and young people accessing the service, irrespective of background, need or presentation.

## **1.2 Staff members and prospective adopters are fully aware of legislation, policies and procedures which reflect children and young people's right to make choices and of how these may be related to age.**

Children and young people are supported to make positive, informed decisions and reduce risk to themselves, in line with their age, understanding and as part of risk assessment processes.

Children and young people, dependent on their age and capacity are involved in all decisions relating to their health, care, welfare, and support.

Wherever possible, the views, wishes and feelings of children and young people are responded to and acted upon. In instances where it is not possible to act upon their views, wishes and feelings (such as in situations where their health and safety would be adversely impacted or where others residing in the prospective adopter's household would be adversely affected), children and young people are supported to understand why this is so.

In addition to the views of the child or young person, their family, social worker, and relevant and significant others, are regularly consulted for their views, except in circumstances where this is not appropriate.

The wishes, feelings, and views of children and those significant to them are sought and considered in monitoring prospective adopters and in developing the adoption service.

Children and young people with complex needs or communication difficulties have the same opportunity to make choices as others. Every practicable effort is made to ensure that the right to make choices is upheld.

In all cases, the views and wishes of children and young people and the efforts made to facilitate informed decision-making are fully recorded.

## **1.3 Staff members and prospective adopters respect children and young people's privacy and confidentiality and always promote dignity.**

There is a policy and procedures on privacy and confidentiality which includes:

- Access to children and young people's records by staff employed by the service
- The measures which are taken to protect personal and sensitive data relating to children and young people and their families
- Sharing information (including under safeguarding and co-operation requirements)
- Children and young people's choices
- Consent

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

The registered person ensures that each child or young person is supported to access independent advocacy and knows how to contact their independent advocate.

It is acknowledged that access to these services depends, in part, upon their availability. Where any gaps in service provision are identified, the registered person ensures that this information is escalated as is most appropriate.

#### **1.5 Children and young people know how to obtain support and make a complaint.**

Children and young people know how to obtain support and make a complaint or raise a concern. Children and young people receive prompt feedback on any concern or complaint they have raised.



## **Standard 2: Children and young people's diversity and individuality are promoted in their prospective adoptive placement.**

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

Children and young people have a positive sense of self-worth and are supported to become emotionally resilient.

Children and young people demonstrate improved self-confidence.

Children and young people understand their background.

### **2.1 The care provided to children who are to become adopted is personalised.**

The adoption service is active in its efforts to obtain appropriate information about the child or young person from birth parents and birth families about:

- the child or young person's birth and early life
- why the child or young person could not remain in the care of their birth parent/s
- why the child or young person was placed for adoption
- any health issues of the birth parents and any siblings
- the views of the birth parents and birth family about the adoption and contact
- up-to-date information about themselves and their situation

The above information is contained in a child or young person's permanence report that is given to prospective adopters as part of the matching process to equip them with an understanding of the child or young person's background and life experiences.

The adoption service support prospective adopters in becoming properly equipped to support the emotional needs of children and young people in their care. This may take the form of specified training and/or more informal guidance. In situations where prospective adopters find difficulty in understanding or adjusting to diverse or complex situations involving children and young people in their care, the adoption service ensures that additional supervision, training, or therapeutic support is provided.

The Adoption Placement Plan is appropriately individualised, considering the child or young person's family background, cultural and religious needs, and life experiences. It includes emotional and social developmental needs and of how these might best be met.

The registered person ensures that Adoption Placement Plans are completed prior to a child or young person being placed with prospective adopters.

## **2.2 Children and young people have access to a life story book which is coordinated by one person.**

Children and young people who are to become adopted are provided with information about, their birth and early life; their natural parents; the reasons why the child was placed for adoption; any health issues of the birth parents or any of their children and young people; the birth parents' and birth family's perspectives relating to the adoption and future contact, their cultural and religious background, and any up-to-date information about the birth parents and/or birth family. This service takes all reasonable steps to obtain this information from the birth parents and family.

After an adoption order is made, the service continues to encourage and enable birth parents and families to provide updates relating to significant family information. This information is collated and provided to the child in a manner which is appropriate to their circumstances.

Prospective adopters are supported by the service to recognise the importance of keeping this information safe and how to provide it to the child in a format which is appropriate to age, and at a time which they believe to be correct, or upon request once the child reaches adulthood.

The child or young person's social worker leads on compiling a life story book for the child or young person. This life story book provides an objective and factual account of the circumstances relating to the child's adoption. It is produced in a format which is appropriate to the age of the child. Prospective adopters are encouraged to update it with the child as the child develops.

The life story book is provided to the prospective adopters before the thirteen-week period prior to the adoption being concluded.

## **2.3 The social worker who knows the child or young person writes a later in life letter.**

This letter is realistic, honest, and sufficiently detailed so that when the child or young person is ready, they can fully understand their life before being adopted. The letter contains:

- reasons why they could not remain with their birth parent/s
- reasons why they were adopted

The prospective adopters receive this later in life letter within ten working days of the adoption order being granted by the court.

## **2.4 Children and young people who are to become adopted are encouraged to make choices.**

Children and young people who are to become adopted are enabled to make choices, for example the food which they eat, choice of clothing, purchase of personal items and activities.

This is dependent upon the age and ability of each child or young person and is within the context of the family's decision-making and the types of boundaries and limits which would be set in any other family.

## **2.5 Diversity is actively promoted.**

All children and young people are treated as equals, where they are treated with the dignity and respect they deserve and that their differences are celebrated.

Each child or young person and their family have access to adopters and services which recognise and address needs in terms of gender, religion, ethnic origin, language, culture, disability, and sexuality.

The adoption service has a written policy related to diversity and inclusion. The service is delivered in a way which recognises and enhances the strengths of children and young people who are to become adopted. Children and young people who are to become adopted are supported to understand and encouraged to exercise their rights and to be adequately informed and equipped to challenge discrimination.

The homes of prospective adopters are inclusive and affirming. Children and young people who are to become adopted are positively encouraged to explore their cultural or religious background and to develop respect for themselves and for others. Prospective adopters are expected to be alert to and to positively challenge attitudes, behaviour and language that are non-inclusive and discriminatory.

Each child or young person with a disability receives specific and appropriate services and support to help them maximise their potential and to lead as full a life as possible; this includes ensuring appropriate equipment and where necessary and appropriate, adaptation of the prospective adopter's home and/or vehicle.

Disabled children are provided with services and support to help them access as wide a range of activities as is possible.

## Standard 3: Prospective adopters promote positive behaviour and relationships.

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

Children and young people have positive relationships with their prospective adopters that are based on mutual trust and respect and enable positive interactions with others.

### 3.1 Children and young people live with prospective adopters that promote and model positive behaviour.

The adoption service ensures that prospective adopters are adequately equipped in their understanding of the unique circumstances which impact upon each child or young person in their care. They are trained to understand that challenging behaviour is a symptom of trauma, and not a stand-alone condition to be resolved through discipline alone. This training and support is undertaken within the necessary boundaries of confidentiality and data protection and is proportionate to enable prospective adopters to understand and predict the child or young person's behaviours and to offer bespoke support.

Prospective adopters are provided with support from the adoption service when experiencing difficulties in responding to challenging behaviours. Prospective adopters receive training in the positive care of children and young people, de-escalation techniques and understanding the impact of trauma.

The adoption service has a written policy which outlines what is acceptable action that can be taken by prospective adopters, relating to control, restraint and discipline of children and young people who are to become adopted. The registered person takes appropriate steps to ensure that all prospective adopters fully understand this policy and can implement it.

Measures taken by prospective adopters to manage the behaviour of children and young people in their care are documented in the Adoption Placement Plan. The adoption placement plan is reviewed as necessary, for example if a significant incident occurs or additional needs of the child or young person are identified and assessed, requiring further support. Incidents and their responses, which fall outside of the boundaries set out in the Adoption Placement Plan, are reported to the adoption service.

Prospective adopters are made aware of the emergency duty and fostering and adoption out of hours service as part of placement planning.

### **3.2 Children and young people who are to become adopted are encouraged to take responsibility for their own behaviour.**

As is appropriate to their age and abilities, children and young people who are to become adopted are supported to understand the behaviours which are expected of them, the boundaries which are in place and the consequences of exhibiting challenging behaviours.

Children and young people who are to become adopted can develop and maintain positive relationships, to be assertive in expressing themselves, and to resolve conflict appropriately and positively.

## **Standard 4: Children and young people are effectively safeguarded from neglect, abuse, or harm. They feel safe and are safe during the adoption process.**

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

Children feel safe and are safe; children understand how to protect themselves and are protected from significant harm including neglect, abuse, and accident.

Prospective Adopters are provided with adequate training relating to safeguarding and health and safety.

### **4.1 All prospective adopters undertake the mandatory training required to maintain their approval by the adoption panel.**

The mandatory training required for approved adopter is:

- Paediatric First Aid (to be refreshed every 3 years)
- Record Keeping
- Understanding the impact of trauma

The adoption service can provide evidence upon request, that approved adopters have received relevant mandatory training and that this is completed prior to them being matched with a child or young person.

The registered person ensures that any specialist training is provided to prospective adopters, for example for children and young people with complex needs, self-harming behaviours, mental health issues or where there may be moving and handling requirements.

### **4.2 Children and young people feel safe and are protected by those caring for them.**

All children and young people placed with prospective adopters are protected from harm, abuse, neglect, and exploitation.

Prospective adopters make every reasonable effort to keep children and young people in their care safe and actively promote their wellbeing.

Prospective adopters are trained in all appropriate areas of child protection as part of their assessment process. Prospective adopters are alert to indications of abuse or harm and take adequate steps to reduce risk of abuse or harm where this is suspected and report any matters of concern at the earliest opportunity to the Adoption service or the child or young person's social worker. Where appropriate, prospective adopters are trained in the skills needed to offer therapeutic support children and young people who have been abused and the needs of children and young people with disabilities.

Placements of children and young people with these specific needs do not take place unless prospective adopters have been appropriately trained.

The adoption service works with prospective adopters to make positive relationships, where the promotion of a culture of openness and proportionate approach to risk assessment and risk mitigation is adopted.

The adoption service establishes and maintains adequate and effective partnership working arrangements with all other relevant agencies concerned with child protection. This includes but is not limited to the Safeguarding Partnership Board, child protection teams, the police, primary care, the probation service, and the general hospital.

Neither the adoption service nor prospective adopters are risk averse in supporting children and young people's development. Children and young people in protected placements are allowed to take risk, which is appropriate to their stage of development. However, this happens within the context of promoting personal safety and self-care and extends to activities both in and outside of the prospective adopters' home and includes the use of the internet and social media.

All approved adopters have developed a 'Safer Caring' plan as part of their assessment. This 'safer caring' plan is adapted to the individual needs of the child or young person placed, for example the likes and dislikes of a child or young person and their risk profile.

#### **4.3 Accidents and incidents are reported and investigated promptly.**

There is an open and transparent incident/accident and near misses' policy which identifies who needs to be informed of such incidents. Incident/accident reporting routes are available to prospective adopters 24 hours a day to ensure the child or young person is safeguarded.

Where there is suspicion of harm to a child or young person this is thoroughly investigated using the existing child protection procedures.

The child or young person is supported appropriately following any accident, incident or near miss and is fully involved and aware of any investigative process and findings (dependent on age and capacity).

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

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

## **Standard 5: Children and young people who are to become adopted are supported to access appropriate health, education, and leisure or play opportunities.**

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

Children and young people in protected placements reside in environments that are healthy, where their health is prioritised and where appropriate services are available to meet their health needs.

Children and young people in protected placements experience uninterrupted education.

Children and young people are encouraged to develop their interests, and access leisure or play opportunities in their home and in the community.

### **5.1 Children and young people's physical, emotional, and mental health needs are met, and their social development needs are promoted.**

Children and young people who are to become adopted are supported to understand their own health needs and of how these are to be met. Insofar as is safe and practical, children and young people who are to become adopted are encouraged to make informed decisions about their own health and to maintain a healthy lifestyle, which includes good nutrition, opportunities for exercise and good quality sleep.

Children and young people in protected placements are encouraged to participate in a range of activities which enable them to maintain a good level of physical and emotional health and wellbeing. Children and young people are also encouraged and enabled to make and sustain friendships, which may involve reciprocal arrangements to visit friends' homes.

The registered person ensures that there are protocols in respect of children and young people visiting friends' home in respect of safeguarding.

The Adoption Placement Plan documents all health-related needs and is reviewed as these needs change. Prospective adopters are supported to fully understand their own role and their responsibility in ensuring that these needs are met, including where decision-making responsibility is delegated to them and where consent for medical treatment needs to be sourced.

Children and young people who are to become adopted have prompt access to medical care and treatment when these services are required. Where prospective adopters support children and young people with complex health needs, appropriate training is provided before such a placement takes place. Where physical aids and adaptations are required, to enable children and young people to be supported safely, these are in place prior to a placement commencing.



Prospective adopters are trained in the management and administration of medication if appropriate. Prescribed medication is only to be provided to the child or young person for whom it is prescribed and only in accordance with the prescription. Medication for which a prescription is not required, (such as paracetamol) may be administered but only in accordance with defined guidelines and as part of delegated authority.

Where appropriate, young people may keep and take their own medication, with an associated risk assessment in place.

Over the counter medications are stored safely and accessible by those whom they are intended. This is covered with prospective adopters in their initial health and safety assessment, as part of the assessment process.

## **5.2 Children and young people are supported to meet their education potential.**

The adoption service has a written education policy which promotes the education of children in protected placements, which is fully understood by prospective adopters. The adoption service establishes and maintains robust links with local schools and other education and training organisations. The adoption service fully supports prospective adopters in their role of promoting the educational attainment of children and young people in their care.

Learning and development is promoted within prospective adopter's homes, with aspirations for children and young people to achieve their optimal outcomes. In accordance with their age, children and young people attend their education establishment, without interruption. Where a child or young person is excluded from their educational provision, there is arrangements in place to provide structured occupation during school hours.

Children and young people have access to appropriate educational resources to support their learning and have opportunities for learning outside of school, for example:

- access to a space where learning can take place in the home
- educational toys and games
- educational books
- access to a computer or laptop
- extracurricular learning through a tutor
- activity clubs, such as beavers, brownies
- accessing sport and joining a club
- social and visual learning e.g., visiting museums, historical sites

Prospective adopters actively support and promote children and young people to achieve their personal education plan (PEP) objectives and work alongside education providers and the adoption service to realize this ambition.

Where problems are identified relating to a child or young person's achievement, behaviour or well-being at an education establishment, action is taken promptly to address these matters proactively.

This happens through a process of open discussion, mediation and problem-solving, with each partner agency working together with the child or young person in question. Where issues remain, the fostering service ensures that the virtual head teacher is consulted on a way forward.

Children and young people looked after in protected placements can access pupil premium payment, this can be for extra support in the classroom and any adaptations or equipment required by the child or young person.

Prospective adopters take reasonable steps to ensure they are properly appraised of each child or young person's educational progress and school attendance, for example:

- consultation sessions
- open days
- discussions with teachers

### **5.3 Children and young people are encouraged to develop and pursue their own interests, to grow in confidence, to develop socially and to have the opportunity to engage in leisure activities.**

As a general principle, children and young people who are to become adopted have access to the same range and type of activities as are available to their peers. This includes a broad range of school-based and out of school activities. Prospective adopters offer children and young people a range of activities that broaden their exposure to physical, social, and emotional development opportunities.

Such activities promote children and young people's self-esteem and confidence. For some children and young people who have suffered trauma resulting from abuse and neglect, they may find undertaking such activities a challenge due to poor self-esteem and fear of failure. Prospective adopters receive training in understanding how to promote a child or young person's progress in this area.

Children and young people are encouraged to develop their own interests and hobbies and to have the opportunity to pursue these.

Prospective adopters are provided with clarity about the decisions which they can and cannot make about children and young people in their care. Prospective adopters are only required to seek consent from the adoption service where this is necessary. Ordinarily, as much freedom to make decisions as is appropriate, is delegated to prospective adopters. In general, prospective adopters are encouraged to provide permission for the child or young person to take part in age-appropriate peer activities. The Adoption Placement Plan provides adequate guidance in these matters.

Children and young people who are to become adopted are encouraged to form and to maintain friendships. Wherever safe and appropriate, children and young people who are to become adopted may be permitted to attend school trips, to stay overnight at a friend's house, to go on holidays and to spend time with friends or relatives of the prospective adopter. In each case, the prospective adopter is responsible for deciding upon appropriateness depending on individual circumstances and context.

## **Standard 6: The homes of prospective adopters are safe and appropriate to meet the needs of children and young people.**

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

Children and young people live with prospective whose home provides adequate space, to a suitable standard to meet their needs and the home is safe.

### **6.1 Homes of prospective adopters provide a suitable physical environment for children and young people who are to become adopted.**

Each prospective adopter home is large enough and has adequate physical space to comfortably accommodate all the children and young people who may reside in the placement at any one time. This includes there being enough space for any aids or adaptations which are necessary to meet the needs of children and young people.

Each prospective adopter home is physically comfortable. The temperature is warm or cool enough depending upon the time of year and the weather. It is furnished and decorated to a good standard. It is clean and well-maintained throughout.

Where there is access to outdoor space and where this forms part of the premises, this is safe and secure.

Children and young people have access to a home that promotes a learning environment where they can undertake study and homework.

The prospective adopter home is inspected prior to approval via a 'Health and Safety checklist'. As part of any matching process with prospective adopters and a child or young person the supervising social worker considers if a revised checklist is required.

If prospective adopter/s move or have substantial structural or maintenance changes to their existing property, this triggers consideration for a further inspection. The registered person ensures that this takes place within seven working days of any significant change.

Prospective adopters take action to remove any hazards in their home or take action to reduce the risk associated with unremovable hazards.

As a point of principle, every child or young person has their own bedroom. Where this is not possible, sharing of bedrooms for children over the age of two, may only take place with other children and young people. In every such case, a risk assessment is undertaken which considers the potential for bullying, any history of abuse or abusive behaviour, the wishes of the children or young person in question and any other matters of relevance.

**6.2 Vehicles used to transport children and young people prospective adopters are well maintained.**

All vehicles used to transport children and young people, either by the service or prospective adopters are fully insured and are serviced annually. Any identified need for repair is acted upon as soon as is practicable.

## **Standard 7: Children and young people who are to become adopted are supported to maintain contact with parents, families, and others.**

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

Children and young people in foster care are often able to have contact with their parents, families and significant others who play a significant role in their lives, although this varies depending upon the individual circumstances of the child.

### **7.1 Children and young people are supported and encouraged to maintain contact with their birth family.**

Face-to-face contact between a child or young person and their birth parents or significant others may have stopped in most situations prior to a child or young person being placed with prospective adopter/s.

Initial contact arrangements are focused on the needs of the child or young person and not the needs of the adults concerned, however the views of the birth family members and prospective adopter/s are considered. These arrangements are then reviewed in accordance with the adoption support plan.

Where letterbox contact is planned post the adoption of the child or young person that an appropriate letterbox agreement is signed between birth family members and the adoption service.

The adoption service ensures that prospective adopters are provided thorough training and with practical support to understand the importance for children and young people of contact with birth parents, siblings, member of the birth family and significant others.

The adoption service helps individuals comply with any contact agreements, this may be practical support in writing a letter, recognising this can be a difficult time for birth parents and significant others. In doing so, the adoption service considers the child or young person's age, level of understanding, and the individual capacities of all concerned.

### **7.2 Contact where there are siblings are not placed together.**

Where siblings cannot be placed together with the same prospective adopters, contact arrangements with other siblings are made in the best interests of each of child or young person.

### **7.3 Unauthorised or unmediated contact.**

Children and young people, prospective adopters, birth parents and significant others are helped to understand the potential harm that unauthorised or unmediated contact, including social media networks can have on the stability of adoptive placements. Prospective adopters are prepared in case this happens and are supported if it does happen.

## **Standard 8: The service maintains appropriate protocols for children and young people who are missing from prospective adopter's homes.**

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

Children and young people rarely go missing and if they do, they return quickly.

It is also understood that there may be a range of reasons associated with why a child or young person may go missing.

Children and young people are helped to understand the dangers and risks of leaving their prospective adopter's home without permission and provided with information of where they can access help.

The adoption service acts quickly in situations where a child or young person is missing to ensure that the child or young person is protected from harm and responded to positively on their return.

### **8.1 The adoption service responds appropriately to children and young people who are missing from a prospective adopter's home.**

The Registered person ensures there is a missing procedure, and that staff and adopters are aware of their responsibilities and take appropriate action if a child or young person goes missing from a prospective adopter's home.

Children and young people are provided with attuned care and support from their adopters that minimises the risk of them going missing and reduces the risk of them coming to harm. Attuned care means the prospective adopter's ability to respond to the child or young person's needs and is deeply connected with trust and security in the relationship.

Where the whereabouts of a child or young person is known or thought to be known and they are absent without consent, they are protected in line with the missing procedure and that prospective adopters and the adoption service understand their responsibilities in this respect.

The types and extent of actions which may be taken by the adoption service relate directly to the assessed level of risk and are in accordance with a plan. In many cases, the police may lead in determining the actions to be taken in locating a missing child or young person.

Prospective adopters maintain their normal parenting responsibilities and are expected to take reasonable action to attempt to establish the whereabouts of their child or young person in the first instance. However, each situation is assessed on its own merits. In some cases, prospective adopters may be distressed and unable to undertake enquiries themselves.



In such cases, provided that it is safe and practicable to do so, and in accordance with the plan, the adoption service may take action to contact known friends and relatives to establish the whereabouts of the child or young person; visit locations where the child or young person is known to frequent; attempt to contact the child or young person on the telephone, via text or social media.

The service may make appropriate enquiries with the child or young person's birth parents/carers and other relatives; make appropriate enquiries with other services which the child or young person accesses; make enquiries with other carers and professionals who have been involved with the child or young person.

Appropriate arrangements are in place to ensure that a follow-up meeting is held with the child or young person who was missing, as soon as is practicable to arrange and always within 24 hours (unless the child or young person refuses to cooperate). The visit may be undertaken by a separate organisation working on behalf of the adoption service if this is deemed to be appropriate. In such cases, the service maintains overall responsibility and ensures that adequate communication takes place to ensure that relevant information is sourced, to enable assessments and plans to be updated accordingly.

The intention in undertaking a follow-up meeting facilitates learning to reduce the risk of an incident of absence recurring and supports the service in its assurance or not, that the arrangements at home or in the placement remain safe and appropriate. Where this is not indicated, a plan is formulated to determine how the situation can be made safe and appropriate or whether an alternative placement is necessitated.

If a child or young person returns to the prospective adopter's home or is located by the prospective adopter, it is the responsibility of the prospective adopter to inform the police. If there are concerns that the child or young person has been the victim of a crime or that they may be in danger or at risk from any person arising out of circumstances that have occurred whilst they were missing, this is reported at this point.

Where a child or young person has been located but the incident of them being missing was not reported by their prospective adopter, the service informs the prospective adopter of their responsibilities in this matter and encourage them to report any future episodes. The service considers whether further assessment is necessary to identify any safeguarding concerns or need for additional support.

The adoption service maintains accurate records when a child or young person goes missing or is absent without consent. The records contain the following:

- the action taken by the prospective adopters
- the circumstances of the child or young person's return
- any reasons given by the child or young person for running away and any actions taken in light of those reasons

## Standard 9: Intercountry adoptions – promoting and assessing prospective adopters.

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

The adoption service assessing and approves prospective adopters who can meet the needs of children and young people who live outside of Jersey, where the child or young person feels loved, safe and secure within Jersey.

Prospective adopters are assessed as having the necessary skills, resilience and expertise to help children and young people recover from the impact of early life experience of loss and trauma.

### 9.1 Procedures are conversant with the Adoption (Jersey) Law 1961 in respect of intercountry adoption.

[SCHEDULE 2 \(Article 11A\(2\)\)](#) sets out the law in respect of intercountry adoption and reflects the Hague convention on intercountry adoption.

Guidance in respect of Intercountry adoption has been published by the [United Kingdom Home Office](#). The [Department for Education](#) also has extensive guidance on the process of intercountry adoption.

### 9.2 People who are interested in becoming adoptive parents or prospective adopters.

They are treated fairly, without prejudice, openly and with respect. They are kept informed on a regular basis in relation to progress in relation to their enquiry or application, in a manner which meets their individual communication needs.

### 9.3 The enquiry, training, and assessment process.

The enquiry or application process follows the timescales set out the adoption service 'timescales for best practice' document.

The adoption service is primarily responsible for the following areas of the enquiry and assessment process of prospective intercountry adopters:

- being the initial receiving authority for intercountry adoption enquiries
- conducting an initial visit to prospective intercountry adopters
- undertaking a full adoption assessment to ensure the edibility of the prospective adopters, including approval at the adoption panel

The assessment and approval process are clearly explained to prospective intercountry adopters at the initial visit, to include details of requirements imposed upon prospective intercountry adopters by Jersey legislation, any fees that are charged in respect of the assessment and completion of paperwork and what post adoption support is available to them.

The adoption service provides information to prospective intercountry adopters on how to find an independent adoption agency who specialise in intercountry adoptions and handle communication between the Department of Education, the Home Office and the 'state of origin' of the child or young person. This agency provides the following information to prospective intercountry adopters:

- information about the country or countries they wish to adopt from, including the eligibility criteria
- any laws governing adoption which the chosen country has in place that they must operate within
- details of fees involved in the application and post approval process
- the prospective adopters' right to make representation to the adoption agency or apply to the Secretary of State for an independent review if the adoption agency considers them unsuitable to adopt at Stage Two of the approval process

The adoption service in Jersey does not offer the specialist preapproval training for prospective intercountry adopters, so it is necessary for the prospective adopters to enrol on this training with the specialist adoption agency. The training provided by this specialist agency includes the following:

- the impact of institutional care
- the difficulties some children experience, such as neglect and abuse, and the effect on their development and capacity to form secure attachments
- the key parenting skills and parenting capacities they need to care for children who have experienced neglect and abuse and who may be of a different ethnic or cultural background to the applicants
- an understanding of the significance of the child's identity, their birth family, the need for openness to help the child to reflect on and understand their history, according to their age and ability, the role of contact, how to manage unauthorised contact, including through online social networks, and the importance of significant memorabilia

This agency provides training feedback as part of the assessment process.

The adoption service operates a stage one and two process, with stage one being the references and checks process and stage two is where the applicants progress to assessment. The stage one process is completed within the benchmark set out in the timescales for best practice document of the adoption service and a decision taken at this time by the registered person on whether to proceed to stage two.

The approval process to the adoption panel is the same as on-island adopters and the adoption service has an independent review mechanism in place where a decision is made not to approve prospective intercountry adopters.

#### **9.4 Post approval process.**

The adoption service provides the completed assessment and approval documentation to the prospective intercountry adopters, who then have the documentation formally notarised.

The prospective adopters and their specialist agency then apply to the Department of Education for a 'Certificate of Eligibility' to adopt from overseas. Once this is in place, the 'state of origin' starts the process of identifying a child, if this has not already been completed.

Once a potential match of a child or young person has been made the adoption service are responsible for the completion of the matching documentation to ensure that the needs of the child can be met by the prospective adopters.

The specialist adoption agency provides support and guidance to prospective adopters and has discussed with them the proposed placement and the implications for them and their family; ascertained the views of the prospective adopters and, as far as possible, provided them with a counselling service and access to specialist medical or educational advice.

It is expected that the prospective adopters then visit the child or young person they are matched with, before they make an application with the support of the specialist adoption agency to adopt.

The adoption service would advise the immigration authorities here in Jersey of the child or young person's impending arrival.

Once the adopted child or young person arrives in Jersey, the adoption service has a duty to visit the child or young person to check on their welfare and how they have settled into their new family.

It is the responsibility of the new parents to apply to the Registrar to have birth records and adoption register updated.

The 'state of origin; may request regular updates on how the child or young person is doing, the stability of the placement, any issues that have been identified and what post adoption support is being provided.

Intercountry adoption timescales for best practice in respect of approval, matching and placing children and young people with their new parent/s can be adversely impacted by matters that the adoption team has no control over, so any benchmarking in this respect cannot be the same as on-island adoptions.

**9.5 Prospective intercountry adopters can the same post adoption support as local adopters.**

Intercountry adopters are provided with the same post adoption support service that local adopters receive (please see post adoption support standard).

## **Standard 10: Children and young people are matched and placed with prospective adopters who can meet their needs.**

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

Children and young people benefit from stable placements and are matched and placed with adopters who can meet, most, if not all, of the assessed needs.

Children feel loved, safe, and secure with their prospective parents with whom they were originally placed.

### **10.1 The matching process is appropriately planned and structured.**

Once a prospective adopter has been approved as suitable to adopt a child or young person, the service produces a Prospective Adopter Matching Plan, in consultation with the prospective adopter.

The plan sets out the duties of the service in respect of placement and reviews.

The consent of the birth parents to their child or young person being placed for adoption is sought unless the placement is made as part of care proceedings.

The Prospective Adopter's Report and the child's Permanence Report are used to identify prospective adopters who can meet most, if not all of a child or young person's needs.

When a potential match is identified, the service ensures that the prospective adopter's social worker is provided with or has access to, the child or young person's adoption case record. The prospective adopter's social worker is provided with sufficient information to form a view of whether the prospective adopter/s can realistically meet the child or young person's health, emotional and developmental needs and that the prospective adopter can become properly prepared to understand the practical implications of becoming the parent for that child or young person.

The service meets with the prospective adopter/s to discuss the proposed placement and the implications for the prospective adopter/s and their family. The views of the prospective adopter about the placement are sourced at this point. The prospective adopter/s are given access to independent counselling and any specialist medical and/or educational advice as appropriate.

The service is responsible for ensuring that the prospective adopter/s fully understand the child or young person's background and needs (which may include health, emotional and developmental needs). The service is also responsible for ensuring that the prospective adopter/s recognise the practical implications associated with parenting that child or young person. This is undertaken prior to the match being presented to the adoption panel.

If it is determined that a match is appropriate, a placement planning meeting is convened. The prospective adopters are invited to attend this meeting and are provided with a copy of the placement plan.

**10.2 The adoption service ensures that measures are put in place to best support both prospective adopters and children and young people who are to become adopted in preparing for a placement.**

The child or young person is provided with information about the prospective adopters. This includes information about their home, their children, their family and their pets (as applicable). The child or young person is informed as to whether they have their own bedroom. They are informed of which school they will be attending and are provided with general information about the local area, facilities and activities.

The adoption service has clear procedures associated with introducing children and young people to prospective adopter's homes, to the prospective adopter and to anyone residing in the prospective adopter's home.

The adoption service ensures that there is a robust and comprehensive transition plan for the proposed placement, that recognises the needs of the child or young person in terms of duration of the plan and a mid-point review. All parties agree the transition plan well in advance of the placement.

The child or young person and prospective adopters feel well prepared before the placement and are happy with the pace of the introductions and the date of placement. The child visits the prospective adopters' home before the date the child moves into the home.

Throughout the matching process, the child or young person is aware of how to contact their social worker. They understand contact arrangements relating to their birth parents, birth family and any significant others.

Children and young people are entitled to set clearly defined rules and expectations associated with living in the home of the prospective adopter/s. These are measured, reasonable, proportionate and in line with what would be expected in any other family home.

## **Standard 11: The adoption service has clear arrangements relating to the involvement of birth parents and birth families in the adoption process.**

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

Children and young people who are adopted have as clear an understanding of their background as is possible to provide and their life before adoption.

The child or young person's birth parents and family take an active part in planning and implementation of their child's adoption.

Although there are situations where contact is not possible between a child who has been adopted and their birth parents or family, where this is of benefit to the child, it is supported.

### **11.1 The service has clear processes associated with contact with birth parents and birth family.**

The needs of the child are central to decisions and arrangements relating to contact. The views of birth family members are considered as are those of prospective adopters. The adoption support plan stipulates contact arrangements and their review.

Prospective adopters are provided, through training, to identify the importance of contact arrangements for the child.

As a point of principle, siblings are placed together where possible and practical. In the rare situations where this cannot happen, contact arrangements between siblings are facilitated provided that this is in the best interests of each sibling.

The service is responsible for providing or arranging practical and emotional support relating to contact and can demonstrate that appropriate arrangements are in place.

The service is responsible for ensuring that all parties understand the potential harm which can arise from unauthorised or unmediated contact. Prospective adopters are prepared, through training and advice, in the rare event that this happens and are provided with appropriate support if it does happen.

### **11.2 Birth parents are supported and respected throughout the adoption process.**

In all cases, birth parents and birth families are treated without prejudice and with fairness, openness, and respect. The service ensures that they are provided with regular updates relating to the progress of their child's adoption.

If any concerns or questions are raised by the birth parents or birth family, these are responded to honestly and as completely as is possible.



Birth parents are given information on how to obtain legal advice, contact details of local and national support groups and services, and support to fulfil agreed plans for contact

In situations where a child is unborn and their parent or parents are considering relinquishing the child for adoption, both parties are offered pre-birth counselling. They are also provided with accurate information relating to the adoption process and permanence options relating to their baby's future.

Birth parents are provided with access to a support worker once adoption is identified as the appropriate plan for the child. The support worker is independent from the child's social worker. In addition, birth parents are provided with advice relating to the sourcing of legal advice, access to support groups and to plans for contact.

The wishes and feelings of birth parents and families are listened to and respected. There may be situations where wishes are not acted upon, although they are always considered. The reasons for wishes not being acted upon are fully explained to the birth parent/s and/or family. The child's case record and permanence report document the views and wishes and (where applicable), the reasons that they are not acted upon.

Birth parents are provided with an opportunity to comment on anything which is written about them prior to this being presented to the adoption panel.

The adoption service takes steps to encourage birth parents and birth families to contribute to the adoption plan.

The adoption service ensures the prospective adopters understand the importance for the birth family to be told if their child dies during childhood or soon afterwards and agrees to notify the adoption agency. The prospective adopters' decision and any subsequent action are recorded on their case record.

## **Standard 12: The service has a clear statement of purpose and set of policies which are accessible to everyone including children and young people who use the service.**

### **What this means to adopters and prospective adopters:**

Adopters and prospective adopters who receive support from the service know what to expect. There is a Statement of Purpose which sets out the aims and objectives of the adoption service and what services and facilities it provides.

### **What this means to children, young people and their birth parents:**

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

### **12.1 There is a clear written Statement of Purpose.**

This includes information about:

- What the service sets out to do for children, young people, and their families
- How the service supports adopters and prospective adopters
- The operating model of the service, including organisational structure and how many children, young people and adopters 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, and disability. This includes a statement about equality 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
- 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
- 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 welfare of the children and young people accessing the service

- Arrangements for involving others concerned for the health and welfare of the child or young person (where appropriate), in assessment and planning processes
- 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 the premises (from which the service is provided)

The Statement of Purpose is child-focussed and sets out clear objectives. It is written in a way which is accessible to children and young people, prospective adopters, and staff members. Where appropriate, the Statement of Purpose is available in formats which meet the communication needs of adopters, prospective adopters, children, and young people. 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 through a variety of methods to:

- Children and young people
- Prospective adopters
- Any person working in the service
- Inspectors appointed by the Jersey Care Commission
- Any person involved in arranging care for children and young people

## **12.2 There is a children and young peoples' guide to adoption.**

This is 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
- Children and young peoples' rights and how they are involved in their adoption journey
- The expectations of children and young people and staff members' behaviour and respectfulness
- The role of the registered person and other staff
- Advocacy and how to access it
- How to provide feedback or complain and support to do so
- How and in what circumstances information is shared
- 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 point at which a placement is set up.

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.

### **12.3 There are policies and procedures based on best practice and evidence which are available and accessible to children and young people, their families, prospective adopters, social workers, and others.**

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/learning events
- Co-produced with partner agencies where necessary

A list of policies and guidance relating to notifications to the Commission is provided in [Appendix 2](#).

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

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

Children, young people, adopters, 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.

## **12.5 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.

## **12.6 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 adoption service. Contact cards, apps, and other means of raising issues and complaints suited to the child or young person's age and ability are always available.

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

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

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

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

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

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

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

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

## **12.7 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 13: The service is well managed, and the organisation effectively led.**

### **What this means to prospective adopters:**

Prospective adopters feel confident that the adoption service is well managed by a person who has the relevant experience, knowledge, skills, and qualifications to deliver a service which is efficient, responsive, and professional.

They know who the manager is and can contact the manager if required.

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

Children and young people placed with prospective adopters benefit from appropriately assessed, trained, and supported carer/s, with the registered person being responsible for providing this service.

Birth Families and significant others know that there is accountability in terms of service delivery and that the registered person is responsible for delivering a service that safeguards their child or young person whilst in a protected placement.

### **13.1 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.

### **13.2 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/clinical care
- Information management

### **13.3 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/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).

### **13.4 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

They have a sound working knowledge and experience of law and practice relating to children and young people looked after, the adoption law and service procedures.

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/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.

### **13.5 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/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.

### **13.6 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. Caseload numbers 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.

### **13.7 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.

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

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

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

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

### **13.9 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.

### **13.10 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.

**13.11 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.

**13.12 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.

**13.13 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 when considering work allocation. This is reviewed regularly. This oversight of manageable caseloads allows for improved safeguarding of children and young people and families, ensuring the right support is available at the right time.

**13.14 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.

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

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

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

**13.16 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.

**13.17 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/others and care/support workers.

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.

**13.18 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.

**13.19 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.

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

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

- Concerns which relate to an insufficiency in the amount or type of care provided or an inability to meet the terms of the contract to meet the needs of people who receive care.
- Concerns which relate to the environment, lack of equipment or other limitations.

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

## Standard 14: Staff are safely recruited and are fully supported in their roles.

### What this means to prospective adopters:

All staff working with prospective adopters and adopters 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.

The adoption service has sufficient numbers of staff to comprehensively meet the requirements of the service.

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

All staff 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.

There are enough staff to deliver the service well.

Involving people who receive care or support in the recruitment of staff is an important part of ensuring the right workforce is in place. It demonstrates that an organisation values the people it provides care or support to and identifies the best candidate for the role.

It is important for organisations to demonstrate preparedness in involving people who receive care or support in recruitment.

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.

### **14.1 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.

#### **14.2 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](#).

#### **14.3 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 should be able to demonstrate or have the potential to demonstrate.

#### **14.4 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.

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

Organisations may have different screening processes for recruits, including exercises, simulation or 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 should 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/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.

#### **14.6 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.

If the service recruit's volunteers, there is a separate policy which includes age limits, qualifications and the circumstances in which volunteers may or may not be used, and whether they are included in minimum staffing ratios.

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

Registered Managers ensure that the service has enough staff to enable the service to function in accordance with the Statement of Purpose. There are enough staff employed to cover absences due to annual leave, sickness, and study leave. All staff are physically and mentally able to meet the needs of children, young people and families.



**14.8 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 a good handover of cases and other work from the departing member of staff to another. This is also the case when a member of staff takes a period of leave. Children, young people, and their families 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.

**14.9 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.

**14.10 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](#).

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

Training is available to all staff including volunteers.

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

- Experience and knowledge in the subjects delivered (this may include professional qualifications)

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

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

All training includes an assessment of learning.

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

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

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

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

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

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

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

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

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

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

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

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

**14.12 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 / 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.

**14.13 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 15: The service maintains comprehensive records relating to every child or young person whom the service supports.**

### **What this means to prospective adopters:**

The adoption service maintains accurate records that are stored securely, and prospective adopters can have access to.

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

The records held by the adoption 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 information in these records is written in a way which is easy to understand.

There are also records of their time in the care of their prospective parents written and produced by their prospective parents foster carer/s. These records are in a variety of forms, such as photographs, recording logs or memorabilia.

### **15.1 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 prospective adopter's files and what information is kept on the child or young person's files. The service ensures that all children, young people, and prospective adopters 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 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 and prospective adopters are supported to and made aware of how they can access their records.

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

## **15.2 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.

## **15.3 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.

Each case includes a chronology of significant events for the child or young person and separately, their prospective adopter/s.

When a case is transferred between staff, other professionals or teams, a transfer summary is created.

The adoption service may operate and is advised to operate 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.

**15.4 The adoption service has clear protocols in place to inform relevant agencies when an adoption has taken place and that their own records reflect that a child or young person's name has changed.**

All relevant agencies, to include health (Health and Community Services, the child or young person's GP and Family Nursing and Homecare), education and social security are informed by the adoption service that a child or young person has been adopted within 3 working days of the adoption order being made. Agencies receiving this information have their own procedures in place to amend their records.

In recognition of a child or young person's change of name as a result of an adoption order being made, the adoption service creates a new record in the child or young person's new name and lock down their previous record, to protect their confidentiality, in line Caldicott Principles.

**15.5 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, taking into account the rights of the child or young person and their families to request access to their records.

**15.6 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 should be made to the Speech and Language Therapy service.

**15.7 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.

**15.8 Records are cross-referenced where necessary.**

Records are appropriately linked across sibling groups and family members.

Where records are shared across sibling groups, information is relevant to the individual child named in the records, their views, and experiences.

**15.9 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 16: Decisions taken regarding the recruitment, assessment and approval of prospective adopters are transparent and fair.**

### **What this means to prospective adopters:**

Prospective adopters are assured that decision making in respect of their application or annual review to become or remain a foster is robust and independent.

Prospective adopters are aware of the recommendation of their supervising social worker to the panel and Agency Decision Maker (ADM).

There are appeal processes in place where prospective adopters disagree with the panel and ADM decision.

Prospective adopters are recruited who have resilience and determination to succeed in caring for children. They are provided with a comprehensive training program and supported by an allocated supervising social worker.

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

Children and young people benefit from decision making about their prospective adopters that has been through a robust process.

Children and young people are cared for in adoptive families that provide them with caring, loving, encouraging, empathetic and understanding care throughout their childhood.

### **16.1 There is a straightforward application process.**

The service has an appropriate strategy associated with the recruitment and assessment of prospective adopters and operates an associated policy. The strategy is reviewed in accordance with need in Jersey and its effectiveness is assessed.

The adoption service plans effectively to ensure that there are sufficient numbers of prospective adopters to meet current and predicted future demand.

Anyone who is interested in, or makes enquiries about, becoming an adopter is treated without prejudice and with fairness, openness, and respect.

There is a simple application process which is accessible to anyone who wishes to make an application. Once an application is received, a notification is provided to the applicant which advises of next steps and associated timescales.

The adoption response to enquiries is in line with its own timescales for best practice document.



## **16.2 There is a robust application process.**

Prospective adopters are informed about the assessment process. This information includes:

- An illustration of the process itself from beginning to end e.g., a flowchart
- Eligibility and exclusion criteria
- The due diligence process which is undertaken (which includes the requirement for six references and a DBS check)
- Information pertaining to the process of adopting a child in Jersey and the process of adopting a child from overseas (intercountry adoption)
- The matching, introduction and placing process
- The range and types of support which is available to prospective adopters
- The service's expectations of prospective adopters
- Timescales for each stage of the adoption process (these may be both approximate and specific)
- How a decision is made regarding their application and how the outcome is communicated.
- The complaints and appeal process

Prospective adopters are provided with regular updates relating to their application.

Prospective adopters are assured that the purpose in undertaking robust checks is not to identify reasons not to approve them as prospective adopters. Rather it is to provide evidence that the prospective adopters have the capacity to care for a child or young person safely and responsibly and in a way which meets their developmental needs.

## **16.3 Preparation courses are of a high quality and are both available and accessible.**

Preparation courses take place and are available to all prospective adopters. This includes foster carers who wish to adopt the child for whom they are caring. Preparation courses take place at times and in a way which is inclusive and non-discriminatory e.g., outside of regular working hours.

The effectiveness of preparation courses is audited, evaluated, and reviewed at least once per year.

Preparation courses adequately meet the needs of prospective adopters and are delivered in a way which prepared prospective adopters for the experience of adopting a child or young person.

They balance highlighting the positive aspects of adopting a child with the difficulties and challenges associated with the experience.

In particular, preparation courses include the following:

- The impact of neglect and abuse on a child's development and ability to form secure attachments
- Parenting skills and the specific skills associated with caring for a child who has experienced neglect or abuse
- The importance of a child's identity and personal history
- The role of contact and how to manage unauthorised contact
- Applicants are provided with opportunities to talk with approved adopters and adoptees

#### **16.4 The assessment process is robust and ensures prospective adopters have the necessary skills, capacity, and resilience to care for children and young people who may have experienced trauma and abuse.**

Prospective adopters are considered in terms of their capacity to look after children in a safe and responsible way that meets the child's development needs.

The adoption team manager checks that the prospective adopter's report is accurate, up-to-date and has evidence-based information which distinguishes between fact, opinion, and third-party information, before it is submitted to the adoption panel.

The social worker who wrote the prospective adopter's report signs and dates it. The report is countersigned and dated by the adoption team manager and the prospective adopters.

#### **16.5 The adoption panel makes timely, evidence-based, and reasonable decisions.**

The adoption service operates a policy relating to the adoption panel, which includes how the panel is recruited and trained to equip panel members with the relevant skills, knowledge, and expertise to make competent recommendations regarding the suitability of prospective adopters to be approved or reapproved (as part of annual review process) as prospective adopters for the Government of Jersey, taking into account the nature of the children and carers that the service caters for.

Panel members are also interviewed as to their suitability for the role, provide suitable references and be DBS checked.

The registered person ensures that every panel is quorate, with at least 3 independent panel members present in order to provide a robust and considered recommendation to the ADM.

All the information required by the adoption panel for it to make decisions relating to its recommendation, is provided to it at least five days prior to the panel meeting.

The registered person has benchmarking in place for timescales of when new applicants are presented to the adoption panel from the date of their initial application. This is regularly monitored and evaluated by the registered person to ensure that prospective adopters are presented to panel within reasonable timescales.

Prospective adopters can attend and speak at adoption panel meetings. They may bring a person to support them if they wish to do so.

The panel advisor is responsible for ensuring that minutes are taken of all panel meetings. The minutes are accurate and comprehensive. They record the panel's recommendation and the reasons for it.

The Panel Chair is sent the minutes and recommendation within three working days of the completion of the panel to seek their approval of the minutes and sign-off, before being sent to the Agency Decision Maker (ADM) no less than five working days following the panel. The ADM has a further five working days to provide their decision and comments.

The prospective adopter/s receive the recommendation of the adoption panel on the day of the panel. The panel chair provides this feedback, however there may be a need to seek guidance from the panel advisor if the recommendation is not to approve the applicant/s or to defer due to further information being required.

#### **16.6 The adoption service operates an appeals process.**

Where a recommendation is made by the Panel and supported by the ADM not to approve the applicant/s, the adoption service have a procedure in place to provide the opportunity for the applicant/s to have this decision reviewed. This procedure provides for the following:

- Timescales for the applicant to make a formal request to have the decision formally reviewed
- How the decision is reviewed and by whom
- Timescales in relation to when the formal review takes place
- Expectations in relation to representations that the applicant/s can make and when these need to be submitted
- If the applicant/s remains unhappy with the outcome of the formal review decision what happens next
- What is the independent procedure for review of the ADM decision

There is provision for the panel chair and independent panel members to meet with the ADM and the registered person on a regular basis, at least twice per year where issues can be raised to develop the panel's function and accountability.

At each stage of the approval process a written decision is provided to the prospective adopter/s, which includes the rationale for the decision.

## **Standard 17: Allegations and suspicions of harm are handled appropriately.**

### **What this means for prospective adopters:**

Allegations, complaints, or standards of care concerns are handled effectively within identified timescales and that prospective adopters are provided with support during this process.

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

Children and young people in foster care are safe, feel safe and are listened to.

Children are protected from significant harm which includes abuse, neglect, and accidental harm.

### **17.1 The adoption service responds promptly and appropriately to any allegations it receives.**

The adoption service operates a policy or set of procedures associated with child protection. These are in line with wider Government of Jersey policy and protocols. These are made available to all staff employed by the service and to prospective adopters.

The adoption service takes steps to ensure that all staff members and prospective adopters, understand what if the service receives an allegation or have suspicions that a person may have:

- behaved in a way that has, or may have, harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child in a way that indicates he or she is unsuitable to work with children.

The adoption service has a designated person, who is a senior manager, responsible for managing allegations. The designated person has responsibility for liaising with the Jersey Designated Officer (JDO), and for keeping the subject of the allegation informed of progress during and after the investigation, alongside the service providing them with support.

The adoption service ensures that a clear distinction is made between investigation into allegations of harm, complaints, and discussions over standards of care. Investigations which find no evidence of harm do not become procedures looking into poor standards of care, these are treated separately.

A clear and comprehensive summary of any allegations made against a particular member of the adoption household, or staff member, including details of how the allegation was followed up and resolved, a record of any action taken, and the decisions reached, is maintained.

A copy is provided to the person/s as soon as the investigation is concluded. The information is retained (in line with the Government of Jersey retention schedules) on the confidential file, even after a child or young person is adopted or prospective adopters are deregistered.

As soon as possible after an investigation into a prospective adopter is concluded, their approval as suitable to adopt is reviewed and consideration given to presenting the prospective adopter/s to the adoption panel for this review. The adoption service operates a clear policy framework which outlines the circumstances in which a prospective adopter is removed as one of the adoption services approved prospective adopters, in the interests of the safety or welfare of children and young people. This is made available to prospective adopters as part of their assessment process.

Investigations into allegations or suspicions of harm are handled fairly, quickly, and consistently in a way that provides effective protection for the child or young person, and at the same time supports the person who is the subject of the allegation.

There is written guidance for prospective adopters and staff, which makes clear how they are supported during an investigation into an allegation including any payment of allowance to prospective adopters while investigations are ongoing.

During an investigation, the adoption service makes support, which is independent of the adoption service, available to the person subject to the allegation and, where this is a prospective adopter, to their household, in order to provide:

- information and advice about the process
- emotional support
- if needed, mediation between the prospective adopter and the adoption service

## **Standard 18: Adoption Support for children, young people and adults.**

### **What this means to prospective adopters:**

When a child or young person is adopted, parents can request post adoption support.

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

Children, young people, and adults affected by adoption receive an assessment of their adoption support needs, pre and post adoption.

### **What this means for adults requesting information about their birth records:**

Previously adopted adults are supported to access information about their birth records.

Information about intermediary services to help trace birth relatives is freely available upon request.

### **18.1 The provision of post adoption support by the adoption service.**

Adoption Support includes any support likely to be required for an adoptive placement to endure through to adulthood and is applicable to both existing and new situations.

The adoption service plans for the provision of a range of adoption support services, to include:

- Support to parents who require specialist support around the care of the child or young person they have adopted, for example therapeutic support and training to help children and young people recover from trauma and abuse or providing training in understanding the impact and caring for children and young people with Foetal Alcohol Spectrum Disorder or therapeutic life story work
- Assistance in relation to contact arrangements
- Financial support to adopters
- Assistance to adoptive parents, children and young people where a placement disrupts or is at risk of disrupting
- Other support or assistance as identified in any post adoption support plan
- Services to enable groups of adopted children, young people, adoptive parents, and birth parents to discuss matters relating to adoption
- Access to post adoption counselling
- Access to birth records and other documents kept on file
- Intermediary services (please see sperate standard)

## **18.2 Process of assessment for adoption support.**

The adoption service has written procedures on how referrals are received and responded to for post adoption support. The timescales for which are set out the adoption service timescales for best practice document.

Requests for assessment for adoption support is allocated to a social worker to carry out an assessment. The assessing social worker will usually need to interview the person being assessed (this can be done in person, on the phone or via another platform), where this is a child or young person, the adoptive parents also need to be interviewed depending on the case and the age, understanding and wishes of the child or young person.

In certain circumstances an assessment is not required before providing advice and information, this can be completed retrospectively if required.

A copy of the assessment report, once approved, is sent or given to the person assessed with notice of the outcome of the assessment, which states:

- The person's assessed needs for support
- Whether the local authority proposes to provide adoption support services and if so, what the proposed services are
- Where the assessment relates to the need for financial support, how this has been determined and calculated and the conditions to be attached

Where the person assessed is a child, and it is not appropriate to send the notice to the child, notices are sent or given to the adoptive parent/s or the most appropriate adult.

Where services are proposed, a draft Adoption Support Plan is attached to the notice and those assessed are allowed time to consider and make representations on the proposal.

Where the service proposed is one-off, the notice of the outcome of the assessment is sufficient to outline what support is proposed and a draft plan may not be required.

## **18.3 The adoption support plan.**

An Adoption Support Plan clearly sets out the following:

- The objectives of the plan and the key services to be provided
- The timescales for achieving the plan
- Those responsible for implementing the plan, when and who and the respective roles of others
- The criteria that are used to evaluate the success of the plan
- The procedures that are in place to review the services to be provided and the plan

The Adoption Support Plan needs to be completed after consultation with the appropriate partner agencies, such as CAMHS or education where any special arrangements may need to be made.

Where the child or young person is placed in the area of another local authority, the agencies in that authority's area needs to be consulted as to what services may be available for the adopters and the adopted children. In these circumstances, the prospective adopters are assisted with any cross-boundary issues that may arise.

The Adoption Support Plan includes any proposed financial support, how the amount has been calculated, where it *is to be* paid in instalments - the frequency of payment, the period over which it is paid and when the first payment is to be made, the conditions and the consequences of failing to meet them and the arrangements for review, variation, and termination.

#### **18.4 Consultation with proposed recipients of adoption support.**

Once a proposed Adoption Support Plan has the approval of the Designated Manager, a copy is provided to the proposed recipients of the support, as well as to any party involved in the delivery of the plan.

The recipients of the proposed support are given 10 working days to consider the proposals and make representations to the adoption service about the proposed adoption support plan. If the recipients do not agree with the plan, they have the opportunity for representations to be made to the registered person, who provides a considered decision taken into account the representation within 5 working days. The recipients are then informed of the outcome for their consideration.

#### **18.5 Reviews of Adoption Support Plan.**

Where adoption support is in place prior to an Adoption Order, the Adoption Support Plan is reviewed in line with best Looked after child practice or at any time if there is a significant change of circumstances, within four weeks of the notification of the change.

After the Adoption Order has been made, the Adoption Support Plan is reviewed if a change in circumstances is brought to the notice of the adoption service. The Adoption Service Manager decides on the format and content of any such review, which depends on the circumstances of the case. It may refer to only one element of the Plan or be relatively minor in which case an exchange of correspondence may be sufficient.

Where the change of circumstances is substantial, such as a serious change in the behaviour of the child, it may be appropriate to conduct a new assessment of needs involving other parties.



## **18.6 Urgent Cases.**

Where there is an urgent need for support, the support can be provided before a Plan is drawn up, but the above procedure is then be followed as soon as possible.

## **18.7 Access to birth records.**

The adoption service has a written procedure on how it responds to requests for information about birth records from previously adopted adults. Alongside this procedure the adoption service responds to these requests in line with the timescales for best practice document.

People who have been adopted are treated fairly, without prejudice, openly and with respect. They are kept informed on a regular basis in relation to progress in relation to their request for information, in a manner which meets their individual communication needs.

People making requests are offered counselling to ensure that they:

- are provided with a safe space where any issue related to adoption/permanent placement can be explored
- are actively helped with processing intense feelings and identifying coping strategies
- Are provided with careful preparation, support, and guidance with regard to the many issues around contact with birth relatives, in accordance with relevant legislation

## **18.8 Access to intermediary services.**

The adoption service has the following responsibilities to help individuals trace or contact birth relatives:

- the adoption service maintains a record of any contact or request for information on the relevant files in case birth relatives contact the service for information about their birth records
- where there is a contact on file from a birth parent or family member, the adoption service acts as the intermediary and put the two parties in touch with each other
- the service provides counselling and support in relation to birth family contact

Where there is no or little information on the adoption service files to help an individual trace a birth relative, the service can refer persons making such requests to a specialist intermediary service which has built up extensive experience of searching and acting as intermediary in such situations.

## 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 within 48 hours 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 and some might not apply to your service). The term incident is used to refer to incidents, accidents and near misses.

- Serious incident or accident where harm has occurred
- A child or young person being a victim or perpetrator of a serious assault
- Serious concerns over a child's or young person's missing behaviour\*
- Events that stop a service running safely and properly, e.g., damage to premises, fire, safety equipment, theft, or burglary
- Safeguarding/child protection concerns (where a child or young person is looked after by the Minister has suffered physical, sexual, emotional abuse or neglect only)
- Unauthorised absence (missing person)\*
- Placement of a child or young person off Island\*
- Notifiable Infectious Diseases
- Restrictive physical intervention of the child or young person
- 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
- Medication error
- Death of a child or young person
- Admission to care of Minister
- Discharge from care of Minister
- Unregulated placement
- Unregulated Children's Home
- Incident where medical attention was sought
- A child/young person who is suspected or known to be involved in or subject to sexual/criminal exploitation\*
- Allegation against a carer or staff member within your service
- An incident of self-harm to a child or young person
- An incident where a child or young person exhibits harmful sexualised behaviour

**Note \*:** These notifiable events do not apply to 18 to 21 year olds



## 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 and 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(s) 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 and 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, 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.