

**Jersey Care Commission**

**Care Standards**

**Child Contact Centres**

**Respect**

**Voice**

**Safety**

**Choice**

**Quality**

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## The Jersey Care Commission

The Jersey Care Commission's purpose is to:

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

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

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

## Introduction to the Standards

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

The Standards have been written to:

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

The Standards have been written in a format which promotes a person-centred approach to all aspects of care.

The content of the Standards was developed by hearing from people in Jersey who receive care and others to establish what matters most and is important to them.

The Standards have also been written to complement existing Jersey wide programmes to improve outcomes for children and young people, such as the [Jersey Children's First](#) standard framework.

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

Definitions of the wording used in these Standards can be found in [Appendix 5](#).

## Scope

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

- Adoption Standards
- Child and Adolescent Mental Health Standards
- 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

Specifically, these Standards apply to:

- Supervised contact between children, young people and their families provided at a registered Child Contact Centre
- Supported contact to children, young people and their families provided at a registered Child Contact Centre

It is acknowledged that services which provide supervised contact differ from those that provide supported contact. This is demonstrated within the Standards.

## Guiding Principles

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

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

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

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

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

### **1.1 There is a written Statement of Purpose.**

This could include information about:

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

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

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

The Statement of Purpose is provided to the Jersey Care Commission and is available on request to:

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

## **1.2 There is a children and young peoples' guide.**

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

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

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

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

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

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

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

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

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

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

The information provided includes (where applicable):

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



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

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

Policies are:

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

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

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

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

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

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

#### **1.6 Children and young people and others are supported to speak up when things are not right.**

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

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

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

### **1.7 The service operates a complaints policy and procedure.**

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

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

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

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

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

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

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

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

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

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

### **1.8 There is a whistleblowing policy and procedure.**

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

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

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

The policy includes:

- An explanation of what whistleblowing is, particularly in relation to the service
- A clear explanation of the organisation's procedures for handling whistleblowing, which can be communicated through training

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Managers can demonstrate a range of critical skills which include:

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

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

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

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

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

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

#### **2.5 Service development is a collaborative, inclusive process.**

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

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

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

- Young people who may access the service
- Families of young people who may access the service
- People from different religious, cultural and minority ethnic groups

- Staff, including volunteers
- Local community groups and partner agencies

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

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

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

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

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

Managers regularly review workforce numbers to ensure children and young people's needs are being met and that work-life balance for staff is achieved. 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.

## **2.7 Management advice and decisions are professionally sound and recorded.**

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

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

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

Managers and staff ensure that supervision takes place at least every four weeks. This includes discussions of support and work being undertaken with children, young people, and their families. There is evidence in the records of managers and their staff using a reflective model of supervision.

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

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

**2.10 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 as part of their learning and development.

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

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

**2.11 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.

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

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

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

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

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

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

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

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

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

**2.15 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 are provided to the Jersey Care Commission annually.

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

**2.16 There is adequate insurance cover.**

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



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

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

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

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

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

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

Recruitment policies include:

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

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

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

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

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

### **3.3 There are clear job descriptions and person specifications.**

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

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

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

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

### **3.4 Transparent procedures are used for advertising and shortlisting.**

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

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

Organisations may have different screening processes for 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 or regulatory bodies

- Receipt of appropriate criminal records and barring lists checks – which must include the receipt of an Enhanced Disclosure and Barring Service (DBS) return.

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

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

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

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.

### **3.7 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.

The staffing policy includes a statement relating to the use of social media and recording equipment.

### **3.8 All staff receive 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.

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

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

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

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

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

A list of mandatory training is included in [Appendix 3](#).

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 be based upon best practice and statutory requirements.

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

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

### **3.11 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.

### **3.12 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.

### **3.13 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 4: The building from which the service operates is welcoming, safe and legally compliant.

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

The building is warm, clean, bright, child-friendly, safe and meets all legal requirements.

#### **4.1 The Manager takes responsibility, in providing a building that is warm, clean, bright, and friendly. The building is safe and legally compliant.**

The building is well maintained and has sufficient space to fully meet the needs of the children, young people and families using the centre. The building meets current Health and Safety regulations and constitutes a safe and child centred environment.

The premises are accessible to people with disabilities. Appropriate steps are taken to ensure that people with disabilities can independently and safely access all parts of the building including any outdoor space provided.

The premises are clean, well lit, ventilated, and kept at an adequate temperature and maintained in a suitable state of repair and decoration. Records evidence that any required maintenance work has taken place and that maintenance schedules are adhered to.

Risk assessments are completed and reviewed regularly. All associated records are maintained and routinely updated. Policy guidance demonstrates the regularity of scheduled reviews.

Arrangements are in place to ensure that any risk assessments relating to the premises are understood by all staff and are reviewed regularly.

The centre manager ensures that a fire risk assessment is undertaken by a suitably qualified person. This assessment is reviewed regularly and there are systems for communicating the outcome to all staff.

Fire and emergency evacuation procedures are clearly displayed, and staff and all service users are aware of these. A designated Health and Safety Poster is displayed in a prominent place within the premises.

The service's kitchen, toilets and baby changing facilities are safe, well maintained and cleaned regularly.

The service has a valid and adequate insurance policy. This is on display in all buildings providing a service. The centre maintains evidence or an assessment of their insurance needs and how these decisions were reached.

Any outside play area is safe, secure, well maintained and cleaned regularly.

Records maintained by the centre show that regular checks have taken place.

The space available for the storage of equipment is adequate and safe.

The Centre provides sufficient and appropriate toys and games to meet the needs of the children using the service, and which meet BS Standards.

The Centre has a toy procedure which covers the use and storage of equipment and states how often toys are cleaned and by whom.



## **Standard 5: The service has a clear operating model and delivers services effectively.**

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

It is clear how the service works, including how referrals can be made, what timescales apply, how contact plans are developed and used, and how contact works within the centre.

#### **5.1 The way in which referrals are made into the service, and by whom, is clearly defined.**

The service has a written statement of purpose which sets out who can make a referral into the service and how they are able to do this. This correlates with a defined referral pathway, with the minimum data to be included in a referral similarly defined.

The ability of parents, carers, and family members to make referrals is stated, as are the means of self-referral.

There is a policy associated with referrals which includes processing arrangements and response times.

#### **5.2 The timescales associated with responding to referrals are defined and robust and appropriate monitoring arrangements are in place to ensure that these timescales are met.**

A referral is defined and the information which constitutes a referral is clear and understandable.

Referrals are auditable and therefore, defining characteristics such as category of referrer (e.g., family member, professional), are captured. The referral includes details of both parties (parents) involved in the contact before a family is accepted.

Where a referral is not accepted, the rationale for this decision is shared with the referrer.

Where a referral for supervised contact is accepted, it results in a child contact plan. The plan includes the specifics of the support being offered, including location and number of sessions. It sets out the handover arrangements, including any review arrangements.

#### **5.3 There is a clear policy relating to the use of risk assessments and of how these are used to protect children and their families.**

Before any child contact begins, a risk assessment has been undertaken which outlines the following (this differs for each child and family):

- how the children and young people are safeguarded whilst using the centre
- how many children are attending the contact?
- factors relating to a child or young person's behaviour, for example due to a learning disability or chronic health condition
- potential risk factors i.e., any criminal justice or Probation involvement
- on-going involvement from children's services or JFCAS
- any history of domestic abuse
- actual or potential levels of conflict, hostility or anger between adults, adults and children, or adults and staff.
- history of alcohol abuse
- history of drug or substance abuse
- mental health concerns
- cultural or religious considerations
- financial considerations
- known medical condition affecting either an adult or child
- known physical impairment or learning disability affecting an adult or child
- parenting skills
- involvement of other family members in any contact
- risk of abduction
- risk of absconding
- adults' views and expectations of contact
- children's view and expectations of contact

Where the risk assessment identifies an area of concern, detailed information is obtained relating to the nature and extent of the concern, the involvement of any other statutory or voluntary agencies and its likely impact upon any contact.

Risk assessments include control measures in place to reduce potential risks.

Risk assessments are accessible documents, continuously updated and easy to understand and implement.

#### **5.4 Contact plans are used to support families to understand what the child contact service does and what is required from them.**

Contact plans are established and agreed with the family prior to contact commencing.

These include:

- Names of the adults and children who are involved in the contact
- Names of staff working with families
- Proposed dates and times of families attending the centre
- How children arrive at and leave the Child Contact Centre
- Details of any programme of work to be undertaken with the family. This includes tasks happening before, during or after child contact. Policies and procedures for recording a contact and disclosing information to other agencies in relation to the contact itself, the safeguarding of adults, children, and staff.

- Policy and procedures in relation to reviewing the contact and/or any programme of work accompanying it.
- Information about how observations are recorded, who they are shared with and in what circumstances other arrangements might be followed.

The centre is clear about how observations are shared and what the timescales for this are.

### **5.5 The Child Contact Centre has rules that are clear to understand.**

The purpose of having clearly designated rules is to support families to understand how a Child Contact Centre keep them safe and what is expected from them whilst they are using the service.

Arrangements are in place to provide information about any house rules to adults and children (where appropriate), prior to them using the service.

Every person using a Child Contact Centre has the rules of the service explained to them during the contact pre visit or agreement meeting. Signing the agreement confirms that they understand and are agreeing to adhere to the rules. Failure to do so may lead to the service being withdrawn.

It is acknowledged that the rules associated with supervised contact centres are likely to be more comprehensive than those associated with supported contact centres.

House rules are clear about parents using mobile phones and taking photographs. These are discussed in the pre-visit and parents are supported to understand the balance of protecting parents' rights to have photographs of their children, whilst protecting the privacy of others at the centre.

The Child Contact Centre has house rules about medication and when this can or cannot be administered. These rules have the flexibility to meet the needs of all children and families. Consideration is given to the use of emergency medications, such as epi-pens.

Agreements regarding the administration of medications are risk assessed. The Centre enables parents, prior to first contact, to provide express permission for this to happen.

The house rules make clear that if a parent appears to be under the influence of drugs or alcohol, the contact is cancelled.

The house rules make clear that abuse or threatening behaviour from adults or children is not tolerated. Where appropriate the police are informed.

### **5.6 The service ensures that handovers are undertaken safely.**

Handovers (the process of supporting a child to transfer from the care of one parent to another), is planned through the referral process.

There is a clear policy available to both parents which sets out specific timings and expectations of behaviour during contact sessions.

In respect of supervised contact, it should not be necessary for parents to meet, and arrangements should be in place to enable handovers to be facilitated by child contact service staff. This may also apply in respect of supported contact, although it is acknowledged that often the intended outcome is for parents to manage the handover themselves. Therefore, the arrangements are considered on a case-by-case basis and are risk assessed.

In respect of supervised contact, a record of the handover is completed after each session.

Any safeguarding issues are reported without delay and in line with the service's policy.

### **5.7 The service has a policy relating to virtual contacts.**

Virtual Contact takes place much like any other form of contact and can include Supervised or Supported services. The main difference with Virtual Contact is that this is delivered using technology (including TEAMS, Zoom, Skype, WhatsApp, Facebook live etc).

Adults engaging in Virtual Contact with their children understand the steps that the Child Contact Centre take to support them and what they can expect from the process.

This type of contact is likely to be appropriate in circumstances where children and their parents cannot physically be in the same place, or where one parent is living outside the jurisdiction.

This service may be used as a stepping-stone towards achieving face to face contact and is delivered in way which is both safe and effective.

Where virtual contact is facilitated, the Centre (with support from external agencies), provides appropriate technology, ensuring its safe use, in terms of protecting people's personal data and any risks relating to cyber security.

The Centre allows participants to join contact sessions in such a way that they do not need to register, subscribe, or make payments to any individual software provider.

Virtual contact is a planned intervention, much like any other service offered by a Child Contact Centre. Therefore, risk assessments, contact plans, referral procedures and review processes are an integral part of the virtual contact process.

Parents and children are supported to engage in this service in a way that best meets their individual needs. This includes a pre-visit, and written information or guides about the use of technology and the service being provided.

All parties engaging in Virtual Contact understand any rules, restrictions and expectations placed upon them, including how the Centre ensures their physical and emotional wellbeing.

Children engaging in a virtual contact know that the session, as far as possible, take place in privacy. This includes ensuring that, unless otherwise stipulated by a court order, sessions are not recorded. However, it is important to note that a court may request reports relating to child contact.

Unless otherwise agreed, contacts using Internet technology do not include audio or visual recordings, including either the parent or the child taking screenshots to record imagery.

Where a recording of virtual contact session is required, the Centre creates a written record, stored, and shared in line with procedures. A list of records is provided in [Appendix 1](#).

Any unauthorised attempt to record a contact session is considered unethical and the Centre makes parents aware that any further sessions may be suspended, or the contact plan permanently ended.

If a parent were to act in a way that was not perceived to be in the best interests of their child, the service may consider suspending any further access provided at the Centre, should this behaviour continue.

### **5.8 Contact reports are produced as a summary of observations from a contact session (Supervised Contact Centres only).**

Reports and written records are of acceptable quality and written by people with the necessary skills to do so. They are not intended to be verbatim recordings. Observation reports are succinct and written with honesty and integrity.

Any record of contact includes:

- The adult's and the children's responses to each other upon arrival and before the contact commences
- Date and times of the contact
- Names of the adults and children involved in the contact
- Children's dates of birth
- Names of the staff responsible for supervising and recording the contact
- A child's physical presentation
- How the child engages in play
- Physical interactions between the adult and child
- Verbal interactions between the adult and child
- Observed parenting skills
- Safety and supervision
- Cultural issues
- Conflicts and disputes
- Departure
- A summary of the session including any changes that needed to be made or considered in relation to the dates or frequency of contact, the parents' approach to the contact, and any other requirement as stipulated by the referrer.

All records of contacts are completed and signed by the staff responsible, within two hours of the contact ending, and within 48 hours at the latest.

All contact records are checked and co-signed by a senior worker or service manager, before being sent to the appropriate parties.

Contact records demonstrate impartiality.

The Child Contact Centre ensure, before starting a contact, that parents know who written reports are shared with.

### **5.9 A child contact service providing supervised contact has a procedure to review family progress on a regular basis.**

Families know in advance how often reviews take place and what their involvement is in this process.

(NB The level of supervision for some contacts may be reduced during a review, from constant supervision to an intermediate level, escorted outings, or to supported or unrestricted contact, while some children always need the security of full supervision).

A review involving all parties takes place prior to any decision to move supervised centre-based contact outside of the centre.

The following are involved in this process:

- Both parents
- The children (if of an age to contribute)
- Any other adults involved in the contact
- The family's named workers
- Representatives from any other agencies the family is involved with regarding contact or issues relating to it

The review is conducted in a way that allows for each person involved in the contact to express his or her views about its progress and what happens in the future.

A short report is prepared by one or both of the allocated workers and circulated one week prior to the review to all attendees.

A summary of the review meeting is completed by the chairperson following the review and circulated within seven days. This report is made available to everybody involved in the review and contains details relating to the above, and a summary of what was agreed and how it is achieved.

### **5.10 Reports prepared by a Centre providing supervised contact reflect the records of contact for the family concerned.**

The Centre may be asked to provide reports that are additional to their usual contact observations. Where this is the case, the purpose of these reports is clear and the Centre provides reports, that are honest, truthful, and accurate.

**5.11 The Centre ensures that the people writing court reports (where these are produced), are trained to do so.**

The authors of court reports expect to give evidence on information recorded.

All court reports are honest, truthful, and accurate.

When a service has been asked to provide information as part of a court process, it ensures that it includes the following (unless the court directs or request otherwise):

- Names, date of birth and ages of all the children involved in any contact or programme of work.
- Names of the adults involved in any contact or programme of work.
- Background information relating to the family and the purpose of any contact or programme of work.
- A summary of the contact or work undertaken to include numbers of sessions and the period of time taken to complete them.
- A summary of the main issues arising from the contact or programme of work
- Recommendations for future contact and or programmes of work.
- The names of the workers responsible for the case or writing the report.
- Brief details of the qualifications and experience of the person(s) writing the report.

Where the Centre is unable to comply with a direction of the court, or stipulations within a court order, the court is made aware of this at the earliest opportunity, usually in written form and a copy of this correspondence and any correlating correspondence is maintained on file.

## **Standard 6: Children and young people are safeguarded from neglect, abuse, or harm. They are, and feel, safe whilst at the Child Contact Centre.**

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

Children and young people feel safe and are safe whilst using the service. If any safeguarding issues are uncovered, the service follows the appropriate guidelines to share their concerns and talk to children and young people about this.

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

All children and young people attending the Centre are protected from harm, abuse, neglect, and exploitation.

Staff and management make every reasonable effort to keep children and young people safe, actively promote their wellbeing.

Staff members are trained in all appropriate areas of child protection and attend refresher training as required.

Staff members 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 in accordance with the Safeguarding Partnership Board's policies and procedures.

There is an open and transparent incident or accident and near misses' policy which indicates who needs to be informed of such incidents.

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, subject to their age and ability, is fully involved and aware of any investigative process and findings.

The registered person or registered manager notifies the Jersey Care Commission of all such incidents, accidents or other events that have posed, or may pose, a risk of harm. The list of notifiable incidents is included in the appendices.

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



## **6.2 There is a clear policy for safeguarding children.**

The safety of children is paramount. Staff are trained to recognise the signs of abuse and harm to children and young people and there are robust policies in place to protect them. Policies and procedures for safeguarding children are in keeping with the guidelines issued by the Local Safeguarding Partnership Board. The centre has processes for reviewing the policies and procedures relating to safeguarding children, at least annually. Evidence of such reviews are maintained and noted.

Concerns and allegations are responded to quickly and appropriately.

The Centre takes all possible steps to ensure that the people using its services are adequately protected.

Families receiving a service might come together for the purposes of using gardens or other outside space. For this to happen the centre have a risk assessment showing this is safe for the individual family, other families, and staff. Whilst utilising outside space staffing levels are not decreased and staff remain within sight and sound of children.

Where safeguarding concerns are identified, a referral is made to the Children and Families Hub (01534 519000). The service has a policy regarding actions to be taken and indicates where consent is needed. (Parents are always be informed, and their agreement sought, unless this would place the child at risk of further harm).

All staff receive induction and ongoing annual training as required in Safeguarding and Child Protection. All staff are issued with guidelines relating to the discovery or disclosure of child abuse.

There is a named member of staff responsible for co-ordinating the service's approach to safeguarding children, the disclosure of any child abuse and allegations against staff, and whistleblowing.

Staff are aware of the role of the Jersey Designated Officer (JADO) and of how to make contact.

Where staff have safeguarding concerns relating to an adult, the safeguarding referral pathway is followed. This is available on the Safeguarding Partnership Board website at: <https://safeguarding.je/report-a-concern/> .

## 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 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/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.