



**Jersey Care Commission**  
**Care Standards**  
**Residential Family 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
- Child Contact Centre Standards
- Children and Family Community Nursing Standards
- Children's Homes Standards
- Children's Social Work Standards
- Fostering Standards
- Independent Reviewing Officers Standards
- Special Schools Standards

Specifically, these Standards apply to Residential Family Centres, registered under the Regulation of Care (Jersey) 2014 Law. This includes:

- Services that enable contact between children, young people and their birth parents or guardians
- Services that provide supported contact to children, young people and their families

## 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 includes information about:

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

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

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

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

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

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

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

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

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

The information provided includes (where applicable):

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

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



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

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

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

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

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

Policies are:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The policy includes:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Managers can demonstrate a range of critical skills which include:

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

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

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

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

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

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

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

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

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

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

- Young people who may access the service
- Families of young people who may access the service
- People from different religious, cultural and minority ethnic groups
- Staff, including volunteers
- Local community groups and partner agencies

Services are developed in partnership with appropriately experienced young people and parents/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. Staff do not work more than 48 hours per week unless under extraordinary circumstances on a short-term basis only.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Managers consider the skills, abilities and experiences of all team members 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.

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

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

**2.15 Managers cultivate a staff group atmosphere that is mutually supportive and respectful, and 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.



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

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

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

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

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

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

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

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

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

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

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

**2.19 There is adequate insurance cover.**

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

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

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

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

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

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

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

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

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

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

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

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

Recruitment policies include:

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

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

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 registered organisation, organisational 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. It includes:

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

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

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

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

Organisations may have different screening processes for 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 and 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.

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

Registered Managers ensure that the service facilitates 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 are based upon best practice and statutory requirements.

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

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

### **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 service maintains comprehensive records relating to every child or young person whom the service supports.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Each case includes a chronology of significant events for the child or young person.

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

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

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

#### **4.4 Care records confirm that the social worker regularly sees the child or young person alone, as appropriate.**

There is evidence of children being seen and spoken to alone, in line with Children's Social Care Services Practice Standards, or relevant organisational policy.

Where children are not seen within the stated timescales, there is a discussion with the appropriate manager, which is recorded and includes reference to the next steps to be taken.

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

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

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

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

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

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

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

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

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

Records are appropriately linked across sibling groups and family members.

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

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

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

**4.10 The Chronology is updated in timescales and the entries are relevant to the child or young person.**

Chronologies are child centred and meaningful, outlining important events and milestones for children and young people, rather than just key dates for social work decision making or processes.

## **Standard 5: The building from which the service operates is welcoming, safe and legally compliant.**

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

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

#### **5.1 The Manager ensures the building is welcoming, warm, clean, bright and friendly. The registered provider ensures the building is safe well maintained and legally compliant with all relevant health and safety and building control requirements.**

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.

Children and young people have the opportunity to personalise their bedrooms or individual living spaces.

The building is accessible to people with disabilities.

Families are not accepted until it is determined that the placement can meet their needs and requirements.

Premises used for assessment of parents are clean, well lit, ventilated, and kept at an adequate temperature and maintained in a suitable state of repair and decoration.

Maintenance logs show that any required maintenance work has taken place to a satisfactory standard and that maintenance schedules are adhered to.

Risk assessments are completed specifically relating to any building(s) used for the purposes of parental assessment. These are reviewed regularly, and associated records are maintained.

Arrangements are in place to ensure that any risk assessments relating to building(s) providing assessment of parenting skills are understood by all staff and are reviewed regularly.

The centre manager ensures that a separate fire risk assessment is undertaken, by a suitably qualified person, is reviewed regularly and the outcome communicated to all staff.

Fire and Emergency Procedures are clearly displayed, and staff and all service users are aware of them. A designated Health and Safety Poster is displayed in a prominent place within the service.

Fire drills are carried out on a regular basis and the fire alarm is regularly tested. Recordings maintained by the centre show that the necessary checks have taken place.

Bathrooms, 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.

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

## **5.2 Where surveillance is used in parenting assessments, this is underpinned by a clear and robust policy.**

Parents and children, of an appropriate age, know what, if any, surveillance methods are used in the centre and how these relate to their assessment and support.

There is a policy which explicitly sets out when and with whom any recorded footage is shared, for example, if a criminal activity is recorded, alleged or suspected.

All staff, parents and children of an appropriate age are made aware of the policy and, when necessary, it is provided through alternative methods of communication.

The policy sets out how the techniques used to contribute to assessments, how families are informed of their use, how legitimate privacy is protected and how residents are protected from potential abuse of such measures.

Staff are suitably trained in the use of the centre's surveillance methods.

The use of surveillance does not intrude unnecessarily on the privacy of parents and children and are not used in bedrooms or bathrooms.

Staff gain the informed consent of residents prior to the reasonable use of electronic monitoring devices during assessments.

Where residents do not consent to the use of monitoring equipment, there is a policy and procedure to manage next steps. Residents are advised on their rights to view or listen to footage recorded of them.

Parents may keep their own electronic devices, such as baby monitors, for their own safe use.

The policy is clear about how the information is retained and for how long. Staff follow the provisions of local legislation pertaining to data protection.

Parents and children, of appropriate age, are encouraged to communicate any concerns to staff about the impact on their privacy.

There is a policy on the retention and use of personal mobile phones and any other means of recording.

## **Standard 6: 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 are made, timescales, how family placement plans are developed and used, and how children and young people are safeguarded.

#### **6.1 The ways in which referrals can be made into the service and by whom, are 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 statement correlates with a defined referral pathway with the minimum data to be included in a referral.

There is an admissions policy which includes processing arrangements and response times. Any restrictions or limitations of referrals is clearly stated in the policy.

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

#### **6.2 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.**

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.

A referral includes details of all parties 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 is accepted, it results in a family placement plan.

#### **6.3 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 a placement commences, a risk assessment is undertaken which outlines the following (this differs for each child and family):

- How children and young people are safeguarded whilst using the centre
- How many children are attending the contact?



- Any factors relating to a child or young person's behaviour and any potential risk factors i.e., any criminal justice or Probation involvement
- History of domestic abuse
- Actual or potential levels of conflict, hostility or anger between adults, adults and children, adults and staff
- History of alcohol or substance misuse
- Any known mental health concerns
- Cultural or religious considerations
- Financial considerations
- Any known medical conditions affecting either the adults or children
- Any known physical impairment or learning disability affecting adult or child
- Parenting skills
- Involvement of other family members in any contact
- Risk of abduction or risk of absconding
- Adult's view and expectations of contact
- Children's view and expectations of contact
- Any involvement with children's services, JFCAS or other agencies.

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 describe proportionate, appropriate, achievable control measures in place to reduce potential risks.

Risk assessments are prepared in a format that is easy to understand and implement.

Risk assessments are accessible, regularly reviewed and kept up to date.

#### **6.4 Family placement plans are used to support families to understand what the residential family centre do and what is required from them.**

Family placement plans need to be established and agreed with the family prior to contact commencing.

They include:

- Names of the adults and children who are involved in the assessment
- Names of staff working with families
- Proposed dates that families reside in the centre
- How the children arrive at and leave the centre
- Details of any programme of work to be undertaken with the family.
- Policies and procedures for recording assessment and associated work and disclosing information to other agencies in relation to the service provision itself, the safeguarding of adults, children, and staff. The service's policy and procedures in relation to reviewing the assessment process 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 the objectives and intended outcome of any placement, and how and with whom any observations are shared.

### **6.5 The centre has rules that are clear to understand.**

The purpose of having clearly designated rules is to support families to understand how the centre keeps them safe and what is expected from them whilst they are using the service.

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

Every person engaged in the assessment process has the assessment process explained to them prior to it commencing.

Adults and children agree to the rules of the service and, where appropriate, sign an agreement which confirms that they understand and are agreeing to adhere to them.

The agreement explains that a failure to adhere to the house rules may lead to the service being withdrawn. (NB it is acknowledged that care receivers have a right to make decisions pertaining to the care which they receive).

The house rules include the centre's expectations around parents using mobile phones and taking photographs. (This is discussed in a pre-visit and balances protection of risk along with people's rights as parents to have photographs of their children, whilst protecting the privacy of others using the centre).

The Centre's policy regarding the use of baby monitors is clearly communicated to care receivers.

The centre has rules about use of prescribed 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 in situations that are life threatening.

Agreements regarding the administration of medications by staff members are clearly risk assessed. Centres work with parents, prior to admission, to ensure they provide express permission for administration of prescribed medication.

Guidance relating to medication management is provided in [Appendix 6](#).

If a service is provided to either a child or parent who has a chronic or acute condition, suitable arrangements are determined prior to a placement commencing. Specifically, any associated links with local medical facilities, including GP surgeries and community pharmacies, are formalised.

The service has determined a position statement in respect of situations where a person attend appearing to be under the influence of drugs or alcohol.

Whilst a zero-tolerance position might be appropriate, the service might also consider how it provides care in situations where care receivers have addictions to alcohol or substances and receive therapeutic input for the same. This is set out within the Statement of Purpose.

Any abusive or threatening behaviour from adults or children is not tolerated. However, trauma related responses in some children and young people may result in challenging behaviours. Where such incidents do occur, there is an agreed threshold for notifying the police and a record of all such incidents are completed.

The service is clear as to how it models appropriate responses in line with its Statement of Purpose.

#### **6.6 The centre ensures that staff members writing court reports are trained to do so.**

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

Training is delivered by a recognised provider and refreshed in accordance with designated schedules. There is a record of training.

All reports are honest, objective, 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 and any recommendations for future contact and or programmes of work.
- Names of the person(s) responsible for the case and writing the report.
- Brief details of the qualifications and experience of the person(s) writing the report.

Where centres are unable to follow a request of the court, or stipulations within a court order, the court are made aware of this at the earliest opportunity. This is usually in the form of a letter and a copy of this, and any correlating correspondence is maintained on file.

## **6.7 Parents and children are welcomed into, and leave, the centre in a planned and appropriate manner.**

There is a procedure for introducing families to the centre so that their move is managed with sensitivity and care. This includes arrangements for introductions to parents and children already living in the centre.

The centre only provides admission to parents and children who's assessed needs they can expect to meet, consistent with the centre's statement of purpose.

Except in an emergency (where information is provided as soon as is reasonably practicable), parents and children are given information, before arrival, about the centre and the placement, training, supervision, assistance and assessment they can expect, in a format which meets their needs.

Parents and their children visit the centre prior to a placement decision being made.

The individual programme for each family is based on the placing authority's assessment of their needs which identifies the purpose and scope of the residential assessment, of parenting skill and capacity, and any support which is provided. This is set out in the family placement plan.

The registered person does not admit families in an emergency unless explicitly included as a function of the centre and the centre is able to provide a bedroom and appropriate facilities.

Where an emergency admission is accepted, a review is initiated no more than 72 hours later to consider whether the family remain at the centre, or whether it is in the best interests of the parents and children to move elsewhere.

Staff promote contact with family, significant others, and support services that the parents and children require on their return home from the centre. Staff also provide, where appropriate, preparation and support during their stay to facilitate successful parenting and family life following discharge from the centre.

Each centre has and implements clear procedures for families leaving the centre which covers planned and emergency departures and considers the needs of the parent whilst giving paramount importance to the safety of the child.

Staff liaise with the placing agency when parents and children are due to leave, so that appropriate follow-up and resettlement support may be arranged, whether or not the children remain in their parents' care when they leave the centre.

## **6.8 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. The Safeguarding Partnership Board's policies and procedures form the basis of the service's approach to adult safeguarding. [Safeguarding Children | Jersey Safeguarding Partnership Board](#)

Concerns and allegations are responded to quickly and appropriately. [Appendix 4](#) provides a list of events which may mean a child's safety is compromised and when Jersey Care Commission should be notified.

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

## **Standard 7: Assessments are evidence-based, fair and sufficiently detailed.**

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

Assessments of need are based on evidence and a family's individual needs. Children, young people, and families' views are taken into account in assessments.

### **7.1 The residential family centre conducts assessments of parenting skill and capacity which are robust, fair, and evidence-based and based on the family's individual needs.**

The purpose of such assessments is to achieve a holistic understanding of the ability of parents to successfully care for their children and to meet their needs safely.

In all respects, the child's pre-assessed needs and well-being is central in both the assessment and the final report.

The assessment always links directly to any instructions of a court and/or the requirements of the Department for Children, Young People, Education and Skills.

The assessment/s are undertaken by a registered social worker in a designated manner and format.

The purpose and scope of the parenting assessment are described in the family placement plan and based upon the referral information provided at the start of the placement.

The assessment/s and final report are linked clearly to any court instruction and/or the requirements of the relevant department and are delivered within the specified timescales.

Assessments are focused on the objectives agreed in the placement plan. Additional comments are objective, impartial and based on demonstrable evidence, rather than the personal preferences of the assessor

There is a clear distinction between the assessment of parenting skills and capacity, and any support, advice or guidance provided during the placement.

If a parent being assessed is still legally a child, assessors take due consideration of their age, vulnerability, and level of understanding of the process. Similarly, if a parent has been assessed as having cognitive impairment there is appropriate consideration of relevant factors such as capacity, capability, and the need for external support.

All parents engaged in the process are provided with regular feedback. This expectation is reflected in the written assessment. Families are provided with the final report in a format that they can fully understand.

The views, feelings and wishes expressed by any child are recorded, considered, and taken into account, wherever applicable, in the assessment of their parent's care of them.

Staff are suitably trained and qualified to provide assessments and consult other professionals, as required, for specialist advice.

The final report is evidence-based, clearly expressed, and non-stigmatising; and distinguishes between fact, opinion, and third-party information. The report ensures that the focus remains on the child and outlines the parent's strengths, weaknesses and any ongoing risks or safeguarding issues.

The final report includes clear recommendations for follow-up care to ensure the smoothest possible transition or return to the home environment.

Parents are supported to understand the outcome of the assessment.

The centre seek feedback following a placement from the parents, children (when of appropriate age) and professionals involved as part of their quality assurance process.

## **7.2 Parents' and children's views, wishes and feelings are taken into account in all aspects of their placement.**

Parents are encouraged to communicate their views, wishes and feelings on all aspects of their placement, assessment, and support.

Parents and children are given information on how they can secure access to an independent advocate. Where necessary, this access is to an advocate who is suitably skilled in signing or in speaking the complainant's preferred language.

Parents can take up issues in the most appropriate way and without fear that this results in any adverse consequences.

## **Standard 8: Placements are individualised. They promote a positive identity, positive behaviour and relationships, and good levels of health and wellbeing.**

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

Improved family dynamics, promotes positive behaviour between family members and leads to better outcomes in respect health and wellbeing.

Diversity is respected, and the working environment supports the development of trusting relationships between children, young people, and their parents.

### **8.1 Parents enjoy sound relationships with staff based on honesty and respect and develop skills to sustain constructive relationships.**

Parents, through support from staff, are able to guide their children to behave in positive ways.

Parents are responsible for the care of their children. Staff only take over the direct care of a child if it is necessary to safeguard the child or assist and train the parent in parenting skills. Where staff intervene, this is done in a sensitive manner and explanations are given to parents in a way that they understand.

Where parents are being supported to develop parenting skills, they are enabled to build and sustain constructive relationships with staff so that, where possible, they are able to resolve conflicts themselves, in a positive manner and with a good outcome.

All staff are familiar with and adhere to the centre's ethos and agreed means of de-escalating conflict. Staff are provided with training in conflict management, rights-based practice in respect of de-escalation and understand the [Capacity and Self Determination \(Jersey\) Law 2016](#).

Incidents of conflict are logged. The registered manager regularly reviews incidents of challenging behaviour and examines trends or issues emerging from this.

The manager enables staff to reflect and learn from incidents and ensures any review informs future practice. This information informs discussions of the family placement plan, including whether a placement is terminated.

Parents and staff are given an opportunity to discuss the centre's approach to behaviour, particularly if they have witnessed or felt threatened by a disturbing incident involving physical or verbal confrontation.

The centre has a policy on searching the premises. The centre only carries out searches of a parent or child's bedroom, or their possessions, to avoid likely significant injury to themselves or another person.



Any search of a room or possessions are carried out with the maximum respect for parents' and children's privacy and with the parent or child present if they wish to be.

The centre has issued clear guidance on such searches, known to all staff and available to all resident parents, children, and inspectors.

## **8.2 Parents and children live in an environment that promotes their physical, mental, and emotional health and wellbeing.**

Parents' and children's physical, emotional and social development needs are identified in their family placement plan and are promoted throughout their placement.

The centre promotes and facilitates healthy lifestyle choices through education and involvement of outside agencies, where appropriate.

Parents' and, where possible, children's views, wishes and feelings are sought and considered in their family placement plan.

The centre has arrangements with local community and health care services and works in co-operation with these agencies, including specialist services such as mental and sexual health services, so that parents and their children have access to the services they need.

Staff involved in delivering therapeutic interventions have appropriate training and expertise and access to regular supervision.

Responsibility for each child's health and social care rests with the parent but the registered person obtains, and retains on file, prior written permission from the parent for each child if a staff member needs to administer first aid or personal care.

There is an effective policy on the safe management of medicines which includes a written record of all medication, treatment and first aid given to parents and children during their placement. All staff and parents are aware of the policy.

Prescribed medication is only given to the parent or child for whom it was prescribed. Parents, who are old enough and able to do so, keep and administer their own medication, unless the family placement plan stipulates otherwise.

Staff have received sufficient training on health and hygiene issues and first aid, with particular emphasis on health promotion and communicable diseases.

Parents, and children of an appropriate age, are encouraged to attend school, college, alternative provision, training, and employment, where appropriate.

**8.3 Parents are provided with individualised programmes of support that take account of their age, religious, cultural, and linguistic backgrounds, disability or special needs.**

Staff work in ways which encourage parents and children to have a positive identity.

Placements consider parents' and children's religious, cultural and linguistic backgrounds and any disability or special educational needs.

Staff promote contact between residents and their family members, including children's siblings, where this is consistent with the child's welfare. Where contact has been assessed as not in the best interests of the child, this is explained in a way that is understood by them. Staff are trained to recognise and manage challenging behaviour arising from these scenarios.

Where staff provide parenting support programmes, they help parents to develop skills, emotional resilience, and self-esteem to help prepare them to care safely for their children and promote their welfare.

Staff meet parents' and children's individual needs as set out in the family placement plan (and in the case of a child or parent who is looked after by the local authority, the child, or parent's care plan) considering, where appropriate, their relationship with the wider group of residents.

## Appendices

## Appendix 1: List of records

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

### GENERAL REQUIREMENTS

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

### CARE RECEIVER RECORDS

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

- Inventory of belongings on admission
- Behaviour Management Incidents register

## **STAFF RECORDS**

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

## **HEALTH AND SAFETY RECORDS**

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

## **MEDICATION RECORDS**

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

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

## **FINANCIAL RECORDS**

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

## Appendix 2: List of Policies

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

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

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



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

## Appendix 3: Minimum Statutory and Mandatory Training Requirements

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

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

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

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

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

## Appendix 4: Notifiable Events

Regulation 21 (Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018) requires that a registered person must notify the Jersey Care Commission within 48 hours of such accidents or other events that have posed or may pose a risk of harm to care receivers as the Commission may specify in such manner as the Commission may specify.

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

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

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

## Appendix 5: Definitions

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

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

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

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

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

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

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

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

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

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

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

**Care and support worker** relates to any person employed, volunteering or on work placement including health or social care professionals who provide care or support to

people receiving care services which are registered under the Regulation of Care (Jersey) 2014 Law.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**JFCAS** is the Jersey Family Court Advisory Service

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

**NACCC** is the National Association of Child Contact Centres [Child Contact Centres - NACCC](#)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Appendix 6: Medicines Management

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

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

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