



Jersey Care Commission
Care Standards
Social Work for Children and Young People

- 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
- Fostering Standards
- Independent Reviewing Officers Standards
- Residential Family Centres Standards
- Special Schools Standards

The Care Standards outlined within this document are based upon the [Government of Jersey's Children's Social Care Services Practice Standards](#) and the [Children's Social Care Service Timescales for Best Practice](#). They apply to organisations which provide a social care service to children and young people who are:

- a child in need
- in need of protection and are subject to a child protection plan
- a child in care or a care leaver and are entitled to a service from the Government of Jersey Children's Social Care Services.

The Government of Jersey's, Children's Social Care Services Practice Standards provide a clear outline what is expected of all social workers across the service and these have been developed into child friendly Standards by the Office of the Children's Commissioner for Jersey which can be found here: <https://www.childcomjersey.org.je/publications/research-papers-and-resources/childrens-social-care-service-practice-standards/>

The term of social worker not only includes qualified social workers who are registered with Social Work England, but also includes all care and support worker roles who deliver personal support and social care to care receivers.

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.

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| 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 / carers are clear about the aims and objectives of the service. They understand the roles of the professionals who work in the service.

1.1 There is a written Statement of Purpose.

This could include information about:

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

- Fire and safety procedures including details of any CCTV used in any premises (from which the service is provided)
- Any accommodation, facilities, and services it provides to include whether it is intended to accommodate children or young people who are disabled, have learning disabilities, or other needs
- Procedures for when children and young people go missing from the accommodation 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 / carers 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 / carers and what they can expect of the service. The information enables parents / carers 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 / carers 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 / carers 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, 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 / carers
- 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 or 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 for Government of Jersey services, or should be found in the registered organisations operational policies.

3.3 There are clear job descriptions and person specifications.

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

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

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

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

3.4 Transparent procedures are used for advertising and shortlisting.

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

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

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

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

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

- Verification of the candidate's identity and right to work in Jersey
- The receipt of satisfactory written and verified references
- Verification of qualifications and registration with professional or regulatory bodies
- Receipt of appropriate criminal records and barring lists checks – which must include the receipt of an Enhanced Disclosure and Barring Service (DBS) return.

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

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

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

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

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

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

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 should be notified well in advance of any changes of staff working with them and given the opportunity to meet new members of staff who will be working with them as part of the handover process.

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 Managers evidence that appropriate steps are being taken to support development needs. This includes continuous professional development and critically reflective practice, as well as under performance of individual social workers to bring about improvements.

There are clear recordings in supervision records that consider social workers' practice, learning and development. This includes practice discussions, reflection, development of new skills and impact of learning and development upon the social worker's practice. This also includes any training and learning that would support the social worker to expand their knowledge, skills base, and practice.

Where concerns are raised, this is clearly recorded in supervision records and a plan is formulated between the social worker and their manager to consider training and development, with a view to improving practice.

Team Managers seek support and advice from human resources to improve staff performance, where issues are identified.

3.12 Managers have a proactive approach to developing staff professional skills.

Where managers identify gaps in knowledge, practice or skills, this is discussed with the staff member and emerging themes, or gaps are shared with colleagues in quality assurance and learning and development.

Staff development is considered as part of any wider strategic plans for workforce development and across multi-agency partnerships.

Managers play an important role in the development of social work practice and there are opportunities for staff members to observe, mirror, discuss and test out hypotheses and consider examples of best practice as part of supervision and day to day support.

3.13 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.

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

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

Supervision:

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

7. Is carried out as appropriate to the requirements of the service. Supervision is comprehensively recorded on a designated form which is retained by the employer for reference

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

Appraisals are carried out at least annually.

3.15 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: Data protection requirements are thoroughly adhered to.

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

All children and young people have their information protected. Information about children and young people is kept safe and only shared when necessary to do so.

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. Data protection and human rights law should not be barriers to justified information sharing but provide a framework to ensure that personal information is shared appropriately.

All participants attending formal meetings are fully aware of their own roles, responsibilities, and obligations in respect of data protection. Consideration is made of how best to achieve this. This may include providing and or reading out a statement of confidentiality at the commencement of such meetings.

The service ensures compliance with the information commissioners requests and requirements.

The service has an identified Caldicott Guardian role to oversee information governance within the organisation.

Any information or data breaches are reported to the Commission and information commissioners if required.

4.1 Staff are open and honest from the outset with the child or young person (and/or their family where appropriate) about why, what, how and with whom information will, or could be shared, and seek agreement, unless it is unsafe or inappropriate to do so.

Staff clearly explain to children, young people and families their rights regarding consent and sharing of information. Young people are aware of their right to consent for themselves i.e., Gillick competencies.

There is evidence that children, young people, and carers are aware that where there is a serious safeguarding risk, personal information may be shared without consent in order to safeguard the child or young person.

4.2 Advice is sought from designated practitioners, or from the information governance lead, where there is any doubt about data protection, client confidentiality the sharing of information.

There is clear evidence of staff completing regular training in respect of confidentiality, information sharing and data protection.

There is clear evidence of staff having sought guidance around the sharing of information, as appropriate, which is updated regularly and noted in the care records.

All staff members know who to approach for advice and guidance in respect of sharing personal and confidential information and with whom.

There is a process in place for staff to seek advice or to clarify when it is appropriate to share confidential information with safeguarding partnership organisations.

4.3 Where possible, information is shared with the consent of the child or young person, or with the consent of an appropriate adult, usually the child's parent or guardian.

Where personal information is shared without consent and there is a lawful basis to do so, such as where a child's safety may be at risk, judgements are based on the best interests of the child, the facts of the case and are recorded.

When requesting personal information from someone, or when sharing that information, staff members are clear of the legal basis upon which they are doing so.

Where consent is not sought, or has been sought but is not forthcoming, staff are mindful that the child or young person, or their parents or carers, may not expect information to be shared.

There is evidence that information is only shared on a need-to-know basis considering risks, safety and support requirements for the child or young person concerned.

In circumstances where personal and confidential information is shared with other agencies, this is recorded in case records, and the child or young person, their parent or guardian have been advised of the staff members duty and obligations to share such information.

4.4 Staff keep a record of decision making and the reasons for it in relation to whether the information needs to be shared or not. If information is shared, records reflect with whom information was shared and for what purpose.

There is clear recording and decision making recorded where information needs to be shared on a need-to-know basis and in a safe and secure way, considering evidence, risk and wellbeing of children and young people.

Where there has been any data breach, this is shared with the data protection lead in the organisation, with appropriate manager and plans put in place to advise the child, young person, or carer.

There are wider processes in place across the organisation to consider breaches of data, including investigation and subsequent learning which is shared across service.

All children and families are aware of the process to raise concerns or complaints if they are unhappy with the service they are receiving.

Standard 5: Comprehensive records are maintained.

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.

5.1 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 parents / carers can store information in a secure manner and understand what information they are expected to keep.

5.2 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.

5.3 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.

5.4 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.

5.5 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.

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

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

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

5.7 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.

5.8 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.

5.9 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.

5.10 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 6: Assessments are thorough, outcome-focussed, and evidence-based.

What this means to children and young people:

Children and young people understand why an assessment is needed, what is being recorded, and what evidence is being used.

Their views are always considered including in generating shared outcomes as a result of engagement with social workers. The assessment provides a rich and detailed picture of their lives.

All children and young people have a good quality assessment and analysis of needs which informs their care plan, which is clearly evidenced on their care records and is produced within specified timescales.

6.1 There is a clear record of the reasons for assessment with issues, needs, and concerns evident.

Within the assessment report, it is clear to children, young people, and families why Children's Social Care Services or any other organisation is involved and why an assessment is needed.

The assessment considers the needs of children, young people and families and identifies strengths and concerns.

The assessment analyses the information gathered, considers the needs and concerns of the child and their family, and outline any outcomes expected with recommendations for consideration.

6.2 Children and young person and their parents / carers are informed as to why the Children's Social Care Service is involved, what the service is doing and the likely outcomes.

Social workers clearly explain to children, young people, and their families why they are involved. This includes what social workers are doing, how long that will take and what could happen next.

Social workers ensure children, young people and families are always informed of the work being carried out, its purpose, and are supported to identify positive outcomes. Social workers are open and transparent with children and families, as this helps build trusting relationships.

The organisation works collaboratively with the family and is child centred in its approach.

6.3 The family knows that the social worker has conducted an assessment and that the family's views and opinions are recorded within the assessment.

When social workers are completing assessments, they have spoken to children, young people, and their families to consider what life is like for them, their strengths and what is working well, things they are worried about and what they think needs to happen.

Social workers ensure that the views, wishes, feelings and opinions of children and family members are considered within the assessment when looking at managing risk and ensuring safety.

Where a child is too young to express their wishes and feelings, the allocated social work must make decisions in their best interests and in consultation with parents or others that have parental responsibility for them.

If a communication need is identified, consideration must be given to making a referral to the Speech and Language Therapy Service or other appropriate services, for a comprehensive communication assessment.

6.4 The social worker advises all relevant agencies of the referral outcome.

Where referral information is received, the referrer is advised that action is being taken, as appropriate. The outcome is shared with the relevant agencies appropriately, taking account of any confidentiality and data protection requirements.

6.5 The social worker has seen the child or young person alone and, where possible, gained their views and separately recorded them. If they have not seen the child or young person alone, they have recorded the reasons why.

(NB This standard only applies to Children's Social Care Services as part of their statutory duties, however for voluntary organisations working with children, young people and their families there must be records of any contacts with them, especially when children or young people are seen alone. All organisations should have a policy in respect of staff meeting with children and young people alone).

The type of service and support which children and families are receiving indicates how frequently children should be seen and when they should be seen alone.

Children and young people are seen within one working day of referral to social care if under three years of age, or within five working days if the child is above three years of age.

Child in Need visits take place every four weeks at a minimum.

Children subject to a child protection plan are seen at regular intervals, no longer than 10 working days apart, by a qualified social worker.

Children and young people are seen on their own for at least part of any visits and any observations, discussions, wishes and feelings or plans are shared with them.

Children in care are seen by a qualified social worker weekly during the first month of becoming looked after, and every six weeks thereafter.

Social workers ensure that all visits, observations, and discussions are recorded, using children's own words and pictures where possible. Only in situations where a Team Manager agrees, during supervision, that the visiting requirements be changed or extended, should this take place. In these circumstances, a clear rationale informing this decision should be recorded.

Visiting requirements are deemed to be the minimum as outlined in Government of Jersey's Children's Social Care Services Practice Standards. Where there are concerns about risk or safety, there is a timely response to ensure that children and young people are supported.

6.6 The social worker ensures that all children and young people in the family have been considered as part of the assessment. They have identified if there are any other children or other vulnerable people, living in the household, who are not from the family or connected with the family and ensure that their safeguarding needs are being met.

All children, young people and parents / carers within the same household are considered as part of the assessment. This includes any other children and other adults that may be living in the household.

Details of a child or young person's family are clearly recorded, as is anyone else living in the household or anyone who is a frequent visitor. This allows social workers to holistically consider risks and identify protective factors and safety.

6.7 The social worker, having regard to race, ethnicity, gender, gender identity, disability, religion, age, sexual orientation, and nationality of the family takes a proactive stance to ensure that this is considered within the assessment.

All significant information for children and families is considered within the assessment process. This is to ensure respect, inclusion, and involvement.

Social workers ensure that racial difference and diversity are not barriers to receiving appropriate services or support and that they proactively seek to ensure that diverse needs are taken into account. Exploring these dimensions within the assessment, enables the social worker to understand and consider a cultural context and what is important for children and families and their lived experiences.

6.8 The social worker has identified all adult members of the household in the assessment, including those who may be absent (for example who are in custody or in hospital, or an absent parent or other family member).

All members of the household are considered within the assessment including those that might be in custody or absent for any other reason. This includes understanding their role in the family and parenting responsibilities, including potential risks and protective factors.

Children and young people may also share valuable insights about other family members within their network.

6.9 The social worker has considered family finances and any possible connection between the family's financial situation and child abuse and neglect.

Social workers and their managers are aware of research findings which indicate a potential link between financial stress and harm, or risk of harm. This is considered as part of an assessment.

6.10 The social worker ensures that previous history, including past referrals and assessments (including early help assessments), and previous records in respect of any member of the household has been considered and incorporated into the assessment.

Where children and families have had previous involvement with Children's Social Care Services or any other organisation, assessments are holistic and consider the previous involvement, including any early help and child in need interventions, details of concerns raised, safety planning and the impact or outcomes of any previous episodes or care plans.

Drawing this information together provides an overview of the child and family's story and whether there are any patterns of behaviours, or whether similar concerns have been raised historically.

The assessment considers any safety plans which were in place previously to safeguard children sufficiently to enable children's social care services or any other organisation to close their involvement.

6.11 The social worker has ensured that the child's chronology is updated and includes the history of significant events for the child.

Children and young people have an up-to-date chronology held within their records. Chronologies are relevant to the child and consider the history of siblings, parents and other members of the household.

Chronologies consider important events in the child or young person's lives, including important occasions, periods of safety and stability, in addition to incidents and risks.

The chronology is not solely focused on the completion of social work tasks.

(NB A list of notifiable incidents is included in [Appendix 4](#)).

6.12 The social worker has convened a Children and Family assessment planning meeting, requested information from those agencies involved with the child or young person and included them in the decision making regarding next steps. The social worker has contacted any agencies involved with the child or young person and family who were unable to attend the meeting to ensure their views inform the assessment.

(NB This standard only applies to Jersey Children's Social Care services).

Where a child and family assessment has been completed and a decision made to consider advice, support, or intervention as a child or child in need, meetings take place within 10 working days of the child and family assessment being completed.

Children and young people who are subject to child protection plans, children in care and care leavers have regular meetings to consider their assessments and plans, which are carried out within designated timescales.

Social workers ensure that the child or young person and their family, along with any agencies providing support are invited. If other agencies are unable to attend, the social worker ensures their views are obtained and considered in terms of the assessment and any decision making. This is important as no one professional will hold all knowledge about the child or young person they support, and it is important that this is considered along with all other information.

The views of children, young people and their families are considered, and where children, young people are old enough and have a level of understanding, they are asked to attend or contribute to the meeting. Parents / carers are encouraged to attend and share their views, wishes and feelings as part of the discussion.

Child and family assessments are reviewed at least once every 12 months and at any time there is a significant change of circumstance.

6.13 The social worker has ensured that strengths and protective factors have been clearly identified and assessed and has been careful to distinguish fact from opinion.

All assessments for children and young people clearly identify risk and strengths, safety, and protective factors. The assessment identifies and includes adults, such as close relatives, who the children and young people see as providing them with care, nurturing, love, and safety.

Assessments are based upon evidence and fact.

6.14 The child's record clearly shows what has been found and what should happen next, including the rationale.

Records clearly demonstrate that information has been received, how this has been considered and analysed and how subsequent decisions are made.

Social workers' supervision with their line managers and subsequent recordings outlines the decision-making process, including the rationale and any intended outcome.

6.15 The child or young person is central to the assessment and the assessment identifies their needs and the potential outcomes of any intervention. The social worker has included a realistic, detailed picture of the child or young person and what it is like for them in the family.

There is clear evidence within the assessment of discussions and direct work taking place with children and young people to understand their lived experiences, what life is like in their family and considering their views, wishes and feelings.

It is clear from the care records that the needs of children and young people are central to the assessment, ensuring their best interests and wellbeing are identified as are the outcomes they wish to achieve.

6.16 Assessment tools have been used appropriately to identify need and understand risk.

Where children have shared their wishes, feelings, strengths, and worries using language, drawings, or other media, these are recorded and shared within the case records and clearly considered within the assessment.

6.17 An assessment includes evidence that research findings have been used to assess need and inform decision-making.

Social workers make use of research findings to assist in assessing and analysing information and decision making with children, young people, and families.

The use of research is encouraged as part of continuing professional development, which is a requirement of a qualified social worker's professional registration.

6.18 An assessment includes information about the parents, their parenting strengths and areas where they are not meeting the child or young person's needs. It sets out outcomes identified for parents to support their parenting skills.

There is clear understanding of parents, including their personal histories, their experiences of being parented and their own experiences of parenting.

Assessments consider what parents do well, in addition to considering where they are struggling to meet their child's needs. This information is considered alongside risk and protective factors.

[The Framework for the Assessment of Children in Need and their Families \(Department of Health, 2000\)](#) identifies areas for comprehensive assessment of children, young people, and their families.

6.19 After an assessment, the child, young person and their family know what will happen next.

Social workers keep in regular contact with children, young people and their families.

Social workers clearly explain why they are involved, what they are doing, what they are trying to achieve, including what will happen next.

6.20 The analysis and decision-making process clearly evidences any findings, links back to the original concerns and any other issues, including history of all family or household members, and the assessment incorporates recommendations for any future work by Children's Social Care Services or Early Help.

Assessments clearly outline where information has come from, including:

- Existing records held by the organisation
- Any checks that have been requested
- Discussions with children, young people and their families
- Any other family members or household members
- Professionals involved with the family
- Any evidence – physical evidence, wishes and feelings, observations.

There is clear analysis in the child and family assessment considering the information referenced above, including any allegations and concerns in the referral, strengths, protective factors, and safety, worries and concerns.

The assessment considers what services or supports are needed to ensure the safety and wellbeing of the child or young person, whilst supporting the family and is focused clearly on outcomes for the child or young person.

High quality assessments are child centred, age appropriate and take into consideration any developmental needs of the child or young person, drawing on relevant research and are evidence based.

High quality assessments are based on judgement and the balance of risks and safety considerations.

6.21 An assessment is completed within the appropriate timescales and is reviewed and signed off by the relevant manager.

There is clear evidence that assessments are completed within designated timescales.

Assessments are completed in a timely way so that children and their families can be made aware of the outcome and future plans as soon as possible.

There are clear outlines for social workers undertaking wellbeing assessments and a range of appropriate timescales (to avoid drift and delay with decision making and outcomes) for social workers and managers to adhere to, considering the different types of assessments and plans:

- Children and Family Assessments
- Pre-birth assessments
- Article 42 Enquiries
- Child Protection Case Conference Reports
- Child Protection Plans
- Care Plans
- Permanence Plans
- Pathway Plans
- Assessment of Risk and need

There is evidence that social workers are liaising with colleagues in health and education, as well as other partner organisations, to coordinate and share information and ensure children's and young people's needs are considered holistically, on a multi-disciplinary and inter-agency basis.

6.22 A copy of the agreed assessment has been given to the young person and their family, as appropriate, and has proactively invited comment and feedback.

Parents and care givers within the family receive a copy of the assessment written in their first language.

Social workers have discussed the contents of the assessment with the child or young person, and their parents or family, summarising the key points and using language that takes account their level of development and understanding.

Any comments, wishes and feelings of child, young person or family members are recorded and considered as part of any subsequent meetings and discussions.

6.23 A review or re-assessment is undertaken annually or when a significant incident has occurred.

(NB. This Standard only applies the Jersey Children's Social Care Service; however, it is expected that other organisations supporting children and young people have procedures in place to re-assess a situation when and if a significant incident has occurred and have regular reviews of assessed needs).

For children supported through child in need plans, or through child protection plans, should new information come to light, or significant concerns be raised, this triggers a new assessment to consider their ongoing safety and wellbeing.

For children in the care of the Minister and for care leavers, assessments take place at least every 12 months, or at any time when there has been a significant change of circumstances.

Children and young people remain at the centre of the assessment process throughout. Assessments capture their views, wishes and feelings, and identify the people and things that are important to them, and that help them to feel safe, secure and happy. The intention is always to help improve their life chances and allow them to achieve their goals and aspirations.

As corporate parent for children and young people, those responsible recognise the importance of relationships, of keeping in touch and encouraging, and supporting children and young people to be ambitious, which is outlined and evidenced in care plans. These plans are regularly reviewed by an independent reviewing officer at least every six months.

6.24 Managers ensure that thorough enquiries are undertaken that produce good quality assessments and analysis of needs, leading to well-reasoned and evidenced care plans.

Managers ensure that, during assessments, information is gathered from children, young people, families, and partners to inform and consider needs, identifying potential risks and protective factors, ensuring any support or direct work is considered and recorded, and that the resulting care plans are SMART (Specific, measurable, achievable, relevant/realistic and time limited).

Care plans are reviewed regularly, considering the impact of services on the child/ young person and their family. This includes considering outcomes and what matters most to the child/ young person and family.

Standard 7: Child Protection Enquiries are effective in informing decision-making.

What this means to children and young people:

All children and young people are protected from harm and get the right help, at the right time. This is about making enquiries to ensure children and young people are safe.

Children and young people are protected from significant harm through a thorough enquiry that identifies need, is timely and is accessible on their care records.

(NB This Standard only applies to Jersey Children's Social Care Service, however other organisations involved with a child, young person or family may be involved in information gathering and invited to strategy discussions).

7.1 A multi-agency strategy discussion is undertaken.

Strategy discussions take place where there is a concern that a child or young person has suffered or is likely to suffer significant harm. Strategy discussions are child centred, consider all information available, including the impact of any concerns about the child's safety.

There is clear evidence within the strategy discussions of representation from police and children's social care services and any other professionals with recent involvement with the child or family. All relevant information about the child, young person and family is shared, including a clear outline of the nature of any concerns raised.

Where the referral indicates that a child has suffered harm, or is at significant risk of harm, the strategy discussion takes place the same day.

In other circumstances the meeting takes place within 72 hours. The team manager ensures decisions are approved and is shared with those invited with 24 hours' notice, signs off minutes of the discussion within 5 working days and ensures these are shared with participants and others, as necessary and appropriate.

At all times, the wellbeing of the child is paramount.

7.2 As part of Article 42 enquiries, the child or young person is seen within the designated timescales, or as directed by the Team Manager, and spoken to alone (where appropriate) within the first week.

Where a child protection enquiry is raised, the social worker contacts the child or young person within the designated timescales, to consider whether the child or young person is at risk of significant harm. Children and young people are seen alone, where possible, and their views, wishes and feelings obtained as part of the assessment.

Records clearly capture the child's voice, any relevant observations or direct evidence, and are written in a way that is meaningful for children and young people.

Recording of the child protection investigation is completed and sent to the Team Manager within three working days and signed by the Team Manager within two working days.

7.3 All concerns regarding significant harm, including likelihood of harm, have been identified as have needs, risks, and protective factors, including those posed by frequent visitors to the household.

The social worker has completed a thorough assessment based upon the concerns identified and any further worries that may have become evident through discussions or observations with the child, young person, or their families.

Social workers are aware of the continuum of need and the assessment triangle, as children grow and develop, what the child or young person needs from those looking after them and their wider support network.

The social worker considers the child or young person's needs, identifies safety plans and protective factors to ensure the child or young person can grow and thrive, this includes consideration of any immediate risk factors (including potential risk) within the home, or from others visiting the home.

Where risk of significant harm is deemed likely and children are deemed at high risk and the assessment indicates this cannot be managed safely in the home environment, there are clear discussions between the social worker and manager about alternative care plans. These discussions include the parents and carers, as appropriate.

Safeguarding decisions are based on all information and evidence available and through a thorough analysis of risks.

Where a decision is made to place a matter before the courts to safeguard a child, including any proposal to remove a child from the care of a parent or guardian, this intention is discussed with the child or young person concerned, and where possible with their parents or carers.

The social worker outlines the factors giving rise to the concerns and indicates what measures are required to make it possible for the parent(s) or guardian(s) to care for the child in a safe, nurturing way at a future point.

7.4 The Article 42 assessment is multi-agency and recognises the potential needs and safety of the child named in the referral, any siblings and any other children living in the household or in any other households, where relevant.

The strategy discussion ascertains if the Article 42 assessment will be a joint investigation between police and children's social care services or a single agency investigation, based on whether children have experienced harm or are at risk of significant harm.

Any children and family's assessment considers the child named in the referral, any siblings or other children living in the household, parents, carers, and other adults who live in the household.

Everyone has a duty of care to children and young people they support. No single agency can have a full picture of the needs and circumstances of the child or young person. Children and young people may be involved with other agencies such as health, education or wider organisations within the community who know the child, their families and their circumstances.

Information is gathered from all those living in the household, partner agencies and, most importantly, include the voices of children and young people, with their best interests being kept paramount.

7.5 Protective factors have been identified and recorded.

Social workers and managers ensure that protective factors are identified, including what this means in relation to how children and young people are safeguarded. Where safety planning is required, a plan is in place, this is recorded, but, more vitality, is communicated to and understood by the child or young person, parents, carers, and partners.

Safety and risk considerations include all adults living within the household, frequent visitors and connected persons. This ensures that close relatives or wider family members can be potentially identified to support and provide safety to the child or young person at risk.

7.6 The Jersey Safeguarding Children Procedures and Children's Social Care Service Procedure have been followed for Article 42 Enquiries.

There is clear evidence in the records that the relevant policies and procedures have been adhered to.

Team Managers ensure that Article 42 enquiries and subsequent assessments cover the concerns raised, that the child, children, family, and partner agencies involved have been spoken to and their views sought.

The assessment considers children and young people's lived experiences across the assessment triangle and includes a clear analysis of risk, safety and wellbeing for children and young person.

The assessment contains an analysis and a proposed outline plan to support and protect the child or young person.

Where team managers believe that the assessment is of sufficient quality, adheres to the required Standard and provides a suitable plan with outcomes for the child and their family, this is agreed and is signed by them accordingly.

7.7 Care records are updated regularly, having fully identified and considered the history on all members of the household, and the investigation is informed by this perspective.

Children and young people have an up-to-date chronology held within their care records.

Chronologies are relevant to the child or young person and consider the history of parents, siblings and other adult members of the household.

Chronologies record important events and milestones in the child or young person's lives, including incidents, risks and any associated decision making. References outlining safety measures, or periods of stability and wellbeing should also be recorded.

Chronologies are not being used to highlight social work processes alone.

7.8 The key agencies involved with the child or young person have been identified and all completed checks and information from those agencies have been incorporated into the assessment.

As part of Article 42 enquiries, information is sought from key agencies involved in supporting the child or young person, and from parents or other adults living in the household. This allows social workers to consider the full range of information and to ensure a holistic approach to assessments.

7.9 Any social work intervention concludes with an evidence judgement about "harm" and whether or not it is considered "significant" (as defined by the Children's Jersey Law 2002).

The social worker collates all relevant information provided during the investigation and assessment phase, drawing on all available evidence, and measuring this against s.24 (7) of the Children's Jersey Law 2002 definition of significant harm.

The definition of significant harm being:

'Where the question of whether harm suffered by a child is significant turns on the child's health or development, his or her health or development shall be compared with that which could be expected of a similar child.'

Where a child or young person is not deemed as being at risk of significant harm, or as a child in need, the correct processes are being followed to ensure that the child or young person and family are considered as part of the Right Help Right Time Panel (Early Help), if appropriate.

7.10 Social workers clarify what action is required to secure the safety of the child or young person.

Where safety planning is required, a plan is in place, this is recorded and understood by the child or young person, parents, carers, and partners and is acted upon, as required.

Where the child or young person's safety cannot be assured within their own home, or with their parents or carers, social workers clearly share and document concerns with the child, young person and family.

Discussions and any subsequent decisions taken in consultation with Team Managers or Senior Managers within Jersey Children's Social Care Services are recorded.

At all times Children's Social Care Services are sensitive to the needs and best interests of children and young people.

7.11 All allegations of abuse or neglect are investigated, and the social worker has followed any instructions given by their Team Manager.

There is clear evidence within the strategy discussion and subsequent Article 42 investigation and assessment that all allegations and concerns have been considered and captured within the records, including what this means for the child or young person.

7.12 The report for the Initial Child Protection Conference summarises and analyses all relevant information from the assessment to date and all pre-existing records relating to the child, young person, family, and anyone else living in the household.

Where there is evidence that significant harm has or is likely to occur the social worker requests an initial child protection conference within 15 days of the start of the Article 42 investigation.

The conference report outlines:

- family dynamics
- chronology
- the referral information and concerns
- actions taken leading to conference
- views of children, family and professionals involved with the family
- details of any checks (including police, health, and education)

- an outline of the assessment, including analysis of risks, strengths, and recommendations
- contingency plan if risks become heightened or the child suffers significant harm.

7.13 The social worker has completed the Initial Child Protection Conference report and has shared it with the family, the chair, and any agencies involved in the stated timescales before the Conference, in the family's first language and has noted any comments.

The report is completed within the designated timescales and shared with the family prior to conference. The report is provided in the family's first language and any comments, including worries, strengths or concerns are recorded. There are no surprises within the report and good practice requires that reports are shared in good time, prior to conference.

Children and young people are provided with an understanding of what the meeting is about and what could happen.

Any views, wishes and feelings are captured and, where appropriate, children and young people are offered or encouraged to use 'Mind of My Own' (or suitable applications or technology), or support through an advocate, if required.

Standard 8: Child Protection Plans are effective in protecting children and young people from harm.

What this means to children and young people:

All children and young people who need protecting have a plan that brings services together to support them in the right ways. This is about making plans to meet needs to keep children and young people safe.

All children and young people referred for a safeguarding assessment must have a multi-agency child protection plan that is regularly reviewed and updated, that identifies need and is evidenced in their care record.

(NB This standard applies to Jersey Children's Social Care services. However, other organisations involved with a child, young person or family maybe involved in creating child protection plans and in reviewing those plans).

8.1 The first Core Group Meeting takes place in the timescales required for the Initial Child Protection Conference. During the meeting all actions to be taken under the child protection plan are identified, and agreement reached about what actions are to be taken by whom, including timescales, to complete the Children and Family assessment on time.

The first Core Group Meeting following the initial Children Protection Conference takes place within 10 working days and includes parents/ carers, children's social care services and partners, such as education, health and those organisations which have a key role in supporting the child, young person and family.

The minutes of the Core Group include reference to the actions discussed and agreed within the initial child protection conference and any progress is noted. Children's Social Care Services coordinate and complete the children and family assessment on time, drawing on information provided during the assessment period, and include any analysis of what this means for the child or young person and any associated plans.

Children and young people are aware of support and plans in place through direct work and visits with the social worker. Social workers engage and listen to children, understanding what is important to them and the context in which they live.

Care plans reference specific desired outcomes for the child or young person, how these are to be achieved, and in what timeframe.

8.2 The outcome of the initial Core Group Meeting is shared with parents or carers, so they know what change is expected, including timescales.

As part of the Initial Child Protection Conference, a plan outlining actions to keep children and young people safe is shared with parents, children's social care and partner agencies.

Parents and carers are clear about what change is expected; for professionals to be assured that children are safe. Tasks and actions draw upon the multi-agency team around the child, to support children, young people, and carers.

Plans and actions are outcomes focused, represented using the SMART algorithm (i.e., specific, measurable, achievable, relevant and timely) and are confirmed during Core Group meetings and direct work with parents.

8.3 Minutes of the Core Group Meeting are produced and circulated to all members of the Group within the appropriate timescales.

Core Group decisions are shared with all participants within one working day of the Core Group meeting.

Core Group minutes are shared within five working days of the meeting and have been quality assured and agreed by the Team Manager.

Where parents or carers have difficulties with literacy, understanding information, or have a different first language, social workers ensure that information is shared in a meaningful way that allows inclusivity and active participation.

8.4 A detailed SMART multi-agency Child Protection Plan is developed by the initial Core Group Meeting, is reviewed and updated following each Core Group and is recorded on the child's care record.

Following the initial Core Group meeting, subsequent meetings take place every four weeks to consider the child protection plan, any progress made and the impact and experiences of children and young people.

Children's views about progress are considered during these meeting.

Records are kept up to date, are included on each care record and copies of the revised plan(s) and meeting minutes are shared as outline above.

8.5 The child or young person is seen as stated in the care record, follow up visits are purposeful and focus on the identified needs. The child or young person is seen on their own (where appropriate) and contacts are evidenced on the child's record.

Timescales identified by Jersey Children's Social Care Service outline that children subject to a child protection plan should be seen at intervals of no longer than 10 working days.

Social workers consider the use of games, drawing and art, or other suitable age appropriate and inter-active or therapeutic activities to get to know the child or young person and build trusting relationships.

Children and young people are seen on their own as part of a statutory visit and any observations, discussions, wishes and feelings or views on their care plans are shared and recorded.

Visiting requirements are only amended, where this is agreed with a Team Manager and a note is made of the clear rationale around this decision.

The Independent Reviewing Officer checks visiting requirements and ensures oversight, monitoring, scrutiny and challenge to Children's Social Care Services and other agencies to ensure the individual care plan is keeping the child safe and having a desired impact.

8.6 The focus of social work interventions is to maximise the safety and well-being of the child or young person and includes both announced and unannounced visits. Each visit adds to the knowledge about the child or young person and what life is like for them and helps in achieving the desired outcomes.

It is expected as part of social work practice that there is a combination of announced and unannounced visits to children, young people, and their families, at different times, and days, to understand their lived experience and consider whether support and intervention is increasing safety and wellbeing in the family home.

8.7 The child or young person's wishes and feelings are sought and recorded within the child protection plan and any revisions.

There is clear evidence in the case record that children and young people are spoken to individually. There is evidence to confirm that the child or young person understands the plan in place, and the relevant support is being provided.

Social workers ask for the child or young person's views and experiences, wishes and feelings. These are clearly recorded and considered as part of child centred planning.

There is evidence of children sharing their views on a regular basis.

8.8 The social worker assesses and re-assesses the needs of the child or young person and can answer the question "What is it like to be a child or young person in this family?"

Social workers and their managers understand that direct work, advice and support needs to be reviewed on a regular basis and assessment, analysis and care planning are an ongoing process.

There is clear written evidence of regular involvement of the social worker with:

- The child or young person
- Parents and carers
- Partner agencies

Social workers evidence their understanding the lived experiences of children and young people, what life is like in the family home, what matters to them and whether intervention is making a difference to their lives and improving safety and wellbeing.

Where progress is slow, or not sustained, and the level of risk remains the same or has increased, this is shared with the Team Manager and the Core Group, including parents where this is safe to do so. In these circumstances parents, Core Groups and children are informed of what could happen and a contingency plan is in place.

8.9 Social Workers understand the role of fathers and male partners in the household and ensure that any new partners or new household members are properly assessed.

Children and family assessments consider all adults living in the household, even when the adults are not in a relationship; if there is an absent parent, or the parent is in custody or hospital.

Family dynamics are always considered, including any risk associated with the known history or current behaviour of any adult who has taken up residence in the child's home.

Although one parent may be seen as the primary carer, mothers, fathers & new partners are considered as part of the assessment, including their role within the family and their roles in parenting and safeguarding children.

8.10 Core Group meetings are convened within the designated timescales and the Core Group progresses implementation of the child protection plan. If the outcomes required are not being delivered through the plan, the social worker ensures the Core Group agrees the actions required to address this.

Core Groups are coordinated by Children's Social Care Services and take place every four weeks. The purpose of these meetings is to review the implementation of the child protection plan, consider what is working well, where there are concerns and to identify if the plan is meeting the needs of children and young people and keeping the child or young person safe. The Core Group and planning process draws on the strengths of a multi-agency team around the child.

The decisions arising from the group are shared within one working day of any review, with the minutes agreed by the Team Manager and shared within five days of the meeting.

There is evidence of a midpoint review taking place between the social worker and the Independent Reviewing Officer who consider the plan and its impact since the initial child protection case conference (at six weeks), and subsequent review of child protection case conferences at 12 weeks.

8.11 The social worker has prepared the report for the Child Protection Review Conference in sufficient time to facilitate it being shared with parents, carers and children or young people in advance of the Conference. The Report is made available in the child's first language.

Prior to the first child protection case conference, the social worker produces a report that is shared with the parents, carers, partner agencies and the Independent Reviewing Officer.

Reports should clearly outline:

- Referral information and the concerns which led to an Article 42 investigation about the risk of significant harm, or experience of significant harm.
- An outline of the child protection plan, its implementation and impact increasing safety for children and young people.
- Views of all parties involved in the child protection plan, including children, parents / carers and other partner agencies
- Analysis of all the information.
- Future plans and recommendations, including a contingency plan if risks become heightened or the child suffers significant harm.

Reports are shared with parents at least two days before the initial child protection conference and no later than five days before a review child protection conference. (This includes social workers ensuring that the report is available in the families first language).

Social workers are available when sharing the report to ensure that children, young people and parents or carers have the opportunity to consider the report and ask questions of the social worker if they need to clarify any information.

Any comments are recorded by the social worker and shared as part of the meeting.

8.12 Reflective supervision is used to explore feelings about the work with children and young people and the social worker ensures that the child or young person is placed first and foremost in the focus of any intervention.

There is evidence of regular reflective supervision taking place with social workers using the model identified within Jersey Children's Social Care Services.

Decision making around children, young people and their families, between social workers and managers, is clearly recorded outlining the issues discussed, including an analysis of information which has informed decision making.

There is clear evidence at all times that the best interests of children and young people is at the heart of decision making.

8.13 If anything gives rise to an additional concern for the safety of the child or young person the social worker discusses it immediately with their manager and agrees the actions to be taken.

Social workers through visits, direct work, and Core Groups continue to gather information, assess, and consider the protective factors, safety and risk that children and young people experience.

There are clear discussions within children protection conferences, within Core Groups and within direct work that if concerns about a child or young person's safety escalates, there is a contingency plan that all Core Group members, including parents and children, are aware of.

Social workers make use of regular supervision and, where required, escalate concerns to the attention of the team manager to discuss and consider safety plans for the child or young person.

Standard 9: Placements meet children and young people's needs and prepare them for the future.

What this means to children and young people:

All children in care have a placement that meets their needs and supports them in the right way, ensuring their entitlements are well communicated.

All children and young people in the care of the Minister are in a care setting that meets their needs, and they have a multi-agency care plan that is timely and is reviewed regularly.

(NB This standard only applies to Jersey Children's Social Care Service as part of their statutory responsibilities, however other organisations involved with a child, young person in the care of the Minister may be involved in delivering a service to a looked after child).

9.1 Social workers are aware of and understand the Jersey Children in Care Entitlement.

Children and young people are aware of their entitlements as outlined in their care plans. These entitlements are discussed as part of the children in care review meetings.

Social workers ensure that all children and young people receive a copy of the Jersey Children In Care Entitlement Guide which can be accessed at: https://www.gov.je/SiteCollectionDocuments/Caring_and_support/ID_Support_Entitlement_for_Children_in_Care_EW.pdf

9.2 Social workers arrange to see the child or young person within the timescales relevant to the type and duration of the care setting.

Children and young people are seen regularly by their social worker within at least the prescribed timeframes. This includes weekly visit

s when a child comes into care during the first month, then at least every six weeks.

There is evidence that children and young people are seen alone, direct work is completed with children and young people, and their wishes, feelings and experiences are recorded.

It is important that social workers build meaningful, trusting relationships with children and young people. Social workers are available, caring, reliable, consistently supporting children's stability and wellbeing and are understanding of their role responsibilities and the State's statutory responsibility as corporate parent.

9.3 Multi-agency care setting planning meetings are being arranged within the appropriate timescales.

Children and young people moving into a care setting are given the opportunity to see the household and meet with their prospective carers before moving into the children's home or foster placement.

Social workers are expected to visit children regularly, to support and assure them.

The best arrangements for children and young people who cannot live with their birth parents are where prospective carers are matched to the child or children's specific needs, and can provide a safe, caring, nurturing home environment.

When a child or young person are placed in care, a planning meeting takes place before they come into care, or within one working day of coming into care. The child or young person's first care planning meeting takes place within five days of coming into care.

This meeting considers the care arrangements for the child or young person(s) and include:

- Day to day arrangements
- Matching children's needs to carers availability and skills
- Arrangements for school
- Arrangements for health, including health emergencies
- Arrangements for family time
- Plans for the future
- Outcomes in the Child's best interest and which the child would like to achieve

The care plan is reviewed prior to the Child Looked After Review which takes place within 28 days of a child or young person coming into care. The second review takes place within three months and every six months thereafter.

Planning meetings and review meetings involve multi-agency partners. This is likely to include partners from health and education, in addition to any other agency providing support to the children, young people and their families.

Personal education plans and health assessments are outcomes focused, as well as describing the needs of the child or young person and the support available and in place to ensure that assessed needs are being met, and that the child or young person is supported to reach their personal goals and aspirations.

9.4 Contact between a child or young person and his or her family and friends is actively promoted and facilitated, when in their best interests. (Ensure planning clearly outlines all contact and provides clarity that the venue for visits is in the child or young person's best interests).

Arrangements are in place for children and young people to have family time, including face to face visits, phone calls or letter writing.

Decisions about contact with family members are child centred, based upon the wishes and feelings of the child, taking into consideration any risk and safety factors.

Family time is child centred and recorded as part of the child's identity and life story work.

Plans for parental and family contacts, including dates, times, venues, and the supports in place are shared with parents, carers and children, and are updated in the care record.

9.5 The child receives a clear explanation of the reasons for coming into care. The social worker has explored all reasonable alternatives, including family and friends' and connected carers. The social worker discusses the care setting and contact arrangements with parents, siblings and friends, and endeavours to answer all the child or young person's concerns.

The child is aware of the reasons why they have come into care, and this is clearly outlined in the records. Where possible, children and young people have important familiar items such as toys, clothing and other items which are special to them.

Life story work is considered to be an integral part of supporting a child or young person's identity, rather than at a point in time, taking account of the child or young person's stage of development and understanding.

There is clear evidence of consideration throughout the time a child is in care, whether they could return home, live with relatives or other connected persons, prior to considering long-term fostering, extended residential care or a plan for adoption.

These discussions are considered as part of the Children Looked After review.

9.6 The social worker ensures that all the requisite Children Looked After paperwork, including the needs assessment and care setting plan is completed to a high standard and that the carers have a copy. If the child or young person is accommodated under Article 17 of Jersey Children's Law 2002, the social worker obtains informed consent and the signature of all parents who have parental responsibility. The social worker ensures that the parent has the capacity to consent and uses an interpreter if necessary.

Where children are accommodated under Article 17, signed consent is on record and updated regularly. Where matters are before the courts, court documents are held within the child or young person's records.

There is evidence in the records of discussions having taken place with parents about long term care needs and, where required, support is available to parents or carers to enable them to engage directly in planning for the child or young person's future.

The Capacity and Self-Determination (Jersey) Law 2016 (the Law) provides the legal framework to ensure people can make as many decisions for themselves as possible.

Where there is a question in relation to parents having capacity, social workers adhere to the five principles of the Capacity and Self Determination Law (2016).

These principles are:

1. a person must be assumed to have capacity unless it is established that they lack capacity
2. a person is not to be treated as unable to make a decision unless all practicable steps to support them to do so have been taken without success
3. a person is not to be treated as unable to make a decision merely because they make an unwise decision
4. an act done, or decision made, under the Law for or on behalf of a person who lacks capacity must be done, or made, in their best interests
5. before an act is done, or a decision made which is restrictive of a person's rights and freedom of action, regard must be had to whether the purpose for which it is needed can be achieved as effectively in a less restrictive way.

There is a process in place to address withdrawal of parental consent where children's social care services have on-going concerns about the child returning to the care of their parent or guardian.

The child in care review considers if the looked after child needs to remain in the care system, or whether suitable alternative care plans could be considered.

9.7 The social worker has made the necessary arrangements for a health assessment.

Once a child or young person comes into care a notification request for a health assessment is made by the social worker to the Specialist Nurse for children in care, within forty-eight hours.

The health assessment is completed within 20 working days of the child or young person becoming looked after and is available, for the first children looked after review meeting within 28 days.

The health assessment is reviewed every six months for children under the age of five. Children over the age of five have an annual health assessment.

Children and young people are supported to make healthy life choices around their health and wellbeing, food, hygiene and activities. Young people are able to give or withdraw consent for health assessments. Where issues of consent are discussed with young people, this is clearly recorded.

9.8 The social worker has regularly seen the child or young person in accordance with procedural requirements.

Visits by a social worker to a child or young person in care are important in building trusting relationships and assist the social worker in understanding the child's world and what is important to them.

Children and young people feel at home with their carers and experience nurturing, care, and support. This is confirmed through direct contact with the child or young person on their own and is recorded.

Regular visits to children and their carers ensure that children are safe and thriving.

9.9 The child or young person has the social worker's contact details and knows how to get in touch with them if they need or want to. (This includes email address and mobile telephone number, as well as office number and alternative number if not available.)

Children, young people, and their families have contact details of their social worker and details of who to contact if they are not available, including the duty social worker and the support which is available out of hours if they need urgent advice and support.

9.10 The child or young person is seen alone (or the reasons why not have been recorded). The social worker takes account of the views and feelings of the child or young person, and where this is not possible, explains why in an appropriate way.

During planned visits social workers always attempt to see the child or young person alone.

There is evidence that social workers strive to understand the children and young people they care for and support. This includes understanding their needs, their likes, dislikes, hobbies, identity and aspirations.

The child or young person is supported to disclose and discuss any worries that they cannot share with their parents or carers.

Where the child or young person refuses to see the social worker, this is discussed in supervision and alternative arrangements to ascertain how children's wishes and feelings are obtained are considered, including joint sessions with carers or adults trusted by the child, through to the use of advocacy or the use of the 'Mind of My Own' app., or other suitable technology.

9.11 The social worker completes direct work with the child or young person.

There is evidence of social workers talking directly to children to share information, get to know them better and find out about aspects of their lives that are important to them.

Where wishes and feelings are obtained directly, or children and young people have written down words, or drawn pictures, to explain things they perceive to be important, these are added to the child or young person's records, and form part of their life story work.

9.12 The child or young person is given information about independent advocacy and 'Mind of My Own' and are proactively encouraged to access this support.

Children and young people are aware of how to request an advocate and how to use the 'Mind of My Own' application (or other suitable technology).

Before each review, discussions take place with children and young people to find out if they would like an advocate, or assistance to complete the 'Mind of My Own' questionnaire.

Social workers revisit these conversations regularly in case children change their minds.

9.13 Social workers ensure that parents have the relevant written paperwork regarding their child or young person coming into care that they understand the reasons why, and what might happen next. Social workers keep in regular touch with parents and involve them in assessments and plans as appropriate. Where necessary an interpreter or advocate is allocated to ensure that parents understand what is happening.

Where children are accommodated under Article 17, signed consent is on record.

Where matters are before the courts, court documents are held within records.

There is evidence that discussions have taken place, including ensuring parents' capacity and, where required, that additional support is available to ensure that parents' or carers requests are received and understood.

Parents are encouraged to have regular contact with children's social care services when a child or young person comes into care, as the organisation will be undertaking assessments and care planning for the child. Options that are considered include a return of the child or young person to their parent's care, the child living with a close relative or an extended family member, or permanency through foster care or adoption.

Where parents use a first language other than English, requiring an interpreter, or have issues with literacy, or require an advocate, arrangements are in place to ensure this support is available.

9.14 The child's or young person's identity is being promoted through life story work and by ensuring that they have personal possessions, information, photos, and material relating to their family and culture.

There is evidence of social workers discussing with parents and carers important information about the child or young person's life or allowing children to have important possessions such as toys or photographs and other items which are important to them, when they come into care. These discussions and items help children and young people develop a sense of themselves and help reaffirm their ideas as to who they are and their life story.

There is evidence of requests to parents, carers, and partners to ensure that children and young people have items that are important to them throughout their childhoods, have opportunities to talk about their life story regularly and can access therapeutic support when this is needed.

9.15 An assessment is completed for the child or young person in care at least annually.

When a child or young person comes into care, social workers and their line managers ensure that a wellbeing assessment takes place, and an analysis outlining children and young people's needs and any support & interventions required to meet these needs. This is considered in the care plan.

Assessments are being shared appropriately with children, their parents and carers and other important people in the child's life such as teachers, nurses, or other significant people. These assessments and meetings are held within the required timescales.

9.16 A Personal Education planning meeting takes place and there is an up-to-date Personal Education Plan recorded on the child's record each term.

When a child first comes into the care of Jersey Children's Social Care Services, the social worker requests a Personal Education Plan within the first five days of being in care. The plan is available and considered at the child or young person's first review, which is held within 28 days of the child or young person coming into care.

All children in care have a personal education plan in place from the ages of three to 18. These plans are drawn up with the child, parents or carers, designated officer at school and the social worker.

The personal education plan addresses children and young people's levels of attainment, their strengths, any barriers to learning, predicted grades and aspirations and any support that children and young people require within the school environment to promote their learning and support them to realise their ambitions.

In line with practice guidance, the personal education plan is updated each term and considered at each looked after review.

9.17 Health, education and other agencies, or individuals involved with the child or young person (or their family), are consulted as part of the assessment and care planning process.

There is clear evidence of the social worker liaising with partners in health, education and other providers offering advice and support to a child or young person and their families, to meet their needs.

There is clear evidence of involvement of partners providing advice and support, both through assessment, direct work and care planning, including attendance at child looked after reviews.

Children and young people see these professionals and individuals as their supporters and advocates.

9.18 The child or young person's specific needs in relation to race, ethnicity, language, disability, gender, gender identity and sexual orientation are taken into consideration.

Social workers ensure that all basic information is noted, and that appropriate support and specialist services are provided to meet the needs of children and young people.

Information about identity and culture is important for children and young people as it forms part of their life story

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

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

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

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

There is evidence of regular reviews involving the young person and key people in their lives, at least every six months.

9.20 The child or young person is encouraged and assisted to participate in their review meeting either directly, or by other means (e.g., video recording, written submission via the 'Mind of My' Own app (MOMO) etc).

All steps are being taken to ensure the participation of children, young people and their families. Where words and pictures, photographs or video evidence is used, this is shared at review meetings and recorded within child or young person's records.

Where a child or young person could attend part or all of the review meeting, based on their age and understanding, this is discussed with the independent reviewing officer and facilitated.

9.21 Parents are proactively encouraged to participate in reviews.

There is evidence that parents are encouraged to attend and participate in meetings and reviews about their child.

Children's social care service are proactive, ensuring that discussions take place to enable parents to actively contribute.

9.22 The social work report is shared with the child, young person and family in advance of the review.

Children, young people and their families understand the purpose of review meetings and feedback is considered as part of the assessment, plan and review.

There is clear evidence of the social workers preparing the parents by discussing the purpose, process and key themes to be discussed during review meetings.

Where children and young people are of an age to understand their review meeting and consider reports, they are provided with copies.

Social workers produce and regularly update child centred plans.

Parents and carers have sight of children in care review reports and plans to ensure everyone is clear about the goals for and progress of a child or young person and how they are being cared for and supported.

9.23 All relevant consultation documents have been completed and provided for every review.

Children, young people, parents and carers are asked to contribute to the quality and impact of care plans and to children in care reviews.

Where consultation documents have not been completed, there is evidence that voices, wishes and feelings have been sought and shared, as appropriate, by the social worker.

9.24 The achievements of the child or young person are included in their Life Story work, where appropriate (e.g., youth awards, school team membership, exam success etc).

Ensuring that achievements and important moments are captured for children and young people is an essential part of their identity, life story work and lived experience.

Achievements are recorded within the Children's Social Care Services recording system and there is evidence that the child or young person's achievements are acknowledged and celebrated during direct work with them and during review meetings.

Standard 10: Care Leavers are thoroughly prepared for leaving care.

What this means to young people:

All Care Leavers have the support they need, at the right time to move out of care and start an independent adult life to enable the best possible future.

(NB. This Standard only applies to Jersey Children's Social Care Service, however other organisations involved with a young adult may be involved in Pathway Planning or in supporting the young adult throughout the transition process).

All Care Leavers are provided with comprehensive support, so each young person has a successful transition to adulthood.

10.1 All young people leaving care are aware of the Jersey Leaving Care Offer.

Young people are aware of their entitlements as outlined in their Pathway Plans and through information being shared with all eligible young people receiving a copy of the Guide for Leaving Care.

10.2 Pathway Plans are reviewed within the appropriate timescales.

The Pathway Plan is completed and available by the first review after reaching 16 years of age. The Pathway Plan will replace the care plan.

The social worker or personal advisor works with the young person, their parents or carers and others within the community to support young person's current and future needs.

The Pathway Plan includes consideration of the support the young person will or may need in the future to reach their personal goals, including when they leave care.

Pathway Plans are inclusive of the young person's voice, wishes, feelings and aspirations, and these are clearly recorded in the plan.

The Pathway Plan is reviewed every six months, and more frequently if the young person requests this, or there has been a significant change of life circumstances, e.g., the young person is intending to move home, or to attend university.

10.3 Young people are encouraged to participate in their Pathway Plan review and the young person is consulted about who is invited to contribute to their Pathway Plan. A copy of the plan is given to the young person.

All children in care aged 16, and all care leavers have a Pathway Plan which identifies what advice, guidance or support provided, who will provide it and a timescale to do so.

Young people are fully involved in developing their Pathway Plan, which details how their needs are being met, based upon their goals, aims and preferences. Where young people need specialist support or advocacy to express their views, this is provided by an independent advocate, and is recorded within the Pathway Plan.

There is clear evidence of discussions between the young person and their social worker and personal adviser, ensuring that all relevant information and advice is available.

Discussions with any other services supporting the young person is part of the Pathway Planning process, summarising information, and advice to assist young people to reach their full potential.

The Plan considers current circumstances, goals, aspirations, and future needs and includes information about options for education, future living arrangements, health and finances. It contains the views of others such as care workers, carers, family, teachers, and anyone else important to the young person. The Pathway Plan allows the young person to think about their future and to consider what support they need.

Children and young people may, in consultation with their Independent Reviewing Officer, decide to chair and lead part of the discussions during the meeting. This should be encouraged to support self-confidence, personal accountability and to enable reviews to be truly young person focused and led.

The meeting is recorded with minutes and actions, shared with the young person, the social worker and personal advisor and others named or providing support, with the young person's consent.

Copies of the plan, and the pathway planning review minutes is held by Children's Social Care Services as part of the young person's records.

10.4 Young people are aware of their entitlements as a care leaver and provided with the resources and guides that explain their entitlements.

All young people have a copy of the Guide and are aware that it is accessible online: [ID Guide for Young People Leaving Care JW.pdf \(gov.je\)](#)

10.5 Every child in care has a leaving care personal adviser allocated prior to their 16th Birthday. The personal adviser provides support, advice (including practical advice) and guidance to help the young person make the transition into adulthood.

A personal adviser is identified for a young person when they reach their 14th birthday and is allocated to the young person before they reach their 16th birthday.

The personal adviser works alongside the social worker and young person until the young person reaches 18.

The personal adviser provides advice, guidance, and support to the young person until they reach 21, or 25 years of age.

10.6 Contact with the young person is based on assessed need. Young people know how to contact their personal adviser, the duty social workers and the Out of Hours Service.

The social worker and personal adviser share contact details with the young people they are working with, including who to contact when they are not available, or are on holiday.

Young people are provided with details of who to contact for advice, including the duty social worker and out of hours contact details. These details are recorded within Pathway Plans and are reviewed regularly.

10.7 Planning for a move to independence is undertaken in a timely way. A range of suitable accommodation options are sourced to meet the young person's needs.

The following factors are taken into consideration: the young person's

- wishes and feelings
- education, training or employment needs
- health needs
- preferences in respect of locality.

If private rental accommodation is being considered, assurances are sought in respect of the character and suitability of the landlord, or provider.

The young person's accommodation must comply with health and safety legislation and other housing or environmental health requirements.

The social worker and personal adviser talk with the young person about the range of housing options available and this conversation is recorded in the. These discussions include a consideration of the young person's wishes and feelings and of how prepared they are to move into their own accommodation.

Children's Social Care Services ensure that young people do not move into independent living before they are ready.

Young people are encouraged to stay with their foster carers, or in their children's home until after their 18th birthday. Consideration is given to options that might include social housing, supported accommodation, accommodation at university, or shared accommodation.

Social workers and personal advisers work with young people to consider how ready they are and what skills they need to help them live on their own. Consideration is given to any further support young people might need, including practical support.

Where alternative accommodation is being considered young people are supported to visit the accommodation in the company of their social worker or personal adviser, and consider suitability from a cost perspective, location, and proximity to training or employment, family and friends and health providers.

Children's Social Care Services work with landlords and providers that are of good character. This would normally mean landlords who are compliant with the law and that they fulfil their obligations under the lease. Additionally, this means that the property complies with the relevant health and safety legislation and any associated housing and environmental health standards.

10.8 Young people leaving care are able to access Setting Up Home Allowances to furnish their accommodation in a planned way and have the essential items needed to furnish their new home.

Children's Social Care Services provide a setting up home allowance which can be used to buy furniture and furnishings when a young person is moving into their first home after leaving care.

The personal adviser provides details of the setting up home allowance and how this can be used. This is written into the Pathway Plan.

Young people have a say in furnishing their new property, within the guidance provided.

In addition to the setting up home allowance, Children's Social Care Services provide young people with:

- A starter kit (kitchen items, torch, bulbs, etc)
- Support in arranging the connection of a washing machine and cooker
- Support with decorating costs (if decoration is permitted)
- Support with removal and transport costs to the new home
- Payment for the first year's TV Licence
- Payment of the rental deposit for the young person's first home
- If young people are in education or training, support with rental costs (which is outlined in the Pathway Plan).

10.9 Care leavers in higher education are provided with the Higher Education Bursary and vacation accommodation if needed.

The young person's social worker and personal advisor makes sure that the young person is provided with information about entitlements where there is a plan to attend university, further education or to commence an apprenticeship. This support is outlined in the Guide for Young People Leaving Care and is recorded within the Pathway Plan.

Where young people are considering further or higher education outside Jersey, support is available for them to visit up to five prospective colleges or universities with a trusted adult, e.g., a care worker, a carer, a teacher, social worker, or personal adviser.

Where a young person plans to attend university, Children's Social Care Services, as outlined in the Guide to Leaving Care, pays tuition fees and provides access to a living expenses grant and an annual bursary.

Support to source equipment such as a laptop or computer is provided where young people attend education for over 12 hours per week. This is considered in line with the cost of living.

10.10 The young person is provided with a high level of support to access and maintain education, training, and employment.

Young people attending higher education are advised of the package of support, including a bursary, that is available each year. The support available is outlined in the [Guide for Young People Leaving Care](#).

Support specific to the individual young person's needs is recorded in their pathway plan.

Where a young person is not engaged in education, training or employment, personal advisors work with them to consider alternative opportunities, based on their likes and interests, and work with partners and organisations to support the young person into suitable employment.

10.11 Young people are aware of the complaints procedure and how to make a complaint.

Information is shared with young people about how to make a complaint.

Young people are listened to, and their concerns taken into consideration.

Children's Social Care Services ensure that complaints are addressed and resolved within the timeframes in the relevant policy and procedure.

If concerns are raised, these are shared with the social worker and team manager in a timely way so that the matter can be resolved promptly.

Where matters are not resolved there is an escalation process through Children's Social Care Services and children, parents and young people are aware of the process and who to contact if they remain unhappy.

There is evidence that Children's Social Care Services take complaints seriously and respond promptly.

Children, young people, and their families are listened to, their concerns taken seriously, and appropriate actions is taken to resolve the issue. In all cases, complaints are addressed to the satisfaction of the complainant and without fear of recrimination or reprisal.

Children, young people and their carers or care workers are aware of other avenues to make a complaint, including approaching the Office of the Children's Commissioner for Jersey and the Jersey Care Commission.

10.12 Young people are made aware of Jersey's duty to care leavers up to the age of 25. This includes young people starting or resuming programmes of education or training after the age of 21. Young people leaving care know how to get back in touch with Children's Social Care Service.

The Guide for Young People Leaving Care outlines proposals that the personal adviser is available for young people until they reach 25.

This is reviewed and discussed with the young person throughout the Pathway Planning process and considered when young person reaches their 20th birthday.

If a young person decides to return to the service after 21, this is recorded within the Pathway Plan.

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.

- Missing
- Unregulated activity
 - Unregulated placement
 - Unregulated children's home
- Events that impact the service
 - Notifiable Infectious diseases
 - Damage to premises
 - Fire
 - Safety equipment
 - Theft
 - Burglary
 - Staffing levels
 - Disruption to utilities
- Serious incident or accident where harm has occurred
 - A child or young person being a victim or perpetrator of a serious assault
 - An incident of self-harm to a child or young person
 - An incident where a child or young person exhibits harmful sexualised behaviour
 - Incident where medical attention was sought
 - Safeguarding / child protection concerns
 - A child / young person who is suspected or known to be involved in or subject to exploitation
 - Medication error
- Restrictive physical intervention
- An incident requiring police involvement
- Death of a child or young person
- Allegation against staff member / volunteer or care receiver within your service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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