



**Jersey Care Commission**  
**Care Standards**  
**Fostering Services**

**Respect**  
**Voice**  
**Safety**  
**Choice**  
**Quality**

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## The Jersey Care Commission

The Jersey Care Commission's purpose is to:

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

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

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

## Introduction to the Standards

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

The Standards have been written to:

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

The Standards have been written in a format which promotes a person-centred approach to all aspects of care. The content of the Standards was developed by hearing from people in Jersey who receive care and others to establish what matters most and is important to them.

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

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

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

## Scope

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

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

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

## Guiding Principles

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

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

## **Standard 1: Children and young people receive rights-based fostering services and can make or be supported to make choices appropriate to their age and ability.**

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

All children and young people have the same rights.

Rights are things that every child or young person have or be able to do.

Sometimes adults make decisions for children and young people, but they are always what is best for the individual. As children get older, they can make more choices and decisions for themselves. There are lots of choices and decisions that children and young people can make, and social workers make sure that they are listened to and supported to make as many decisions as possible.

Staff employed by the fostering service and approved foster carers for the Government of Jersey understand that there are things that children and young people do not want everyone to know about. They will not share anything about a child or young person with anyone who does not need to know, or without first talking it through with that child or young person.

Children and young people can see their own records and know who else may see them.

Staff do all they can to make children and young people feel comfortable, safe, and not embarrassed by anything or anyone.

Children and young people's significant others (which may include family or others close to them), are also listened to and, where possible, their views are acted upon.

Where children and young people's views aren't acted upon, they are helped to understand why.

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

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

The registered person ensures that staff employed by the service and approved foster carers have access to, and routinely attend relevant training regarding promoting the rights of the child.

Children and young people are informed and reminded of their rights, as appropriate and relevant, during the establishing of the foster placement, and thereafter during subsequent Children Looked After reviews and as necessary by their foster carers. Children and young people are given the opportunity to feedback, raise concerns or complaints without fear, and that this will not result in any adverse consequences for them.

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

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

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

Children and young people are supported to make positive, informed decisions and reduce risk to themselves, in line with their age, understanding and as part of risk assessment processes. The registered person ensures that appropriate training in relation to capacity and self-determination is in place for older young people.

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

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

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

The wishes, feelings, and views of children, young people and those significant to them are sought and considered in monitoring and developing foster carer services.

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

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

**1.3 Staff employed by the fostering service and foster carers respect children and young people's wishes, privacy and confidentiality and always promote dignity.**

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

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

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

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

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

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

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

## **Standard 2: Children and young people are safeguarded and have their needs met in their foster placements.**

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

Children and young people live in foster homes which provide adequate space, are safe, secure and where they can access a range of support and activities which promotes their development.

All foster homes are assessed as being appropriate prior to a child or young person being placed and this is regularly reviewed.

### **2.1 Foster homes provide a suitable physical environment for children and young people placed there.**

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

Each foster home is physically appropriate. The temperature is warm/cool enough depending upon the time of year and weather. Foster homes are furnished and decorated to a good standard, are clean and well-maintained throughout. There is access to outdoor space and where this forms part of the premises, this is safe and secure too.

All foster carers have a safe care plan in place, which is personalised dependent on the child or young person's needs and behaviour.

Bathroom doors in foster homes have appropriate privacy locks which can be unlocked in an emergency.

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

The foster home is inspected prior to approval of foster carers via a 'Health and Safety checklist' and at least once per year by the supervising social worker but may be inspected more frequently. At least one annual inspection visit is unannounced.

If foster carers move or have substantial structural or maintenance changes to their home, a further inspection is triggered. The registered person ensures that this takes place within seven working days of any significant change.

Foster carers take action to remove any hazards in the foster home or take action to reduce the risk associated with unremovable hazards.

As a point of principle, every child or young person has their own bedroom. Where this is not possible, sharing of bedrooms for children over the age of two, may only take place with other children or young people.

In every such case, there is a risk assessment undertaken which considers the potential for bullying, any history of abuse or abusive behaviour, the wishes of the children or young people in question and any other matters of relevance.

## **2.2 Vehicles used to transport children and young people in foster care are properly maintained.**

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

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

All children and young people in foster care are protected from harm, abuse, neglect, and exploitation.

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

Foster carers are trained in all appropriate areas of child protection and attend refresher training as required (please see separate training standard). Foster carers are alert to indications of abuse or harm and take adequate steps to reduce risk of abuse or harm where this is suspected and report any matters of concern at the earliest opportunity. Where appropriate, foster carers are trained in the skills needed to offer therapeutic support to children or young people who have been abused or harmed or who have specific needs, such as children or young people with disabilities. Fostering arrangements for children and young people with these specific needs are only to be placed with appropriately trained foster carers.

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

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

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

All foster carers develop a 'Safer Caring' plan as part of their assessment. This 'Safer Caring' plan is adapted to the individual needs of each foster child or young person, for example the likes and dislikes of a child or young person and their risk profile.

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

There is an open and transparent incident/accident and near misses' policy that identifies who needs to be informed of the specific circumstances of each incident.

The registered person has a duty of candour and informs any affected people and/or their representative of any unintended or unexpected incident, or event which affects their health or well-being.

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

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

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

#### **2.5 Restrictive physical interventions on children and young people are not to be used unless it has been specified within an individual's placement plan and delegated authority, which is agreed by a Head of Service.**

Where specified, restrictive physical interventions are only to be used when a situation warrants immediate action. De-escalation techniques are always be used to avoid the need to employ restrictive physical intervention unless the risk is so exceptional that it precludes the use of de-escalation.

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

## **2.6 The service has appropriate arrangements to support intensive foster carer placements.**

The service operates a comprehensive policy relating to intensive foster care arrangements. This includes how to refer for an Intensive Fostering placement and the criteria needed in respect of the child's or young person's needs.

Importantly, the registered person ensures that there is adequate therapeutic support allocated to each Intensive Fostering family and that the staff employed by the service have access to trauma informed training and reflective supervision.

Wherever possible, intensive foster placements are intended to be permanent placements which provide stability and continuity for some of Jersey's most vulnerable children and young people. Foster carers are required to provide an intensity of support to sustain the placement. Similarly, an intensity of professional support is needed to support the foster carers in doing this. The registered person ensures that Intensive Foster carer/s receive adequate training commensurate with their role.

The registered person ensures that supervising social worker's caseloads are managed effectively to enable staff to provide a quality and timely responses to intensive foster carers when and as necessary.

There is a policy in place that sets the allowances that are paid to foster carers.

Intensive Foster Carers receive respite to ensure that they have adequate time away from their role.

Supervising social workers for intensive foster placements visit at least once a month and more frequently at times when a more intensive level of support is required. The supervising social worker maintains at least weekly telephone contact with foster carers providing intensive support. In the absence of the supervising social worker or in the event of a crisis, an alternative worker from the service is identified.

## **Standard 3: Children and young people in foster care are supported to have access to all appropriate health, education, employment, leisure services and opportunities.**

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

Children and young people in foster care reside in environments which are healthy, where their health is prioritised and where appropriate services are available to meet their health needs.

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

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

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

Children and young people in foster care are supported to understand their own health needs and how these can be met. In so far as is safe and practical, children and young people in foster care are encouraged to make informed decisions about their own health and to maintain a healthy lifestyle which includes good nutrition and opportunities for exercise and good quality sleep.

The fostering service ensures that it provides foster care services which help each child or young person in foster care to receive health care which meets his/her needs for physical, emotional, mental health and social development, together with information and training appropriate to their age and understanding.

Children and young people in foster care are encouraged to participate in a range of activities which enable them to maintain a good level of physical and emotional health and wellbeing. Children and young people are also encouraged and enabled to make and sustain friendships, which may involve reciprocal arrangements to visit friends' homes. The registered person ensures that there are protocols in respect of children and young people visiting a friend's home in respect of safeguarding.

The placement plan documents all health-related needs and is reviewed at least annually or when a child or young person's needs change. Foster carers are supported to fully understand their own role and their responsibility in ensuring that these needs are met, including where decision-making responsibility is delegated to them and where consent for medical treatment needs to be sourced.

At all times, the wishes and views of children and young people in foster care are sought and considered in respect of their health needs. Foster carers are advocates for children in their care in this regard.

Children and young people in foster care have prompt access to medical care and treatment when these services are required.

Foster carers are trained in health and hygiene issues and emergency response. Where foster carers support children and young people with complex needs, appropriate training has been provided before such a placement takes place. Where physical aids and adaptations are required, to enable children and young people to be supported safely, these are in place prior to the child or young person joining their foster family.

Foster carers retain a written record of all medication, treatment, and emergency response provided to any child or young person placed in the foster home. Foster carers are trained in the management and administration of medication.

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

Where appropriate, children and young people may keep and take their own medication, but an associated risk assessment is in place. Over the counter medications are stored safely and accessible for those whom they are intended. The foster carers 'Safer caring' plan identifies where medicines are stored.

### **3.2 Children and young people are supported to meet their education potential and to be well prepared for employment.**

Learning and development is promoted within foster homes. In accordance with their age, children and young people attend their education establishment, without interruption. Where a child or young person is excluded from their educational provision, there are arrangements in place to provide structured occupation during school hours.

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

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

The fostering service has a written education policy which promotes the education of children and young people in foster care, which is fully understood by foster carers. The fostering service establishes and maintains robust links with local schools and other education and training organisations. The fostering service fully supports foster

carers in their role in promoting the educational attainment of children and young people in their care.

Foster carers actively support children and young people in their care to meet their education and/or training objectives. They work with education providers to promote the personal education plan objectives of children and young people in their care and are supported by the fostering service in doing this.

Where problems are identified relating to a child or young person's achievement, behaviour or well-being at an education establishment, action is taken promptly to address these matters proactively. This does happen through a process of open discussion, mediation and problem-solving, with each partner agency working together with the child or young person in question to resolve matters such as this. Where issues remain, the fostering service ensures that the virtual head teacher is consulted on a way forward.

Children and young people looked after can access a Pupil Premium payment, this can be for extra support in the classroom and any adaptations or equipment required by the child or young person.

Foster carers take reasonable steps to ensure they are properly appraised of each child's educational progress and school attendance, for example:

- consultation sessions
- open days
- discussions with teachers

In situations where parents have parental responsibility, or otherwise retain significant involvement with their children, they are always involved and included in plans relating to education. In achieving this, foster carers ensure that any important or significant information relating to a child or young person's education is shared with the supervising social worker.

The foster carer agreement identifies where financial responsibility lies for all school costs, including school uniform, school trips and school equipment.

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

As a general principle, children and young people in foster care have access to the same range and type of activities as are available to their peers who are not in foster care. This includes a broad range of school-based and out of school activities.

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

Foster carers are provided with clarity about the decisions which they can and cannot make about children or young people in their care via the Delegated Authority document. Foster carers are only required to seek consent from the fostering service where this is necessary. Ordinarily, as much freedom to make decisions as is appropriate, is delegated to foster carers. In general, foster carers are encouraged to provide permission for the child or young person to take part in age-appropriate peer activities. The placement plan provides adequate guidance in these matters.

Children and young people in foster care are encouraged to form and to maintain friendships. Wherever safe and appropriate, children and young people in foster care attend school trips, stay overnight at a friend's house, go on holidays and to spend time with friends/relatives of the foster carer. In each case, the foster carer is responsible for deciding upon appropriateness depending on individual circumstances and context.

## **Standard 4: Children and young people's diversity and individuality is promoted and valued through their foster placement.**

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

Children and young people in foster care can expect care which supports and develops their self-confidence, and values diversity or individuality.

Children and young people's emotional resilience is supported and strengthened through being in foster care and they retain a sense of their own individual background.

### **4.1 The care provided to children in foster care is personalised.**

Children and young people are provided with personalised foster care which supports their emotional needs. In situations where foster carers find difficulty in understanding or adjusting to diverse or complex situations involving children or young people in their care, the fostering service ensures that additional supervision, training, or therapeutic support is provided.

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

Placement plans (to be in place within three working days of a child or young person being placed in foster care) detail the personal characteristics, history and needs of the child or young person to enable individualised care.

### **4.2 Children in foster care are encouraged to make choices.**

Children and young people in foster care are enabled to choose the food which they eat and can prepare their own meals and snacks. This is dependent upon the abilities of each child and is within the context of the family's decision-making and the types of boundaries and limits which would be set in any other family.

Children and young people in foster care exercise choice in the clothes which they wear and personal items which they purchase. This is dependent upon the abilities of each child or young person and is within the context of the family's decision-making and the types of boundaries and limits which would be set in any other family.

The fostering service provides financial support to foster carers in relation to personal allowances for children and young people for pocket money and activities.

Building on these choices, young people are prepared for independent living through skills and resilience development such as cooking, purchasing clothes etc.

### **4.3 Diversity is actively promoted.**

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

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

The fostering service has a written policy related to diversity and inclusion. The service is delivered in a way which recognises and enhances the strengths of children and young people in foster care.

Foster placements are inclusive and affirming. Children and young people in foster care are encouraged to develop respect for themselves and for others. Foster carers are expected to be alert to and to positively challenge attitudes, behaviour and language that are non-inclusive and discriminatory.

Children and young people in foster care are supported to understand and encouraged to exercise their rights and to be adequately informed and equipped to challenge discrimination.

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

Each child or young people with a disability are provided with services and support to help them access as wide a range of activities as is possible.

## **Standard 5: Children and young people interact positively with their foster families which is reflected in behaviour, attitudes, and relationships.**

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

Children and young people enjoy relationships with their foster family that are positive and based on mutual trust and respect.

### **5.1 Children and young people are able to live in a foster home environment which promotes, models, and supports positive behaviour.**

Foster carers understand that children and young people's previous experiences can manifest in challenging behaviour. In instances of very challenging behaviour, foster carers are supported with strategies for managing their responses to this and to implement positive strategies to provide support.

The ways in which foster carers manage the behaviour of children and young people in their care is documented in the Placement and Safer Caring plans. Specific Risk assessments might also be required to manage and mitigate risk. These plans, or assessments, are reviewed as and when necessary.

The fostering service has a written policy which outlines what is acceptable action that can be taken by foster carers, relating to control, restraint and discipline of children and young people placed in foster care. The registered person takes appropriate steps to ensure that all foster carers fully understand this policy and are able to implement it.

Measures taken by foster carers to manage the behaviour of children and young people in their care are documented. Incidents and their responses, which fall outside of the boundaries set out in the Placement Plan, are reported to the fostering service as soon as possible. Foster carers are made aware of the emergency duty and fostering out of hours service as part of placement planning.

The fostering service ensures that foster carers are adequately equipped in their understanding of the unique circumstances which impact upon each child or young person in their care. This process takes place within the necessary boundaries of confidentiality and data protection and is proportionate to the need to enable foster carers to understand and predict the child or young person's behaviours and to offer bespoke support. Ideally this information sharing takes place prior to the placement starting, however the Jersey Care Commission accepts that in emergencies this is not always possible to the degree required.

Foster carers have due regard to respecting the privacy and confidentiality of children and young people in their care.

## **5.2 Children and young people in foster care are encouraged to take responsibility for their own behaviour.**

As is appropriate to their age and abilities, children and young people in foster care are supported to understand the behaviours which are expected of them, the boundaries which are in place and the consequences of exhibiting negative behaviours.

Children and young people in foster care can develop and maintain positive relationships, to be assertive in expressing themselves, and to resolve conflict appropriately and positively.

## **Standard 6: Children and young people who are missing from foster placements are responded to quickly and appropriately.**

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

Children and young people rarely go missing and if they do, they usually return quickly. It is also understood that there may be a range of reasons associated with why a child or young person may go missing.

The fostering service acts quickly in situations where a child or young person is missing to ensure that the child is located and returned to the safety of their foster carer.

Children and young people are responded to positively on their return to their foster family.

### **6.1 The service responds appropriately to children and young people who are missing from a foster placement.**

Foster carers work hard to minimise the risk of children and young people going missing by providing excellent care and support. However, in the rare instances children or young people do go missing, the service ensures reports are made promptly to the police and the agreed multi-agency protocol is implemented.

Foster carers maintain their normal parenting responsibilities and are expected to take reasonable action to attempt to establish the whereabouts of their fostered child or young person in the first instance. However, each situation is assessed on its own merits. In some cases, foster carers may be distressed and unable to undertake enquiries themselves. In such cases, provided that it is safe and practicable to do so, and in accordance with the child or young person's safety plan, the service may take action to contact known friends and relatives to establish the whereabouts of the child or young person; visit locations where the child or young person is known to frequent; attempt to contact the child or young person on the telephone, via text or social media.

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

The Police are the lead agency in formulating and carrying out the plan to locate the child or young person, along with the other agencies in the multi-agency protocol.

The service maintains a policy and procedures relating to incidents of absence and ensures that social workers, other staff, and foster carers are confident in applying this procedure. This policy/procedure also considers when a multi-agency strategy meeting is held to consider any risks posed to the child or young person.

Appropriate arrangements are in place to ensure that a follow-up meeting is held with the child or young person who was missing, as soon as is practicable and always within 72 hours (unless the child or young person refuses to co-operate). The visit may be undertaken by a separate organisation working on behalf of the service if this is deemed appropriate. In such cases, the service maintains overall responsibility and ensures that adequate communication takes place to ensure that relevant information is sourced, to enable assessments and plans to be updated accordingly.

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

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

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

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

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

## **Standard 7: Children in foster care are appropriately prepared prior to each placement.**

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

The child or young person is welcomed into the foster home and leave in a planned manner which makes them feel loved and valued.

In all cases (except emergencies) children and young people have access to information about their foster family prior to them being placed.

Each child or young person in foster care has a Placement Plan which sets out how care is provided in their foster placement. This plan is reviewed and updated regularly as needs change. It is written and agreed jointly with the child, their social worker, their foster carer/s, and the fostering service.

Children and young people feel part of a family and are not treated differently to their foster carer/s own children.

### **7.1 Measures are put in place to support children and young people in foster care through good preparation for the placement.**

Preparing children, young people and their foster carers is key to a successful placement. Children are carefully matched to foster placements to meet their needs and foster carers are provided with full and accurate information pertaining to any children or young person placed in their care. There are times in emergencies under Out of Hours provision when children and young people are placed with foster carers where information sharing might be compromised. Where further information about a child or young person is required post placement, there is a robust plan to ensure that missing information is given to the foster carers as soon as practically possible.

Children and young people are provided with information about the foster family prior to arrival unless the urgency of the situation precludes this. This may include the provision of photographs and a welcome book. Children and young people are able to visit the foster home prior to placement as part of a transition plan and to talk to the foster carer/s prior to a matching decision being made (unless the placement is in an emergency).

Children and young people are only placed with approved foster carers who are registered under their specific criteria (age, gender, and number of placements). In the rare instances this cannot happen, for example an urgent placement, Head of Service approval is sought to vary approval of the foster carers, initially this can be given verbally and later recorded in writing. This decision lasts for 28 days. If the foster care arrangement is required over the 28 days period, this change of approval is presented to the fostering panel for a recommendation retrospectively, before the 28-day period expires.

Fostered children and young people are entitled to set clearly defined rules and expectations associated with living in the foster home. These are measured, reasonable, proportionate and in line with what would be expected in any other family home, for example how expectations around behaviour or how we greet each other.

Children and young people in foster care are provided with free access to all the facilities in the foster home, within reasonable limits. Any limits are applied consistently to all children or young people residing in the foster home (including the foster carer's own children) but may vary depending upon age.

## **7.2 Every child or young person in foster care has an up-to-date Placement Plan (to include Delegated Authority).**

A Placement Plan is devised prior to each placement, except where children or young people are placed in an emergency. This sets out what a child or young person and the foster carer can expect from the foster placement, and how it meets their needs going forward. A completed and signed Placement Plan (including delegated authority), by all parties is in place no later than 5 days after the start of the fostering arrangement. The child or young person, birth parent/s, others holding parental responsibility and the foster carers are provided with a copy of the Placement Plan.

The fostering service is responsible for gathering the necessary information together to complete the Placement Plan and the child or young person, foster carer/s, and the child's social worker are encouraged to contribute to the Plan. The extent to which this happens is likely to depend upon the urgency of the placement. The Placement Plan is reviewed at regular intervals, at least yearly, or when there is a necessary change.

Foster carers, alongside the other professionals, are responsible for explaining the content of the Placement Plan and any changes to it, to the child or young person.

Children are also assisted to source independent advocacy to support them in providing their views, wishes and feelings, where this is required.

Once a child or young person joins a foster family, they are not removed from a foster family who remains able and willing to continue caring for the child or young person, unless this is in the best interests of the child or young person.

## **Standard 8: Young people in foster care are appropriately prepared to leave foster care and to move to adulthood and independence.**

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

Young people in foster care are prepared for adulthood and supported to reach their potential, achieve their desired outcomes, gain independence, and achieve economic wellbeing.

Foster carers support young people in their care to develop towards maturity by promoting positive relationships and ensuring that young people can gain the range of skills needed in adulthood.

When foster placements come to an end, this is well managed for young people.

### **8.1 Before the young person's 16<sup>th</sup> birthday, a Pathway Plan, is developed and recorded.**

Every foster family has an important role to play in ensuring that children and young people can develop and mature. The specific types of support are dependent upon the age and needs of the child or young person.

Young people in foster care are supported in the following aspects:

- In establishing, developing, and maintaining a range of appropriate positive relationships including peer, social and sexual relationships
- In developing emotional resilience, positive self-regard, and self-esteem
- In becoming prepared for the world of employment or for further and higher education
- In becoming prepared for living independently and in moving to their own accommodation
- In developing a range of practical skills relating to personal self-care, shopping, preparing meals, storing food, washing clothes, managing personal finances and in taking responsibility for personal healthcare
- In understanding entitlements to financial and other support after leaving care

Young people in foster care are, before their 16<sup>th</sup> birthday, made aware of their entitlements and are allocated a personal adviser who will support the young person in considering their current and future needs.

Foster carers work with the young person and their social worker or personal advisor in implementing and contributing to the development of the young person's Pathway Plan. The child's Pathway Plan is based upon an assessment of need, drawing on the child or young person's experiences, wishes and feelings.

The fostering service ensures that each young person is consulted as part of their Pathway Plan about their future and encouraged to be actively involved. Every young person has a copy of their Pathway Plan.

There are robust arrangements to ensure that young people are prepared for the transition to adulthood. This involves the provision of appropriate support and training to foster carers who are caring for young people approaching adulthood. All arrangements relating to the young person's needs are consistent. Alongside the young person's care plan, there is a Pathway Plan or a preparing for adult transition plan in the case of young people with special educational needs or disabilities.

The fostering service ensures there is adequate support, training, and financial packages to enable 'staying put' arrangements to be successful in Jersey. There are clear written expectations of what is expected of foster carers in preparing and supporting a young person for independence and/or semi-independent living.

The fostering service operates a policy which ensures that practical arrangements are in place to enable young people to continue to reside with the foster carer/s after having reached legal adulthood. This is dependent upon agreement with the foster carers reached at a Care Planning meeting and is documented in the child's placement plan.

## **8.2 The fostering service ensures that the ending of foster placements is well managed.**

Foster placements can end for a variety of reasons, for example:

- The young adult is ready to leave his 'staying put' arrangement and is ready for independence
- The young person decided to live independently or in supported lodgings
- The foster carer may give notice on the arrangement for a variety of reasons
- The young person may make an allegation or complaint about the foster carer/s
- The service may have concerns about a foster carer/s ability to meet the needs of the young person
- The young person requests to move to alternative provision
- The young person returns to the care of a birth parent or a connected person

When the fostering arrangement is working for a young person and their foster carer, they may stay in it up to the age of 25 (depending on their needs and educational status). However, for some young people or their foster carers where this cannot happen, planning commences at an early stage to ensure the young person's transition is smooth and supported. In this instance, both the young person and foster carer are informed of the reasons for this and are supported to understand them.

When a fostering arrangement ends, Pathway Plans contain contingency arrangements where intended outcomes are not achieved.

Where appropriate, foster carers are supported to maintain contact with young people leaving their care. This is documented in the young person Pathway Plan.

If a foster arrangement needs to end sooner than anticipated, this is managed sensitively and appropriately. If a foster carer intends to terminate a fostering arrangement, they provide at least four weeks' notice to enable enough planning to take place.

Every effort is made to sustain a child or young person living with their foster family where possible, and foster carers are able to raise concerns as necessary and be supported with any challenges they face in providing foster care to avoid premature placement termination.

In an emergency, decisions to end fostering arrangements are still subject to a disruption meeting and formal agreement made where this is achievable.

## **Standard 9: Children and young people in foster care are supported to maintain contact with their parents, families, and significant others.**

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

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

### **9.1 Children and young people are supported and encouraged to maintain contact with their families and to develop friendships.**

It is crucial to acknowledge that many children and young people's contact with parents, families and friends is limited by boundaries and provisions as established in their care plan and any court order.

As a broad principle, where there are no legal limits set which prohibit such contact, children and young people are able to maintain contact with their familial and social network and the fostering service ensures that adequate steps are taken to facilitate this.

Where foster carer facilitates contact, the fostering service ensures that foster carers are provided with training and practical support in relation to this. This may include financial support and/or guidance in caring for children and young people who may experience an emotional impact as a result of contact with family members.

The fostering service ensures that the foster carer records outcomes of contact arrangements and their perceived impact on the child or young person; this information is relayed back to the child's social worker.

Foster carers understand what decisions about contact are delegated to them, in line with the child or young person's care plan and make those decisions in the child or young person's best interests.

The fostering service reports any concerns relating to contact to the child or young person's social worker. The service ensures that children and young people's views, wishes and feelings are considered in the contacts they have with friends and family.

Emergency restrictions on contact are only made to protect the child or young person from significant risk to their safety or welfare and are communicated to the responsible authority within 24 hours of being imposed.

Foster carers are provided with specific advice relating to the delegation of decision-making pertaining to contact. They are informed of when they can and cannot make decisions in this regard.

As a point of principle, off-island foster placements are avoided insofar as this is practicable. In situations where a child or young person is placed with foster carers residing outside of Jersey, careful consideration needs to be made in relation to how the child or young person can maintain contact with parents, family members, friends, and others. The arrangement for maintaining contact is formalised in the placement plan.

The above standards in relation to contact do not apply to Short Break foster care.

## **Standard 10: The service has a clear statement of purpose and set of policies, which are accessible to everyone including children and young people who use the service.**

### **What this means to foster carers or potential foster carers:**

Foster carers or potential foster carers who receive support from the service know what to expect. There is a Statement of Purpose which sets out the aims and objectives of the fostering service and what services and facilities it provides.

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

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

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

This is child and young person focussed and includes information about:

- What the service sets out to do for children and young people
- How the service supports foster carers and prospective foster carers
- The operating model of the service, including organisational structure and how many children, young people and foster carers are supported
- The governance and quality assurance arrangements for the service
- The philosophy or ethos of the service (where this is based upon a theoretical or therapeutic model, a description of that model.)
- How the service is inclusive. Specifically, how the service is sensitive and responsive to needs relating to gender identity, sexual orientation, ethnicity, and disability. This includes a statement about equality and accessibility
- Who provides the service and how to contact the provider
- Who manages the service and how to contact the manager
- The makeup of the management and staff team, including their qualifications and experience
- The address and contact information for the service
- Details about the legal status of the service (i.e., charity, company etc.)
- How to access the service, including referral pathways, inclusion, and exclusion criteria
- How the service responds to emergencies (such as when a foster placement is needed immediately)
- Respecting children and young people's rights and responsibilities
- How children, young people and families are supported in making informed choices around care provision and support
- How to provide feedback or raise a concern or complaint and the support which is available to do so
- How children, young people and families are included in service provision and how any suggestions, feedback and concerns are considered

- The arrangements made to protect and promote the health and welfare of the children and young people accessing the service
- Arrangements for involving others concerned for the health and welfare of the child or young person (where appropriate), in assessment and planning processes
- How children and young people using the service are protected from harm.
- Any restrictions on the use of social media by staff, children and young people, and foster carers.
- Fire or safety procedures including details of any CCTV used in the premises (from which the service is provided).

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

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

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

## **10.2 There is a children and young person's guide to fostering.**

This is given to children and young people at the point they join their foster family and is in a child or young person friendly format, which meets their communication needs and includes information about:

- The service details, including aims and objectives, and how it supports children and young people
- Management arrangements
- What to expect from the service
- Children and young peoples' rights when being cared for by foster carers and how to contact their Independent Reviewing Officer, Children's Rights advocate, or Jersey Care Commission if they wish to raise a concern.
- The expectations of children and young people and staff members' behaviour and respectfulness
- The role of the registered person and other staff
- Advocacy and how to access it
- How to provide feedback or complain, and support to do so
- How and in what circumstances information is shared
- The roles and contact details of organisations, including the Jersey Care Commission and the Office of the Children's Commissioner

The service ensure that the contents of the Guide are explained to children or young people receiving support from the service by the social worker supporting them or by their foster carer, if this is appropriate.

**10.3 There are policies and procedures based on best practice and evidence which are available to and accessible by children, young people, their families, foster carers, social workers, and others. Policies are:**

- Developed based upon best practice, 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
- Co-produced with partner agencies where necessary

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

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

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

Children, young people, foster carers 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.

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

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

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

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

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

Foster carers, children, young people, and others (including birth parents or others with a significant involvement in 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 complain and feel able to complain if they are unhappy with any aspect of the fostering service. Contact cards, apps, and other means of raising issues and complaints, suited to the child or young person's age and ability, are always available.

Foster carers, children, young people, and others are assured that raising a complaint does not result in them being treated unfavourably.

Foster carers, children, young people and others are assured that any details of their complaint is not widely shared beyond those who need to know.

Foster carers are supported and kept informed throughout the complaints process.

The complaints procedure sets out the investigative process and provides specified timescales for action. The service recognises a complaint or concern and does not require this to be made in writing, however it is good practice to formally record these complaints through 'Feedback' so that they can be monitored and responded to within timescales.

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

The fostering service ensures a written record of the complaint is kept in the foster carers 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.

Foster carers are encouraged to sign where appropriate or indicate their satisfaction or otherwise with the management and outcome of the complaint.

A systematic audit of complaints is carried out by the fostering service to identify recurring issues. There are mechanisms in place to use the information gained to improve the quality of the service, which might lead to thematic service reviews, for example.

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

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

Staff are assured of the registered person support if they raise valid concerns about the practice of colleagues. Staff are assured of support if they raise valid concerns about the practice of the registered person.

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 investigate 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 11: The service is well managed, and the organisation effectively led.**

### **What this means to foster carers:**

Foster carers feel confident that the service is appropriately managed by a person who has the relevant experience, knowledge, skills, and qualifications to deliver a service which is efficient, responsive, and professional.

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

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

Children and young people can access foster care when they need it and that those managing their foster carer are qualified to do so.

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

### **11.1 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.

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

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

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

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

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

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

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

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

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

Managers can demonstrate a range of critical skills which include:

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

They have a sound working knowledge and experience of law and practice relating to children and young people looked after.

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 demonstrates effective oversight of decision-making.

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

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

### **11.5 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, whether or not they are users of the service
- 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.

### **11.6 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 will not work more than 48 hours per week unless under extraordinary circumstances on a short-term basis only.

### **11.7 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.

### **11.8 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.

### **11.9 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.

### **11.10 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.

**11.11 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.

**11.12 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.

**11.13 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.

**11.14 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.

**11.15 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.

**11.16 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.

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

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

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

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

**11.18 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.

### **11.19 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.

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

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

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

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

## **Standard 12: Staff are safely recruited and are fully supported in their roles.**

### **What this means to foster carers:**

All staff working with foster carers have been background checked and the service has a detailed knowledge of them. Recruitment processes are fair, and staff are well supported by their managers and the wider organisation.

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

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

All staff have been background checked and the service has a detailed knowledge of them. Recruitment processes are fair, and staff are well supported by their managers and the wider organisation.

There are enough staff to deliver the service well.

### **12.1 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.

### **12.2 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.

### **12.3 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.

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.

#### **12.4 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 identify candidates who are the 'best fit' for the role because their values, behaviours and attitudes have been assessed and matched against that of the role and the organisation.

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

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

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

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

#### **12.5 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.

#### **12.6 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.

### **12.7 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.

### **12.8 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.

### **12.9 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 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.

#### **12.10 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.

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

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

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

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

## **Standard 13: The service maintains comprehensive records relating to every child or young person whom the service supports.**

### **What this means to prospective foster carers:**

The fostering service maintains accurate records that are stored securely, and foster carers can have access to.

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

The records held by the fostering service contribute to an understanding of a child or young person's life. These records can be accessed by children or young people at any time and also when they are an adult.

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

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

### **13.1 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](#).

Foster carers are provided with mandatory training in relation to record keeping. The fostering service ensures that a procedure is in place in relation to how record keeping is undertaken in respect of children and young people by their foster carers and the service.

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 foster carers' files and what information is kept on the child or young person's files. The service ensures that all children, young people, and foster carers whom it supports, are provided with clear information relating to these matters in a format which they can understand.

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

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

The foster carer encourages the child or young person to reflect on and understand their history, according to the child or young person's age and ability and encourages the keeping of appropriate memorabilia. The fostering service makes this role clear to their foster carers.

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

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

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

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

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

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

### **13.2 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.

All cases open to the service include a case summary on the foster carer's record. This is reviewed and updated no later than every three months.

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

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

Each case includes a chronology of significant events for the child or young person and separately, their foster carer(s).

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

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.

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

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

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

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

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

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

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

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

**13.7 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.

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

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

## **Standard 14: Decisions taken regarding the recruitment and approval of foster carers are transparent and fair.**

### **What this means to prospective foster carer:**

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

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

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

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

Children and young people are assured that decision making about their foster carers has been through a robust process and that their foster carers are subject to regular reviews at the independent fostering panel and oversight of the ADM.

### **14.1 The fostering panel makes timely, evidence-based, and reasonable decisions.**

The fostering service operates a policy relating to the fostering panel, which includes how the panel is recruited and trained to equip panel members with the relevant skills, knowledge, and expertise to make competent recommendations regarding the suitability of prospective and existing carers to be approved or reapproved as foster carers for the Government of Jersey, considering the nature of the children and carers that the service caters for.

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

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

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

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

The Jersey Care Commission is aware that connected person foster carers must have their application to become approved foster carers presented to the Fostering panel within 12 weeks from the date of a connected child or young person being placed in their care. If the registered person becomes aware that a connected person foster carer/s application will not be heard by the fostering panel within this timescale, they have a procedure setting out what needs to happen to prevent the fostering arrangement for the child or young person becoming unregulated.

Prospective and approved foster carers can attend and speak at fostering panel meetings. They may bring a person to support them if they wish to do so.

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

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

The prospective foster carer/s receive the recommendation of the fostering panel on the day of the panel. The Panel Chair provides this feedback, however there may be a need to seek guidance from the Panel Advisor if the recommendation is not to approve the applicant/s or to defer due to further information being required.

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

## **14.2 The fostering service operates an appeals process.**

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

- timescales for the applicant to make a formal request to have the decision formally reviewed
- how the decision is reviewed and by whom
- timescales in relation to when the formal review is to take place
- expectations in relation to representations that the applicant/s can make and when these need to be submitted
- if the applicant/s remains unhappy with the outcome of the formal review decision what happens next
- what is the independent procedure for review of the ADM decision

**14.3 The registered person ensures that regular review of the panel's function and training needs are identified.**

The fostering service have a policy to review the panel on a regular basis

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

## **Standard 15: Foster carers are appropriately recruited, supported, and trained.**

### **What this means for foster carers:**

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

Foster carers understand their role and feel valued for the care they provide to children and young people.

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

Children and young people are cared for by foster carers that provide them with caring, loving, encouraging, empathetic and understanding care when they need it most.

Children and young people are assured that the recruitment of foster carers takes place carefully and consistently, with robust due diligence checks and safeguards in place.

Foster carers have their own support and on-going training to help them provide high quality care to children and young people.

### **15.1 There is a clear recruitment and assessment process for people wishing to become foster carers.**

The fostering service prioritises the recruitment of foster carers and there are on-going recruitment activities happening on a regular basis to encourage prospective carer/s to apply to become a foster carer.

The service operates a policy dealing with the recruitment of foster carers. There is a transparent application and selection process which sets out the following:

- the qualities, skills or aptitudes and experience which foster carers need to evidence
- the standards which are applied in the assessment
- the stages and content of each stage of the process, including timescales
- the information which is provided to applicants
- how a decision is made regarding their application and how the outcome is communicated
- the complaints and appeal process

The fostering service plans effectively to ensure that there are sufficient numbers of foster carers to meet current and predicted future demand.

Foster carer recruitment campaigns are well thought through and impactful. All enquiries from people interested in becoming foster carers are dealt with enthusiastically, fairly, respectfully, and efficiently. The fostering service has timescales for best practice by which they can measure their performance in responding to enquiries.

Prospective foster carers are provided with regular updates relating to their application.

Appropriate checks relating to identity, residence qualifications, relationship status, household members and health, are undertaken. References are sought, and appropriate enquiries made. An enhanced DBS check is undertaken in respect of all prospective foster carers and other adult members of the household. These matters are set out in the recruitment policy. Prospective foster carers are assured that the purpose in undertaking robust checks is not to identify reasons not to approve them as foster carers. Rather it is to provide evidence that the prospective foster carers have the capacity to care for a child or young person safely and responsibly and in a way which meets their developmental needs.

The assessment process is designed in a way which can ensure that prospective foster carers become equipped to carry out their role. It identifies where the prospective foster carers have existing strengths and competencies and where there is a need for development. Where development needs are identified, appropriate plans are formulated to ensure that these needs can be met prior to a fostering arrangement commencing.

A supervising social worker undertakes an assessment of a prospective foster carer's suitability to become a foster carer. The information in this assessment is factual, evidence-based, and current. Where opinion and third-party information is included, this is stated clearly to distinguish it from fact. Reports are signed (can be electronically) and dated by the social worker and counter-signed and dated by a relevant manager.

The prospective foster carer/s read the assessment that is presented to the fostering panel and provide their own signed feedback as part of the documentation pack given to panel members.

The fostering service undertakes regular reviews of foster carers' approvals to satisfy itself about existing foster carers' ability to foster. These are at least yearly, although can be earlier if there is a change of circumstances or conditions of their approval.

Foster carers are required to attend the fostering panel on the 1<sup>st</sup> anniversary of their approval and every three years after this, provided there are no changes to their approval, or complaints, allegations or standards of care concerns that need to be considered by the fostering panel. The recommendation of the fostering panel follows the same process of ADM approval. In between the fostering panel review of approval, the registered person undertakes an annual review in accordance with procedure.

Any matters or areas of concern which are identified between reviews are addressed at the time of being identified. It is not appropriate to wait until the next review to address these.

## **15.2 All foster carers receive a good quality induction and appropriate training.**

The fostering service operates a policy about induction and training of foster carers. The service provides an annual training offer to foster carers.

All foster carers receive an induction pack and a structured induction. The service has an accessible foster carer handbook, which is updated at least quarterly with any new or revised information and policy/procedure changes.

On approval, foster carers are provided with information which covers each of the Regulations, Standards, policies, procedures, legal, financial and insurance information and guidance to which the fostering service requires that they adhere. The foster carer understands, accepts, and operates in accordance with each of these.

Foster carers receive the fostering service's mandatory training prior to them being able to accept a child or young person into their home.

Foster carers have a personal development plan which documents their training and development needs and how these are met. They also maintain a portfolio of ongoing training and development which provides evidence that they have met or are in the process of meeting, the standards set by the fostering service.

All newly approved foster carers are required to complete their Training, Support and Development Standards within the first twelve months following their approval.

The annual review of each foster carer's approval includes an appraisal of performance and achievements against the standards set by the fostering service. The review report documents outstanding or newly identified training and development needs, set against an agreed timescale.

Reviews consider the views of all children who are placed in the foster home at the time of the review and their allocated social worker.

Besides the mandatory training offer, supplementary training is offered to foster carers in the following areas:

- Child development and how this can be impacted by trauma and abuse
- Understanding the emotional, physical, behavioural, and social needs of children and young people who have suffered trauma and abuse
- Be trauma informed and how to respond to children and young people who have impacted by trauma
- Behaviour management and de-escalation techniques
- Specific training related to children and young person's individual needs, such as Foetal Alcohol Spectrum Disorder or any other medical needs

### **15.3 All foster carers have access to appropriate and structured supervision and support.**

Every approved foster carer has a named and appropriately qualified supervising social worker. The role of the supervising social worker is clear to both parties. The supervising social worker is distinct from the child's own social worker and undertakes structured supervisory meetings with the foster carer and is available to provide advice and support in accordance the timescales for best practice document.

The supervising social worker undertakes at least one unannounced visit every year.

All supervisory meetings have a clear purpose and supervise the foster carer's care of children and young people placed in their family. The supervision process ensures that the foster carer/s remain able to meet the child's needs; assess the foster carer's performance against designated standards and seek opportunities to develop competencies and skills.

There is a signed supervision agreement between the supervising social worker and foster carer which offers the opportunity for the foster carer to seek support.

A record of supervisory meetings is maintained in the foster carer's file and foster carers have copies of their supervision notes.

The views, wishes and feelings of any children or young people placed in the foster home, are considered as part of supervisory meetings.

Foster carers can seek advice and support as they need it. The fostering service is responsible for ensuring that foster carers understand how to access support and ensures that adequate mechanisms are in place for foster carers to seek support both within and outside of office hours.

The fostering service promotes the existence and maintenance of informal peer support and self-help groups for foster carers and ensures that foster carers are properly appraised of the range of resources and organisations which are available to them.

The fostering service promotes positive relationships and communication between fostering service social workers and children's social workers. Each understand their respective roles and work effectively together to improve outcomes for the children and young people in their care.

Foster carers are provided with adequate breaks from their caring role. These are appropriately planned to meet the needs of both the foster carer and of any children or young people placed in the foster home.

### **15.4 Foster carers are paid an allowance.**

The fostering service operates a policy relating to payments to foster carers. The policy is freely available, is written in plain language and sets out the process through which payments are calculated. The policy clearly distinguishes between allowances and fees.

The policy explains how or whether payment is made during any break in the fostering arrangement or in instances where a fostering household is subject to an allegation.

The criterion for calculating fees is applied equally to all general foster carers. A different fee system applies to Specialist Short Break Carers and intensive foster carers, and this is detailed in the allowance policy.

Foster carers are entitled to payment of an allowance and receive at least the locally agreed minimum allowance for each child in their care. The allowance incorporates activities, clothing, and pocket money allowances as well as a general maintenance element. Additional allowances for birthdays, Christmas and holidays are also paid at the appropriate interval in the calendar year.

Allowances are reviewed on a regular basis to take account of inflationary pressures.

Additional set up costs for a foster family can also be paid to foster carers in certain circumstances.

Other costs directly related to a child or young person, such as medical, dental, optical, school trips and educational costs are covered by another budget and can be sourced through the allocated social worker.

Payments are made promptly, and foster carers are provided with a remittance advice with the payment details.

The fostering service operates a fee system, whereby carer/s who have gained experience through the direct care of children, have undertaken minimum supplementary training and can evidence their skills and expertise in caring for children can earn a fee. These fees are also reviewed on a regular basis and are taxable. The fostering service provides a statement to every foster carer who has been paid a fee in January of each year for the previous financial year.

In situations where equipment is provided to a foster carer, it is made clear as to whether this is being loaned or given to the foster carer.

In situations where a child or young person is eligible for social security payments, the fostering service has a procedure setting out how this impacts any allowances or fees paid to the foster carer.

## **Standard 16: Allegations and suspicions of harm are handled appropriately.**

### **What this means for foster carer/s:**

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

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

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

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

### **16.1 The fostering service responds promptly and appropriately to any allegations, complaints, or standards of care concerns it receives.**

The fostering service operates a procedure on how it deals with allegations, complaints, and standards of care concerns. This is freely available to foster carer/s, Children's Social Care staff and other stakeholders.

All foster carers, fostering service staff and volunteers understand what they must do if they receive an allegation, complaint or standards of care concern or have suspicions that a person may have:

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

The fostering service ensures in consultation with the Jersey Designated Officer and other professionals that the required actions are taken or have been taken, in any situation of which it becomes aware.

The fostering Service provides mandatory training for all foster carers and fostering service staff in this respect.

The fostering service has a designated person/s, who is a senior manager, responsible for managing allegations, complaints, and standards of care concerns. The designated person/s has responsibility for liaising with the Jersey Designated Officer (JDO), initially to consider if the allegation, complaint or standard of care concern meets the threshold for the JDO involvement. The fostering service is responsible for keeping the subject of the allegation informed of progress during and after the investigation and for providing them with on-going support through the process.

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

A copy is provided to the person/s the allegation or complaint has been made against as soon as the investigation is concluded. The information is retained (in line with the Government of Jersey retention schedules) on the confidential file, even after someone leaves the organisation (or are deregistered as foster carers).

As soon as possible after an investigation into a foster carer is concluded, their approval as suitable to foster is reviewed and consideration given to presenting the foster carer to the Fostering Panel for this review. The fostering service operates a clear policy framework which outlines the circumstances in which an approved foster carer is removed from the foster carer register, in the interests of the safety or welfare of children and young people. This policy framework is made available to all foster carers.

Investigations into allegations or suspicions of harm are handled fairly, quickly, and consistently in a way that provides effective protection for the child or young person, and at the same time supports the person who is the subject of the allegation. The service may deem that a fostered child or young person is removed from the care of their foster carer/s whilst the investigation is being completed.

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

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

During an investigation, the fostering service ensures additional support, which is independent of the fostering service, is available to the person subject to the allegation and, where this is a foster carer, to their wider household, to provide: information and advice about the process; emotional support, and, if needed, mediation between the foster carer and the fostering service.

## **Standard 17: Family and friends as foster carers (known as connected person foster carers).**

### **What this means to connected person foster carers:**

Connected person foster carer/s receive the support they require to meet the needs of the children or young people placed in their care and to protect them from further harm.

That connected person foster carer/s are not treated differently from general foster carers.

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

Children and young people in foster care are provided with an opportunity to live with family or friends, which is often a better alternative if it is safe to do so.

### **17.1 The service recognises the responsibility to assess prospective connected person foster carer/s in the first instance prior to a child being placed with approved foster carers.**

The service has in place procedures that social worker and supervising social workers can access in regard to assessing prospective connected person foster carers in the first instance, if a child or young person cannot remain in the care of their birth parent/s or other carer/s with parental responsibility.

As part of any assessment process, the decision maker considers the need, wishes and feelings of the child or young person and the capacity of the prospective carer/s to meet these. The assessment process also considers the history of prospective carer/s, including any convictions/police intelligence or whether they are known to children's social care and in what capacity.

### **17.2 Prospective connected person foster carer/s are provided with information about the assessment process and information about the children or young people, so they:**

- know what is expected of them
- know what support they are provided with during and post the assessment process
- know how particular issues with birth family are managed
- understand the behavioural, social, emotional, and educational needs of the children or young people they may be caring for
- know the length of the placement, the age and gender of the child or young person
- understand their rights in respect of being treated equally alongside approved foster carers

- know what access to training they are provided with and what training is mandatory

### **17.3 The service considers the prospective connected person foster carer/s needs and circumstances.**

The child or young person's introduction to the connected person fostering arrangement considers the changing role of their relationship with their new carer/s. The prospective carer/s are provided with support they need to manage the transition of the child or young person into their care.

Connected person foster carer/s may require some services or training to be delivered in a different way and there is equity of provision and entitlement. The training offer of the service to prospective connected person carer/s addresses their particular needs and circumstances.

Connected person foster carer/s have access to support groups that meet their particular needs, which may differ from general fostering.

### **17.4 Connected person foster carer/s are subject to the same approval process as general foster carers and receive the same levels of supervision and support.**

The Children's (Placement) (Jersey) Regulations 2005 requires where children or young people are placed with prospective connected person foster carer/s, that the assessment of those carers is completed within 12 weeks of the date that the arrangement commenced. The service has procedures in place that recognises this timeframe and the importance of approval via the fostering panel and ADM process.

If the ADM decision is not in place at this 12-week stage, the placement becomes 'unregulated'. The foster service has a procedure on how to address such situations.

As with general foster carers, family and friend foster carers are still subject to supervision at minimum six weekly intervals for the first year of the placement and subject to agreement with the carer/s can be three-monthly if deemed appropriate by the Service.

Family and friend foster carers are also subject to the same annual review process as general foster carers.

## **Standard 18: The provision of Specialist Short Break (SSB) foster carers for children and young people with complex needs.**

### **What this means for specialist short break foster carer/s:**

SSB fostering is recognised in its own right as a specialist service for children and young people with complex needs, resulting in different processes and support that needs to be adopted to ensure that arrangements are successful for the children, young people, and their families.

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

SSB carers are identified and matched who have the necessary skills, competencies, and commitment to provide high quality short breaks for children and young people.

SSB foster care provides children and young people with an opportunity to spend time away from their primary carers. They can take part in a range of fun activities. They can develop their independence, emotional resilience, and confidence.

SSB foster care recognises the parents remain the main carers for the child.

### **18.1 Where a fostering service provides short-term breaks for children in foster care, they have procedures implemented in practice, to meet the needs of particular children and young people receiving short-term breaks.**

The procedure reflects the following and is not limited to:

- the difference between general and SSB fostering
- how the enquiry, training and assessment process differs from general fostering
- the difference in SSB's that take place in the community or in a SSB foster carer/s home
- how transition plans are managed in terms of getting to know the child or young person and their family
- what specialist training SSB carers are required to undertake
- the importance of the child or young person care support plan and risk assessment in the planning process of a SSB arrangement
- arrangements in place for delegated authority
- the allowances that SSB foster carers can claim

SSB foster carers follow the same supervision, support, and annual review processes as general foster carers. They are all subject to the same multi-agency responses in respect of allegation, complaints, and standards of care concerns.

SSB foster carer are subjected the same mandatory training requirement of the fostering service, including record keeping, which is recorded on the child or young person's electronic file. The same conditions in respect of access to records apply with this document.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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