

CHILDREN

S SERVICE STANDARDS FOR THE REGISTRATION AND INSPECTION OF CHILDREN S RESIDENTIAL ESTABLISHMENTS IN JERSEY.

One of the best safeguards against abuse or harm to children who are looked after by local authorities is a high standard of management and practice in running the system. As well as keeping them safer, higher standards will help them achieve more, and give them a much better prospect, than they might otherwise have had, of successful lives as adults

The following standards apply to all children

s and young persons residential establishments that fall under the responsibility of the Children s Service for registration and inspection. It is the primary responsibility of the Service Manager, and latterly the Manager placement and support, and all unit Managers to ensure that all residential child care staff are aware of these standards and take account of them when carrying out their daily duties.

The ability of all staff to achieve the required standards should be an ongoing topic of discussion in supervision and must be an integral part of staffs annual performance review and appraisal.

The standards should be openly displayed in all establishments so as to be easily available to children, parents and staff. They must be reproduced in a style that provides full information, but are easily understood and takes account of the physical and linguistic needs of all children, parents and staff.

These standards should be read in conjunction with the policy and procedural items relating to the registration and inspection of children

s and young persons residential establishments.

The following establishments must take account of these standards and take steps to ensure that they are met.

Aviemore Respite Centre

Oakwell Respite Centre

Heathfield Children

s Centre

La Preference Children

s residential Establishment

Brig y Don Children

s Centre

La Chasse Centre

St Marks Rd Adolescent Centre

1. PURPOSE AND FUNCTION OF THE ESTABLISHMENT

Standard -All establishments must have a written statement of purpose that accurately describes what the establishment sets out to achieve

for the children and young people it accommodates, and the manner in which that care is provided.

Requirements

1.1The statement of purpose must include the intended ethos of the establishment and the philosophy of practice in the home.

1.2The statement describes what the establishment sets out to do for its residents and this is

reflected in the care practices and facilities in the establishment; children and young people accepted into the establishment have assessed needs that can be met within the purpose of the establishment.

1.3 The statement must contain all the information set out in the Children's Service recording procedure.

1.4 This information must be in a form that can be made readily available to residents, Child Care Officers, child care officers, staff, parents and those people with responsibility for undertaking the registration and inspections of residential establishments.

1.5 The Manager of the establishment ensures that all staff are aware of the contents of the statement of purpose and that they are being fully complied with.

1.6 The Service Manager must approve the statement of purpose, and in conjunction with the inspection and registration team, reviews and modifies it as necessary.

GOOD PRACTICE

1.7 Each child must be provided with an easily understood booklet that tells them about the establishment as outlined in the statement of purpose.

1.8 Staff should be involved in the preparation, reviewing and updating of the statement.

1.9 All establishments must have systems in place to monitor the performance of the establishment against the children

service stated aims and objectives, and for regular reviewing of the statement.

2. CHILDREN

S RIGHTS

Standard-Children, their families and significant others should be regularly consulted to gain their opinions regarding key decisions that are likely to affect their daily life and their future.

REQUIREMENTS

2.1 Establishment Managers accept, support and understand the need to consult with children, young people and their families regarding the making of decisions that effect individual children and young people and plans for the future of the establishment which may affect those children and young people who live there.

2.2 Staff must take into account the religious, racial, cultural and linguistic background of children and their families and demonstrate the ability to seek advice and or assistance when necessary

GOOD PRACTICE

2.3 All members of staff must have access to those policy and procedural items that relate to consultation with children and young people, their families and significant others, with training where appropriate.

2.4 All establishments should demonstrate that children, young people and their families are listened to through the provision of written agreements, private interviews, regular key work sessions and children's house meetings etc.

2.5 Staff consistently ascertain the views and opinions of children, young people, their families and significant others effectively.

2.6 Significant views, discussions and expressed opinions are recorded promptly and confirmed as accurate by the child, young person, their families and significant others

2.7 The opinions and views of children, young people and their families even on less significant issues are ascertained and not taken for granted.

2.8 Where it has been agreed that consultation with a child or young person's family is inappropriate, staff must explain to the child or young person why this is so, and consult with significant others to confirm that this is the correct course of action.

PRIVACY AND CONFIDENTIALITY

Standard - The establishment and staff respect a child's wish for privacy and confidentiality as is consistent with good parenting and the need to protect the child.

REQUIREMENTS

2.1.1 Managers ensure that the home has a telephone where children can make and receive private calls without reference to staff, and that information about services which children may wish to consult confidentially e.g. childline is prominently displayed.

The siting of the telephone and arrangements for payment are convenient and workable.

The establishment provides room for children to meet privately with their parents.

The Manager of the establishment ensures that the home has facilities for the storage of confidential information and case files.

GOOD PRACTICE

Staff must ensure that children are aware of their rights to see their case file and know that some confidential information may be kept from them and why.

Staff respect children

's privacy and seek permission before encroaching upon it. Staff are

sensitive to gender issues especially when dealing with children from the opposite sex.

Establishment Managers provide guidance on privacy and confidentiality that covers:

access to case records by staff and others

access to case records by staff and others

entry/interruptions without permission in emergencies or where children are considered at risk

practical details about the way children

's rooms are entered

showering and bathing arrangements and use of toilets

personal matters such as menstruation and washing clothes

2.1.8 Children are encouraged to write letters in private and helped to keep in touch with their families and friends.

2.1.9 Staff in the home know how to deal with information which they are given in confidence when it has implications for the protection of the child.

2.1.10 Staff understand confidentiality issues in relation to all children

2.2 Complaints and Representations Procedures

Standard - Children know how and feel able to complain if they are unhappy with any aspect of living in the home, and that any complaint is addressed seriously and without delay.

REQUIREMENTS

2.2.1 Children, and where appropriate their families and significant others, are provided with information on how to complain.

2.2.2 The person carrying on the home has provided the home with a written policy and procedural guidelines on representations and complaints. These clearly identify:

what constitutes a complaint

what the procedure is for dealing with an informal complaint in the home and how this is recorded

to whom a complaint is made outside the home

the procedure to be followed including who should be notified and the keeping of records

how the child can be assisted in making a complaint

2.2.3 Children are encouraged to make complaints and never penalised for doing so.

2.2.4 Children are offered the support of a trusted independent adult in making a complaint.

2.2.5 Managers ensure that the complaints procedure is operating effectively within the home through a system of monitoring the incidence and outcome of complaints.

GOOD PRACTICE

2.2.6 The complaints procedure is explained to children and where appropriate, their families or significant others, on arrival and frequently during their stay in the home.

2.2.7 Children and their families or significant others, confirm that they have a copy of the complaints procedure. A written record of this is kept by staff.

2.2.8 Children confirm that they know how to make a complaint and how to get assistance if necessary.

2.2.9 Training is available to staff in the complaints procedure and in assisting children in formulating a complaint.

2.2.10 Where staff believe a child has reason to complain, the child is reminded of the right to do so, and if he/she wishes, be assisted in making a complaint. This applies also to families and significant others.

2.2.11 Children know that they can have an advocate to assist them in making a complaint and are helped by staff in getting one if necessary.

Staff demonstrate that children

s complaints are taken seriously. Staff are not threatened by or dismissive of children

s rights to complain.

Independent Visitors are provided with information on the complaints procedure and are able to assist children to make a complaint where appropriate.

2.2.14 Complaints are dealt with in a way which balances the need to protect children with the need to safeguard staff interests.

3.1 CHILD PROTECTION

Standard- There are systems in place in the home which aim to ensure children are protected from abuse. All staff understand the principles and practice involved in protection of children and take appropriate action if they have concerns or have reported to them possible evidence of abuse.

There is a clear policy and there are procedures for dealing with allegations of abuse either by staff, other children resident in the home, or by others.

The home

s procedures are in line with the local policies and procedures agreed by the Jersey Child Protection Committee

(JCPC). Procedures are submitted to approval by the JCPC. The home's procedures must also take account the procedures of placing authorities.

3.1.3 The Centre Manager has liaised with the Child Protection Team Manager to seek advice about procedures and practice and discuss how they may be related to practices in the home regarding keeping children safe, methods of control and risk taking.

3.1.4 Staff at the home know that an abuse constitutes serious harm and that they must formally notify allegations of abuse.

3.1.5 The home has procedures in place and rigorously enforces anti-bullying strategies.

3.1.6 Procedural guidance for staff clearly demonstrates systems the home intends to use to protect children and minimise the risk of abuse whilst the child is living in the home. This includes guidance on:

making a full assessment of children

their histories and any experience of abuse

observing contacts between children

supervision of children

supervision of behaviour of staff towards children

supervision and support of staff

confidentiality

3.1.7 Procedural guidance for staff clearly identifies the three strands of investigation:

child protection investigation

criminal investigation by the police

staff disciplinary investigation

3.1.8 Guidance details the procedures to be followed and action to be taken by staff in the event of allegations of abuse made concerning.

another child resident in the home

a visitor to the home

a member of the child

's family

anyone outside the house

immediate protection of the child

recording

notification

3.1.9 All people working in the home whether employed/paid or not, including ancillary, temporary or contracted staff and volunteers, know what action to take if they observe or have reported to them possible evidence of abuse. Children, families and friends in regular contact with the home are also informed and fully understand what action to take.

3.1.10 The person carrying on the home and the manager take responsibility for keeping up to date with any changes made in JCPC procedures, and in keeping the staff well informed through ongoing and regular reviews of the home's procedures.

3.1.11 The manager of the home provides training for all staff, including ancillary staff and volunteers, in the

recognition of child abuse, dealing with disclosures of sexual abuse, and the home's procedures for reporting concerns or allegations. This training is included in induction programmes for new staff and is ongoing for the staff group in keeping with the aims and objectives of the home.

3.1.12 The home and staff have routine links with other agencies concerned with child protection, e.g. schools, general practitioners, hospital etc. and do not work in isolation from them.

3.1.13 A copy of the local JCPC procedures is kept in the home. The managers of the home ensure that staff have read these, understand and are knowledgeable about them.

3.1.14 Children in the home have access to a telephone where they can speak privately, and to information about telephone helplines.

3.1.15 Children are facilitated in meeting privately with authorised/approved visitors e.g. child care officers, independent visitor about problems they feel unable to share with staff of family, if they so wish.

3.1.16 There is written guidance for staff which makes clear the ways in which managers of the home will ensure that members of staff subject to allegations against them will have access to information and support whilst an investigation ensues.

3.2 VETTING OF STAFF AND VISITORS

Standard - there is careful selection and vetting of all staff, volunteers and monitoring of regular visitors to the home.

REQUIREMENTS

3.2.1 There is a system in place to record all visits made to the home. Staff take responsibility for monitoring and management of visitors in consultation with children, in the interests of the safety and welfare of all resident children. Children are given clear written and verbal guidance on the arrangements for receiving visitors to the home.

Recruitment, selection and supervision procedures for all staff and any person with unsupervised access to children are in accordance with the ????? and the recommendations of the ???? produced by ???

3.2.3 There are arrangements in place for police checks, medical checks and reference checks before staff involved in the running of the home can be employed by Social Services.

Confidential records are kept to substantiate the taking up of police checks and Social Services department checks made on staff and any person with unsupervised access to children and contain:

the name of the local authority making the checks

the date of the checks

the reference number on the checks

whether or not a trace was found through the checks and any relevant concerns

3.3 NOTIFICATIONS

Standard - All significant events relating to the protection of children accommodated in the home are notified by the managers of the home to the appropriate authorities.

REQUIREMENTS

3.3.1 The home has a system in place to notify the persons and appropriate authorities of specific as detailed in regulation: The events are:

the death of a child accommodated at the home, and such details of the circumstances that are known

inappropriate conduct by a staff member such that he/she might not be a suitable person for work involving

children

suffering of serious harm by a child accommodated. This would include where an allegation has been made which may lead the responsible body to believe that abuse of a child may have occurred

any serious illness or accident involving an accommodated child

the outbreak in the home of any notifiable infectious disease

3.3.2 The person carrying on the home has provided procedures and guidance for the manager and staff to follow where the home has serious concerns about the conduct of a member of staff. These procedures include reporting concerns to the Department of Health.

3.3.3 The person carrying on the home and the manager are aware of the notification procedure and that the registration authority keeps a record of all notifications, follows up such reports and the outcome of any investigation.

3.3.4 The home

s procedures require notification of where there are serious concerns about the emotional or mental health of a child such that a mental health assessment has been requested under the Mental Health Act.

GOOD PRACTICE

3.3.5 The home

s procedure requires the manager of the home to firstly consult with the appropriate local authorities to discuss how notification to other relevant authorities and individuals (e.g. parents) will be made.

3.3.6 The home has a system in place for notifying the appropriate authorities including the registration authority of any serious incident within the home which has necessitated the police being called to the home, whether or not injury has been caused to a child as a result.

3.3.7 Staff in the home consult with the placing authority to ensure parents are immediately informed of any serious incidents involving their child including where the child is alleged to have committed an offence.

3.3.8 The manager of the home requests a meeting involving the placing authority and others involved in the child

s protection and care plan to discuss proposed action following any notified incident and initial steps taken to deal with the emergency situation.

3.4 ABSENCE OF A CHILD WITHOUT AUTHORITY

Standard-The home takes steps to ensure that children who are absent from the home without consent are protected in line with written policy and guidance.

REQUIREMENTS

3.4.1 The home has written procedures identifying action to be taken when a child is absent without authority. This allows for individual arrangements based on the needs of the child as agreed in her/his care plan. The procedure is made known to staff, children and their families.

3.4.2 The procedure specifically addressed action to be taken in the event of the absence of a child accommodated under different legal statutes, i.e.:

accommodation by agreement with those with parental responsibility

accommodated in agreement with a child of 16-18

the child is subject to being looked after by the placing local authority under a care order.

accommodated under a Child Protection Order

remanded to the care of the placing local authority by the court

3.4.3 The staff take positive action to ensure they obtain information about the whereabouts of a missing child and take appropriate action to try to ensure the safety and welfare of the child.

3.4.4 Written records of all action taken by staff are maintained.

GOOD PRACTICE

3.4.5 The manager of the home has a system in place for monitoring children's absences from the home without authority. Where a high level or worrying pattern of absences is recorded, the manager takes appropriate action to initiate a review of the care plan.

3.4.6 The staff in the home have developed positive strategies for receiving a child who has returned following being absent without authority, which are aimed at encouraging the child to remain.

3.4.7 The home has a system in place to make regular contact with schools attended by children in order to monitor attendance. Where children are thought to be especially vulnerable or prone to frequent absences during the school day, this should include daily contact with the school.

3.4.8 The home has protocol/procedures and guidance on police involvement which has been agreed with the local police and which staff are knowledgeable and clear about.

4. CARE AND CONTROL

Standard-Staff Relationship with Children. Relationships between staff and children are based on mutual respect and understanding and clear professional and personal boundaries which are effective for both the individuals and the group.

REQUIREMENTS

4.1.1 Staff employed at the home are able to set and maintain safe, consistent and understandable boundaries for the children in relation to acceptable behaviour.

4.1.2 Expectations of behaviour for both staff and children are clearly understood and negotiated by those living and working at the home.

4.1.3 The guidance offered in the Permissible Forms of Control in Children's Residential Care is used as a basis for discussing and developing an ethos of care and control in the house.

4.1.4 Particular regard is paid by management and staff to children's past histories in deciding measures to be taken in responding to children in relation to:
absence without permission
self harm
touching
physical restraint
other control measures

GOOD PRACTICE

4.1.5 Staff take responsibility for facilitating children to develop a positive relationship with adults.

4.1.6 Staff work with children to help them to develop self control over their own behaviour

4.2 PERMITTED DISCIPLINARY MEASURES

Standard - Where the behaviour of children is regarded as unacceptable by staff, it is responded to by positive and known disciplinary procedural measures as approved by the children

s service.

REQUIREMENTS

4.2.1 The home has a clear written policy, procedures and guidance for staff based on a code of conduct setting out the disciplinary measures permitted and emphasising the need to reward children for the achievement of acceptable behaviour. This policy is agreed by the person responsible with the registration authority at the time of registration or subsequent inspection.

4.2.2 Measures of control are based on establishing positive relationships with children and are designed to help not punish the child. Such measures are fair and consistently applied; they also encourage reparation and restitution and reduce the likelihood of negative behaviour becoming the focus of attention and subsequent disruption to the placement.

4.2.3 The consequences of unacceptable behaviour are clear to staff and children and any measures applied are relevant to the incident, reasonable and carried out as contemporaneously as possible.

4.2.4 Any measures taken to respond to unacceptable behaviour are appropriate to the age, understanding and individual needs of the child. Use of disciplinary measures are reviewed on a regular basis.

4.2.5 A record of all disciplinary measures is kept in a dedicated book such as a Disciplinary Procedures manual which contains a list of permitted disciplinary measures and consequences. The record is made within 24 hours and legibly recorded. Each entry includes:

the name of the child

details of the inappropriate behaviour

the nature of the disciplinary measure

the names of staff present

the date of the incident

the signature of a person authorised on behalf of the person carrying on the home

4.2.6 A record of the of restraint of a child by an adult is kept in permanent form in a distinct and separate book, following the required procedure.

4.2.7 These records are regularly monitored by managers and their comments on the appropriateness of the disciplinary measure or use of restraint and any action to be taken is recorded.

4.2.8 Records of disciplinary measures and the use of restraint on a child are also kept on the individual child's file.

4.2.9 The representative of the person carrying on the home monitors the use of restraint and disciplinary measures during all monthly visits to the home under Regulation 22 of the Children's Homes Regulations.

4.2.10 Measures of control used by the home are made clear to the placing authority, child, parent/s or carers before, or in a emergency, at the time the child is to move into the home.

4.2.11 All staff have read, show an understanding of and have signed a copy of the prohibited measures, and evidence of this is retained on their personnel file.

4.2.12 Information is given to the children both verbally and in writing about what disciplinary measures are used and how they relate to unacceptable conduct.

4.2.13 Booklets or other forms of communication are produced to provide information about the expectations the home has of the child, staff and other significant adults; how unsafe behaviour will be addressed, disciplinary

measures used and how they relate to unacceptable conduct.

GOOD PRACTICE

4.2.14 When disciplinary measures are applied to children or restraint used, children are encouraged to write or have their views recorded and sign their names against them if possible in the records kept by the home.

Children are encouraged to develop proper awareness of their rights and responsibilities. Staff and children alike are clear that each individual has rights and responsibilities in relation to those who live in the home, those who work there and people in the community.

4.2.16 All children should be given an opportunity to discuss incidents and express their views either individually or in a regular forum or house meetings where unsafe behaviour can be discussed by children and adults.

4.2.17 The home has procedures and guidance on police involvement which have been agreed with the local police and which staff are knowledgeable and clear about.

QUALITY OF CARE

5.1 MOVING IN AND LEAVING THE HOME

Standard-Moving in and leaving arrangements are planned and agreed with the child and handled with sensitivity and care by everyone concerned.

REQUIREMENTS

5.1.1 There are procedures for introducing children to the home, the staff and the children living there which cover both emergency and planned moves.

5.1.2 The home

s rules are explained clearly and appropriately to the child on more than one occasion, and staff make certain that the child fully understands them.

5.1.3 The home is able to demonstrate that all reasonable efforts are made with the placing authority to obtain all necessary information before or, in an emergency, at the time the child moves into the home.

5.1.4 Children and their families (where this is appropriate and agreed) are given the opportunity to visit the home before moving in, and are made welcome.

5.1.5 On moving to the home and leaving it, children are provided with verbal and written information which is designed to be appealing and understandable, providing facts which they need and wish to have.

5.1.6 Children may keep in contact with the home, the staff and friends after moving on. Where it is necessary, a clear agreement is made between the staff and the child about maintaining contact and the expectations on both sides.

GOOD PRACTICE

5.1.7 Children are invited and encouraged to bring treasured possessions with them and due respect is given to making arrangements for their safe keeping.

LEISURE AND ACTIVITIES

Standard -Children have ample opportunity to engage in purposeful and enjoyable activities both within the home and in the local community.

REQUIREMENTS

5.2.1 Activities which are an integral part of childhood and development are built into the routine of the daily life of the home. These are not withdrawn or prevented unless there are valid reasons for doing so, which are fully recorded.

5.2.2 There are sufficient financial resources to finance leisure activities, structured weekends and holidays.

5.2.3 Children are encouraged to take part in activities which take account of their race, culture, language, religion, abilities and disabilities. Birthdays, name days, cultural and religious festivals are celebrated and children participate with staff in planning these events together.

GOOD PRACTICE

5.2.4 There is a proper balance between free and controlled time in the structure of the day.

5.2.5 Children are encouraged to develop and pursue leisure interest and talents or abilities they may have. Activities reflect the choices of the children and are varied, experimental and provide a mix of time and without adults.

5.2.6 Supervised and unsupervised activities take into account the safety of children at all times and where necessary, a recorded risk assessment is made.

5.2.7 Children are encouraged to meet regularly together with staff to discuss the general running of the home, to plan activities and to make their views known.

5.2.8 Staff in the home take steps to engage children in purposeful activities suitable to their age and inclination, ability/disability.

5.2.9 Children

s views inform the choice of individual and group annual holidays, other trips and outings.

5.2.10 Means exist for different choices of entertainment from the radio, music systems, television and computers to be accommodated and the home is not dominated by any one of these.

5.2.11 Children are allowed to do nothing in particular at times, but alternative choices are on offer.

5.2.12 Children have a choice in the selection of daily and weekly newspapers, books, magazines and comics.

Children

s age, gender, culture and interests are catered for and represented.

5.2.13 Children are encouraged to pursue activities in which they are talented or have abilities, and hobbies in which they have interests.

5.2.14 Consideration is given to individual circumstances of children in watching videos, television, satellite and cable television programmes. Videos certified as suitable for over 18

s are not permitted in the home and children under the age of 15 do not have access to, or watch 15

s videos with other children. Systems and policies are in place to safeguard children when computer networking or on the Internet.

5.2.15 Leisure interests and areas in which a child has talents or abilities are considered at care planning meetings and reviews and full consideration is given as to how they will be financially supported.

5.2.16 Trips out to events for enjoyment or interest are encouraged and/or organised by staff.

5.2.17 Staff engage with children in talking about and doing things, and sharing their experiences.

5.2.18 Staff know about local facilities and encourage children to use them.

5.2.19 Transport used by the home is not marked in such a way as to distinguish it from an ordinary car or bus.

5.2.20 When travelling, staff and children wear seatbelts as required by law.

5.3 EDUCATION

Standard-The home actively promotes an achievement culture and the education of children as valuable in itself, and as part of their preparation for adulthood.

REQUIREMENTS

5.3.1 Education of children looked after is a priority for adults and children in the home. Children have access to educational provision and are not disadvantaged by living away from home. Where children have special educational needs appropriate education and educational support is made available.

5.3.2 In homes which accommodate children with statements of special educational needs, the manager is conversant with the requirements of the Children's (Jersey) Law (Year?).

5.3.3 The home has a written policy on how it expects to consistently maintain the education of children throughout the time they live there, and in acting as advocate for any child experiencing difficulties such as exclusion. The policy calls for a review of the care plan and placement if educational arrangements break down and education is not being offered on the site.

5.3.4 The home has achieved good working relationships with local and other schools attended by children resident in the home. Clear and frequent communication takes place with heads, year heads, teachers, special needs co-ordinators and education social workers appropriate to children attending the school.

5.3.5 Staff are familiar with the educational histories and the educational needs of children in the home.

5.3.6 Steps have been taken to ensure that case records contain each child's educational history, including details on progress and particular achievement and reveal a clear written plan which addresses the educational needs of each child. School reports are also kept on the child's file.

5.3.7 Care plans explicitly address education and whether the child's needs will be met by attending a particular educational establishment.

5.3.8 The home takes responsibility for assisting in and giving effect to arrangements made for the continued education, training and employment of children over statutory school age. Children who have left school are helped, supported and encouraged by staff in the home in the pursuit of further/higher education or in vocational training and employment.

5.3.9 The staff have established effective mechanisms to alert the local education authority, the placing authority and schools to the educational needs of children being looked after.

5.3.10 Children are not prevented from receiving education because of negotiations between authorities on the responsibility for funding. Representations are made by the home on behalf of the child if this happens.

5.3.11 The level of monitoring of a child's school attendance is agreed in the care plan and carried out by the home.

5.3.12 Children are provided with an appropriate setting in which to study or do homework and are actively encouraged and supported in doing so.

GOOD PRACTICE

5.3.13 The home takes positive steps with school to achieve educational continuity for each child, and arrangements are made wherever possible to keep children at or return them to their own school.

5.3.14 Within the context of the care plan, parents are encouraged in taking an interest/part in the education of their child whilst being looked after.

5.3.15 Where it is possible for the child's own parents to fulfil the role of interested and supportive parents, staff assume the role. An identified staff

member takes responsibility for being personally aware of progress and problems at school, of liaising with teachers regularly and attending school functions.

5.3.16 Where English is not the child

s first language, staff ensure that language tuition received at school is supplemented by appropriate support.

5.3.17 Staff make suitable arrangements to ensure that children have the opportunity to retain and develop their first language in accordance with their wishes including the opportunity to study it at GCSE equivalent or above.

5.3.18 The person carrying on the home has made budgetary allocations to the home for the purchase of necessary educational equipment, books and requisites, school meals, outings and school activities etc. for each child.

5.3.19 An appropriate selection of books, reading material (including information specially produced for children looked after) and educational aids is readily available in the home. Children are encouraged to use libraries.

5.3.20 Staff in homes have good links with local careers services, Job Centres, employment agencies and local employers. They have up to date information about employment prospects, procedures for registering for employment and making claims for benefit.

5.3.21 A member of staff with special responsibilities for working with a child is able to participate in the process of assessment towards a statement of special educational need, annual reviews and representing/advocating for children at Tribunal and Appeal.

5.3.22 Children do not have expectations of achievement imposed on them which are either too high or too low. However, they feel that they are encouraged to achieve their

best. Staff give every assistance and encouragement to children in achieving their full educational potential and encourage and help them with school activities, projects and homework.

5.3.23 There are systems in place at the home to monitor how children are managing at school which include offering support to children in school where appropriate.

5.3.24 The home can show that suitable arrangements are made for children travelling to and from school. This includes escort arrangements, where these are needed, which are appropriate to the age and needs of the child.

HEALTH

Standard -The home is energetic in promoting the health care of each child.

REQUIREMENTS

5.4.1 The home has a written policy, procedures and operational staff guidance on promoting the health of children in the home. This includes arrangements for the transfer of health information, continuity of treatment for children, staff responsibilities in day to day health care and education, and addressed issues of confidentiality.

5.4.2 The home has a system which ensures every child in the home is registered with a General Practitioner and, wherever possible, arrangements are made for children to retain or return to their own GP. Such registration with a GP appropriately takes account of the wishes of the child.

5.4.3 There are clear policies and procedures in relation to consent to medical treatment. These are included in the care plan for the child. Staff understand and respect that children have the right to refuse medical examinations and should not be forced to be examined against their wishes. Where consent is not given, staff

discuss with the child the implications of their decision. Consideration is then given as to whether a planning meeting or review is necessary.

5.4.4 Staff guidance reflects that children over 16 are able to give their own consent to certain treatments (e.g. contraceptive pill, termination of pregnancy) without reference to their parent/s. Staff are aware that this is also applied to children under 16, subject to their age and understanding, who do not want to seek their parent/s consent and a doctor has agreed it is in the interest of their welfare not to do so.

5.4.5 Arrangements are made for each child to have medical examinations and written health assessments at intervals. This includes an assessment prior to or as soon as possible after the child is placed. Case records indicate that health assessments for each child have been carried out in accordance with regulatory requirements and there is specific information on the management of the health care of a child in relation to e.g. asthma, drug sensitivity, epilepsy, allergies, enuresis etc.

Where children have recently arrived on the Island, the home in consultation with the placing Child Care Officer, ensures that a medical examination is made and a medical history taken as early as possible. In the process, staff take steps to ensure that consideration is given to the culture, race, religion and background of the child and the circumstances in which he/she came to the Island and into care.

5.4.7 Staff are aware of the particular health needs of children from different racial and cultural backgrounds, and access specialist advice when necessary.

5.4.8 The home demonstrates that it has made all reasonable efforts to obtain and record a clear and complete sequence of medical and health information on each child covering as many years as possible, and at least since the child commenced being looked after. These records are accessible to all staff.

5.4.9 Clear written plans exist for each child covering preventative measures, dental, vision, hearing and developmental checks, specific treatment therapy or remedial programmes in relation to physical, emotional and mental health.

5.4.10 Staff are actively involved in monitoring the health of children in the home and encouraging them to keep healthy. Arrangements are made by the home for the child to receive necessary medical, dental and optical assessment and treatment.

5.4.11 Staff recognise that children who are experiencing confusion and distress in their lives can demonstrate a range of behaviour which gives rise to concern. Where staff identify that a child is thought to be showing signs of emotional disturbance or mental illness they consult with the placing authority to discuss referral of the child for psychological/psychiatric assessment and therapeutic help as soon as possible.

5.4.12 If as a result of emotional or mental distress a child attempts or threatens self harm, staff ensure that she urgently receives necessary medical attention and assessment.

5.4.13 Parents and significant others are involved, when appropriate, in decisions about the health needs of the child whilst in the home. Reports are provided for those with parental responsibility.

5.4.14 The home has a policy and procedures for the administration of medicines and nursing care. The policy states whether the home is able to store, and staff to administer prescribed medicines and controlled drugs, and what special arrangements are made with the local health authority where particular conditions require the use of controlled drugs or nursing procedures. The procedures state what permission, advice and supervision is provided for staff in methods of administration of medicines and recording practices which include recordings in a central register and on a child's individual record. There is also guidance available for staff on

the monitoring of children administering their own medicines.

5.4.15 All medicines including those which can be obtained without prescription are stored and handled safely and their administration recorded.

5.4.16 Homes make arrangements to ensure that children have sufficient sanitary provision at all times.

5.4.17 Children are supplied with necessary lotions, ointments, etc., as prescribed or recommended by a doctor or health professional, and/or given special care relating to any skin, scalp or other conditions which need treatment.

5.4.18 Managers have ensured that the various components of the local health services are alerted to the special health needs of children in the home, e.g. child guidance and local psychiatric support services. The home audits any deficits in health provision.

5.4.19 A member of staff has designated responsibility for compiling the health history and for monitoring the health record of an individual child during her/his stay. This is a record of progress as well as ill health.

5.4.20 The home has a clear written policy reflecting practices which aim to provide support, advice and controls to discourage children from, and inform them of the health risks involved in, smoking, alcohol, drug and solvent abuse. This policy requires staff not to smoke or to drink alcohol whilst on duty particularly in the presence of children.

5.4.21 Illegal substances are not allowed in the home.

5.4.22 Where staff have reason to suspect or have evidence that a child's health is being put at risk by abuse of alcohol or drugs, encouragement is given to the child to accept support from health and counselling services. The placing authority is informed of the concerns and a care plan agreed involving the child and family, where appropriate.

5.4.23 The home has a policy on HIV and AIDS which deals with issues of health and safety, confidentiality and information provided to children in the home.

5.4.24 Staff are trained in the use of First Aid and First Aid boxes are readily available and well supplied in line with health and safety regulations.

5.4.25 Information about the use of any complementary therapies (e.g. homeopathy, aromatherapy, massage) at the home is included in the home's Statement of Purpose. This includes details of training/qualifications of therapists employed and/or arrangements for guidance and monitoring by external trained practitioners. This information is made known to placing authorities, parents and children.

5.4.26 Complementary therapies are only used with any child in the home when this has been advised from a child psychiatrist/psychologist in relation to that child, and has involved consultations as required under placement regulations.

GOOD PRACTICE

5.4.27 Staff provide an educative role in promoting good health care to children, e.g. in the consideration of the relationship between diet, sexual relationships, personal hygiene, smoking, abuse of alcohol, drugs, and health. Staff present as good role models as far as health and coping with disability are concerned.

5.4.28The home has a policy and staff guidance which makes clear the responsibilities of staff in the home regarding the sexual education of children, its discussion with placing authorities and consultation with the placing social worker and parents concerning the needs of individual children.

5.4.29Programmes of health education, which address issues such as smoking, alcohol, substance abuse, sexual behaviour, sexually transmitted diseases, HIV/AIDS, hygiene, the prevention of ill health, etc. are made available to children in the home.

5.4.30Issues of personal hygiene and health are dealt with sensitively and with the preservation of the child's dignity, and with regard to issues of confidentiality as appropriate to the child's welfare.

5.4.31The person carrying on the home and the manager provide training for staff in the home on promoting the health of children being looked after.

5.4.32The health authority has been informed of the policies and procedures and the staff in the home have a clear understanding of them.

5.4.33The consumption of alcohol is not allowed in the home by staff or children.

5.4.34Children are encouraged to learn about the use of First Aid appropriate to their age. Older children are encouraged to attend certified First Aid courses.

5.4.35Advice has been sought from the Community Pharmacist on the recording, safe keeping, handling, administration and disposal of medicines, especially in those homes where children resident are regularly receiving prescribed medication.

5.5Provision and Preparation of Meals

Standard-Children are provided with adequate quantities of suitably prepared food having regard to their needs and wishes, and have the opportunity to shop for and prepare their own meals. Special dietary needs due to health, religious persuasion, racial origin or cultural background are met.

REQUIREMENTS

5.5.1Food is provided in adequate quantities, is well prepared and presented, and is wholesome and nutritious.

5.5.2Meals served have regard to the cultural, ethnic and religious backgrounds of the children. Staff are aware of the dietary requirements of each child, including those determined by religious, ethnic and cultural background and any health needs.

5.5.3A record of menus is kept in the home for one year and available for inspection by the registration authority.

5.5.4There is suitable and sufficient catering equipment, crockery and cutlery available to provide for the needs of children accommodated in the home.

5.5.5There is a proper facility for the refrigeration and storage of food which meets the requirements of the Food Safety Act 1990.

5.5.6The person carrying on the home and the manager ensures that the kitchen area and equipment comply with food hygiene, environmental health and health and safety regulations at all times.

5.5.7Food is never withdrawn as a disciplinary measure and children are not forced to eat. Children are not routinely excluded from communal meals due to their behaviour or causing a danger to themselves or others.

5.5.8Children have access to simple food and drink such as fruit, tea, juice, biscuits, bread,

milk and cereal.

5.5.9The home's routines for the purchasing of food, preparation and consumption of meals are flexible and involve children.

5.5.10Staff at the home promote healthy eating and involve children in planning menus.

Account is taken of their particular needs, wishes and preferences.

5.5.11In homes where children are moving towards independence, there are safe and adequate facilities in place to help them learn to cook and shop. Such arrangements are not used as a substitute for adult supervision and contact with children.

GOOD PRACTICE

5.5.12A time is set aside weekly for children and adults to plan together around food, e.g., the menus for the week, times of meals, buying food and preparing it.

5.5.13Food is purchased in domestic sized packages rather than in bulk and children are actively encouraged to take part in shopping for and selecting food.

5.5.14Meals are orderly, pleasant social occasions. Staff acknowledge that communal meals may be difficult for some children and make appropriate arrangements to attempt to help them feel safe and comfortable about eating.

5.5.15Individual preferences are catered for and menus are varied. Children are encouraged to try new dishes.

5.5.16Where ancillary staff are employed to provide food, they are accepted as full members of staff group and included in decision making processes.

5.5.17The kitchen area is not locked and is freely accessible at all times under appropriate supervision. There are clear expectations of times of use but it is open and welcoming always. Appropriate safety measures are taken to secure dangerous equipment.

5.6 Personal Appearance, Clothing, Requisites and Personal

MONEY

STANDARD -Children are provided for adequately on an individual basis and encouraged to exercise their own preferences in the choice of clothing and personal requisites.

REQUIREMENTS

5.6.1Children are well and appropriately clothed, taking account of current fashions and trends. Their clothes are individual to them and not shared. Adequate funds are made available.

5.6.2Children have the opportunity to buy from an ordinary range of toiletries, cosmetics, skin and hair care products and sanitary protection over which they can exercise their own preferences and which they can keep for their exclusive use.

5.6.3The significance of children's heritage, race, ethnicity, culture and practices in the choice of clothing and personal requisites is fully incorporated in the home's practice.

5.6.4Children know what entitlements they have to personal money, what it is for and what arrangements there are for receiving it. A record is kept of personal money given to children or held in safekeeping for them, and children sign the records.

5.6.5Children have control over access to personal requisites. Staff are particularly sensitive about personal requisites for young women which are provided by the home to meet personal preference. The

home does not keep a central stock which young women can only gain access to through staff, whether male or female.

GOOD PRACTICE

5.6.6 There are clear arrangements made between the home and the placing authority about finances for adequate clothing, personal needs and requisites before a child moves in.

5.6.7 Children are provided with appropriate bags for carrying possessions when moving, returning home, going on holidays etc. Children's belongings are not packed in disposable plastic bags.

5.6.8 Children can enjoy making spontaneous purchases out of their pocket money. They are guided but able to make their own suitable choices with regard to their clothing and appearance.

5.6.9 Children are encouraged to manage their own finances through help with budgeting, opening savings accounts, shopping with guidance and training from staff.

5.6.10 Children are clear about what sums of money given to them are to be used for, the purpose of producing receipts and the consequences of misspending allowances.

5.6.11 The home has a policy on the acceptance by staff of gifts from and to children, and the staff and children are clear about it.

5.6.12 Staff at the home make clear to responsible authorities what their expectations are of adequate clothing, personal needs and requisites. Where necessary the home's staff apply for a clothing grant on the child's behalf.

5.6.13 Staff are aware that children may consider them as role models with regard to personal appearance.

5.7 PETS

STANDARD- The keeping and choice of pets in the home is in accordance with the promotion of the welfare of children.

GOOD PRACTICE

5.7.1 The home has a policy on the keeping and care of pets which explains the responsibilities of staff in such arrangements to ensure the promotion of the welfare, health and safety of children at all times. The home notifies the registration authority of any pets kept or intended to be kept in the home.

5.7.2 The home's policy is known to staff, children and their families/those with parental responsibility, and responsible authorities.

5.7.3 If a child has a pet, its keeping and care are agreed in the care plan and regularly reviewed. Agreements include the costs of a pet's food and any necessary treatment from a Vet which may be incurred.

5.7.4 The placing authority for a child is given details of any pets kept in the home.

5.7.5 Where a home has pets, an assessment is made relating to their suitability with regard to children.

5.7.6 A dog defined as dangerous by the Dangerous Dogs Act 1991 is not kept in the home or brought into the home.

5.7.7 A named member of staff undertakes to be responsible for any pet brought into the home.

Pets are protected from harm and the responsibility for their care, health and well-being is monitored.

5.7.8 Standards of control and hygiene in the keeping and care of pets are maintained and monitored. All necessary vaccinations are kept up to date and records kept.

5.7.9 If children or staff have asthmatic conditions or allergies, or develop them, an assessment is made of the effect the presence of pets kept in the home has on their conditions.

5.7.10 Staff know which diseases can be transmitted by pets and how this can be prevented. This knowledge is passed on to children as part of their education.

6 EQUALITY OF OPPORTUNITY

RACE, ETHNICITY, CULTURE, RELIGION, LANGUAGE

STANDARD-The home makes clear and positive arrangements which aim to help children observe and preserve their religious, racial, cultural and linguistic identity and heritage.

REQUIREMENTS

6.1.1 Recruitment practices result in a staff group which reflects and is knowledgeable about and understanding of the cultural, ethnic, linguistic, religious and racial backgrounds of the children in the home, and are able to meet children's needs.

6.1.2 The manager of the home ensures that enquiries are made into the racial, ethnic and linguistic origins and the religious and cultural background of each child as part of planning the child's moving and settling in. All records and assessments adequately demonstrate this.

6.1.3 Staff are aware of a child's expectations and those of her/his family with regard to manners and respect for their elders, and this is addressed in the care plan.

6.1.4 Staff are aware of the religious affiliation of each child and the significance this has for the child and her/his family. There are effective arrangements for each child to observe his/her religion according to their wishes privately and without embarrassment, and for children to receive instruction according to their religious persuasion.

6.1.5 There are effective arrangements made for a child of a particular background to meet with others of a similar background when, as a result of the child's residence in the home, this does not occur in the normal course of events.

6.1.6 The home caters for needs relating to the race, ethnicity and cultural practices of children such as dress, bathing, hair and skin care, food, prayer times, ceremonies etc. as part of the everyday practice of the home.

6.1.7 Children have access to staff or other adults able to help children from different ethnic groups deal with their experience of racism. Staff are alert to the fact that some refugee children may be experiencing racism for the first time.

6.1.8 All instances of discrimination are acknowledged as abusive and are addressed seriously and consistently by managers and staff with each other's children.

6.1.9 Staff are able to describe how racism within the staff group is dealt with effectively.

6.1.10 The manager has developed policy, guidance and clear objectives for meeting the needs of children according to their heritage, race, ethnicity, culture, gender, and immigration status in this country. These make clear the positive ways in which the home will assist and support children who may suffer discrimination or prejudice, either in the home or the community.

6.1.11 The composition of the staff group reflects the diversity of the community and backgrounds of the children as far as is practicable. The importance to children of having a positive experience of being cared for by care givers of their culture is acknowledged, and of black children being cared for by black care givers.

GOOD PRACTICE

6.1.12 There are active and positive structures in place to encourage and help children to learn about their histories, which give attention to their identity and heritage. Children's wishes and feelings are taken into account at all times.

6.1.13 There is training and support for staff in developing positive relationships with children which take into account children's rights, race, culture, ethnicity, and status in this country.

6.1.14 The character and decor in the home reflect in a balanced way the religious, racial, cultural and linguistic background of the children being looked after.

6.1.15 The attitudes of the staff and other children facilitate learning about and appreciating different beliefs, traditions and practices in cultures, and such differences are learned and experienced positively.

6.1.16 Efforts are made to help children enjoy cultural expression in dress, music, art and design, food, customs, and celebrations in a way that is satisfying to children from a particular background, and which widens the experience of all children in the home.

6.2 Ability or Disability, Age, Gender, Sexuality

STANDARD-Children's individual needs are met in a way that develops their self esteem and encourages their achievements taking account of their gender, sexuality, age, ability or disability.

REQUIREMENTS

6.2.1 The home has a written policy and procedures which demonstrates how it aims to meet the individual needs of children, taking into account gender, sexuality, ability or disability appropriate to their age. These make clear the positive ways in which the home will assist and support children who may suffer discrimination or prejudice, either in the home or the community. These arrangements are regularly reviewed.

6.2.2 Staff are knowledgeable and interested in helping children individually to develop skills and overcome obstacles they may encounter due to their gender, sexuality, age, ability or disability.

6.2.3 Staff are aware of the cultural expectations of a child associated with gender, sexuality, age, ability or disability and are able to question and negotiate these where they discriminate against the child's best interests.

6.2.4 Staff are well informed and/or prepared and able to seek advice from experts about aids and adaptations which would benefit individual children in their development, in acquiring and enhancing their skills and accomplishing their interests. Staff ensure that these are provided. The home makes agreements with placing authorities to ensure that there are sufficient financial resources to finance the particular needs of individual children, and these arrangements are regularly reviewed.

GOOD PRACTICE

6.2.5 Training and guidance are made available to staff on equal opportunities and discrimination and also in specialist areas towards meeting the needs of individual children living in the home.

6.2.6 Children are encouraged and supported in achievement in areas in which they are

interested which may be traditionally dominated by the opposite sex.

6.3 Refugee Children

STANDARD-The home pays specific attention to the individual circumstances

particular to each refugee child, taking into account the special needs and difficulties arising from displacement from all the child has known, the child's present situation and the events leading to it

REQUIREMENTS

6.3.1The Child, parents/extended family/older siblings, other significant people, e.g.

community representative, Independent Visitor, Guardian ad Litem and those with responsibility for the placement have contributed to a written care plan. Planning takes account of the likelihood of changes in circumstances, status and law affecting refugee children, and the possible consequences for the child and those responsible for safeguarding and promoting his/her welfare. Children are made aware at an early stage that an asylum application may be refused or that leave to remain may not be extended, and of the possible consequences for them.

6.3.2The plan clearly sets out the arrangements for the child to have contact with family

members and other significant people whilst living in the home. For refugee children, the plan identifies whether absent families should be traced and links attempted, how links with organisations with specialist knowledge are to be approached. These arrangements are regularly reviewed and at times when circumstances change.

6.3.3Staff have precise information on the social, linguistic and religious group to which a

child belongs. They do not assume that same country of origin implies affinity and are aware that the reverse may be the case. Where staff are from the same country of origin as the child, they are not regarded as experts, and organisations with specialist knowledge are consulted.

6.3.4The care plan sets out arrangements for cultural and religious observance and how staff

will facilitate these within and outside the home.

6.3.5Children's views are taken into account and not seen as invalid because they are unfamiliar.

6.3.6Where a child's or parent's first language is not English, arrangements are made for an

interpreter where appropriate and agreeable, and for translations or tapes of written documents, e.g. minutes of planning meetings, the Statement of Purpose of the home.

6.3.7When a refugee child moves into a children's home from living in the community with

friends, foster carers, etc. particular care is taken to maintain existing relationships especially with siblings, and offer hospitality appropriate to the child's culture.

6.3.8The home consults with the authority responsible for the child about what action is to be

taken and by whom in attempting to trace and/or make contact with families of children who are refugees. The guidance emphasises the importance of consulting before proceeding, confidentiality issues and contact with appropriate community organisations.

6.3.9The home has a policy for coping with racism and bullying. Staff have developed

strategies and are able to help children from different ethnic groups deal with their experience of racism. Staff are alert to the fact that children may be experiencing bullying from children whose families are from the same origin but opposing factions.

6.3.10Staff at the home are knowledgeable about Independent Visitors and that the placing

authority may appoint one for a child who is isolated from parental contact, taking into account the child's wishes.

6.3.11 Staff are knowledgeable about the different cultural expectations children may hold about the skills they need to acquire in preparing for independence, and address these sensitively and individually according to the background, religion, sex and ability of each child.

6.3.12 Where children have recently arrived in this country, the home ensures that a medical examination is made and a medical history taken as early as possible. Staff take into account the health practices of the country the child has left, respecting the culture, race, religion, gender and background of the child, and the circumstances in which he/she came to this country and into care. This is carried out with sensitivity and with the help of an interpreter if necessary. Staff pay special attention to the possibility that refugee children may have witnessed or experienced violence and be suffering from its effects.

6.3.13 The home ensures that mother tongue language support is available to children and can arrange for formal language skills tuition. Staff assist children in maintaining a knowledge of their homeland, its history, culture, politics and current information.

6.3.14 Further education arrangements for a child are agreed through care planning. Financing of further education for refugee children is clearly agreed with the placing authority.

6.3.15 The home has a system for effective liaison with schools and the local education authority in meeting the assessment and educational needs of refugee children. The system also includes contact with refugee communities which can be helpful in interpreting aspects of a child's previous educational career, ways of maintaining and developing mother tongue skills and knowledge of the child's own country's history, geography, literature, etc.

6.3.16 Staff in the home help children in reaching decisions about examination choices and career plans. They involve informed adults from the child's own community in assessing what is useful both in the UK and in his/her own country.

6.3.17 The home makes available to staff training and support in developing positive relationships with refugee children and provides them with knowledge and understanding of the children's cultural background, beliefs and practices, and status in this country. Where staff work with interpreters, training is provided in the use of interpreters.

6.3.18 The manager is aware of, and there is written guidance for staff, of the requirements of the Home Office for documentation and its regular updating, for refugee children, the processes for applying for work permits, National Insurance numbers, registering with the police, etc.

6.3.19 Agreements, including financing arrangements, are reached between the home and the placing authority about on-going support when a child moves on to independent or semi-independent accommodation especially if the child is not eligible for benefits or has not had an initial determination of his/her claim.

GOOD PRACTICE

6.3.20 The home has written guidelines for staff on caring for children who are refugees. The guidelines emphasise the importance of taking account of the particular circumstances of each child and the need for information about the child's country of origin, the likely reasons for flight as well as specialist advice [e.g. from the Refugee Council, International Social Service, etc.] on issues such as confidentiality, status/legal

position, contact with community groups, the use of Independent Visitors, family tracing organisations, etc.

6.3.21 Guidance for staff on the conduct of reviews makes reference to the special circumstances of children who have applied for refugee status, have received a decision on their claim or are appealing, and the procedures to be carried out by the placing authority and the home in meeting the requirements of the law.

6.3.22 The home has guidance for staff on the continuous preparation of children for reunion with their parents and family. The guidance emphasises the importance of keeping every scrap of information, of staff assisting children in keeping life and own-country story books, and making arrangements with the placing authority for the financing of contacts with parents and family e.g. overseas telephone calls, trips between countries for family members, etc.

6.3.23 Staff in the home know how to deal with information which they are given in confidence, how it is recorded and with whom it is shared. They are aware of special confidentiality issues in relation to refugee children and seek advice from the child's legal representative and placing authority before contacting e.g. embassies, the Home Office.

6.3.24 Staff respect children's silence on the whereabouts of parents or family. Staff understand that children may fear revealing information for good reasons such as the fear of reprisals and/or putting parents in further jeopardy. Staff do not expect children to share information immediately, but work to establish an understanding and trusting relationship in which the child feels safe to talk.

6.3.25 Staff are alert to the possibility that children who have fled to this country as refugees may have suffered violence, harassment and abuse from official authority figures before or during their journey to the UK.

6.3.26 Staff understand that children may be suffering from grief, loss and the trauma of losing familiar social landmarks, status -and expectations. Staff are sensitive to these differences and to traditional practices for mourning and managing grief, and that some refugee children are likely to find European practices alien. The views of children, their families and significant others in their lives are consulted about e.g., counselling and therapy. The home has arrangements for obtaining specialist counselling and/or other culturally appropriate means of support for refugee children.

6.3.27 The manager and staff are aware that despite the traumatic circumstances surrounding the flight from their homeland, the majority of refugee children are likely to have come from otherwise secure, stable family backgrounds. Staff understand that there may be fundamental differences in the attitudes and beliefs of children accustomed to living as members of extended families. Staff take into account the difference in the care needs of refugee children; their different care experiences, expectations, and assumptions about relationships and responsibilities and how they affect relationships with staff, other adults, siblings and other children. Staff respect these and support children in exploring their own and other ideas of family.

6.2.28 The home ensures that children are given appropriate and necessary support where they are reunited with their families/family members in this country, in another country or their country of origin. Staff are alert to the impact that the changes in circumstances may have had on the child's views and expectations and that these may affect the child and family.

6.3.29 Staff are aware that refugee children may be unused to large meetings with adults and that care planning and review meetings may be particularly daunting and complex exercises for them. The home makes arrangements to prepare the child and support her/him in feeling confident and at ease.

6.3.30The home provides structured information on the British way of life and staff assist refugee children to adjust to, make sense of and be comfortable and effective in it. Children are encouraged to discover and explore opportunities for self fulfilment.

6.3.31Staff know that refugee children may have very different experiences of health care. They are alert to the possibility that children may be used to managing illness in different ways, and be less informed in e.g., areas such as sexual development, contraception, HIV/AIDS. Staff manage these differences in a culturally acceptable and sensitive way.

6.3.32The home is aware that refugee children may find it particularly difficult to complain about adults or about their host culture and has devised a culturally appropriate approach to identifying discontent, discussing it with the child, agreeing action and recording it.

6.3.33The home has a copy of Unaccompanied Asylum-Seeking Children: A Practice Guide and Training Pack produced by the SSI. Staff have read this and the manager discusses its guidance particularly with key workers for refugee children.

6.4 Children with Disabilities

STANDARD-Disabled children are helped to be as independent as possible and take a full and active part in everyday life.

REQUIREMENTS

6.4.1NB: in the United Kingdom, whilst homes solely for children with disabilities are currently registered under the Registered Homes Act 1984, it is now common practice to use children 's homes standards in the inspection of these homes.

6.4.2The manager ensures that the home provides services for children with disabilities which are designed to minimise the effect of the child's disability and gives them the opportunity to lead lives that are as normal as possible.

6.4.3Staff ascertain the views and opinions of disabled children as they have the greatest experience of their own need and disabilities and will usually be the best person to give advice and teaching about the management of their disabilities.

6.4.4The home provides information in suitable forms and media which meet the needs of the children e.g. large print, Braille, Audio tape, video, computers and other electronic equipment.

6.4.5The manager ensures that all children with disabilities are assessed, trained and encouraged in their ability to use a phone. Where appropriate, other methods of external communication are provided e.g. fax machines, Minicom systems and electronic mail.

6.4.6Where a child with disabilities is accommodated, so far as reasonably practicable the accommodation is suitable to the needs of the child.

6.4.7The home makes full and appropriate use of space in a way that promotes the welfare of resident children. Facilities and adaptations are provided to enable any children with disabilities in the life of the home.

6.4.8The manager ensures that an on-going process of assessment, monitoring and review takes place in order to ensure the appropriateness and effectiveness of service provision for children with disabilities who require support from a wide range of services.

6.4.9Independent advocates are available to assist children in making representations to the local

authority.

6.4.10 The manager and staff ensure that any Independent Visitor appointed for a child has been recruited, vetted and trained/inducted by a responsible organisation, and that the Independent Visitor is knowledgeable about her/his responsibilities and duties in this role.

6.4.11 The manager and staff ensure that the placing authority ensures co-operation between housing authorities, local education authorities, district health authorities and national health trusts.

6.4.12 When making decisions regarding disabled children's independence, the home ensures that existing duties under the Chronically Sick and Disabled Persons Act 1970 and the Disabled Persons Act 1986 are taken into account by the placing authority in planning for the future.

6.4.13 The manager and staff at the home recognise that children needing considerable personal care and those having few communication skills or severe learning disabilities are less able to articulate their fears or anxieties about inappropriate treatment. Staff working with these children have information and training which enables them to work responsibly if there is a suspicion of a child being at risk.

6.4.14 The manager of the home ensures that written risk assessment is undertaken on each child. This includes an assessment of the assistance needed for children with severe mobility problems or who require lifting during a night-time evacuation. Advice is sought from the Fire Authority on the appropriate action to be taken when carrying out evacuation procedures.

6.4.15 The manager ensures that the various components of the local health and education services are alert to the specific and/or special needs of children with disabilities in the home and provide positive support identify and eliminate any deficits.

6.4.16 The home provides appropriate equipment to help children do things they could not otherwise manage. Handrails and mobility equipment are appropriately sited and where children use them, there is no hindrance to the use of walking frames or the movement of wheelchairs.

6.4.17 There are call and alarm systems which take into account the range of disabilities of children in the home (e.g. flashing lights, pillow vibrators). Regular fire drills take place at least quarterly at different times of the day and more frequently in homes which cater for children on a short term basis.

6.4.18 The home has designated area/s where electrical wheelchairs are stored and batteries recharged which has been agreed with the Fire Authority.

6.4.19 The home has an intimate care policy for staff dealing with children with disabilities. Intimate personal care needs are provided by staff of the same gender as the child. It is always possible for girls and young women to receive assistance from female staff.

GOOD PRACTICE

6.4.20 When children are making decisions, staff make certain that they are given every assistance to make an informed choice and take into account that sometimes children may need to be shown what is available rather than simply be told about it.

6.4.21 Staff do not make assumptions about categories of children with disabilities who cannot share in decision making or give consent to or refuse examination, assessment or treatment.

6.4.22 The manager makes provision for special training for staff in acquiring the expertise necessary for consulting with children with disabilities.

6.4.23 Where a child or parent has communication difficulties and speech impairment problems, the home

ensures that provision is made for a sign language interpreter, large print, audio tape, Braille or any other equipment necessary to make communication effective.

6.4.24 In complaints involving children with disabilities, the manager and staff take into consideration whether:

there is need to consult a range of relevant expert opinion, e.g. Health and Education authorities that a child with disabilities is given appropriate support in making complaints or representations and in participating in decision making about their futures
the complaint is really about another agency
services and should be directed to a different procedure.

6.4.25 The manager and staff of the home investigate the use of all local children's services in order not to automatically restrict children with disabilities who have special health care needs from integrating and using them.

6.4.26 Staff regard specialist equipment (wheelchair, mobility aids etc.) used by a child as an essential element of his/her health care and arrange for regular checks and maintenance.

6.4.27 Staff provide a service which is age appropriate but which recognises that for a significant number of disabled children maturation is delayed.

6.4.28 The home provides children with disabilities with accurate information to plan their future education and employment. To promote this staff and children participate in:
reviews of needs of statemented pupils carried out by education services
establishing early contacts with specialist careers officers
assessments undertaken in a student's last year of full time education under the provisions of the Disabled Persons Act 1986.

6.4.29 Staff maintain a good working knowledge of the functions of further education provision and other relevant agencies in relation to students with disabilities.

6.4.30 The manager makes certain that an Independent Visitor is acceptable to the child, and this is reviewed from time to time.

6.4.31 The manager makes certain that an Independent Visitor is familiar with the child's special needs and able to communicate, if necessary through Makaton or in sign language or with the help of an interpreter.

6.4.32 Where children with disabilities are vulnerable and ill-equipped to cope with independence the manager ensures that this is taken into account in planning on-going support. In planning for the future staff take into account that children with disabilities are unlikely to have had access to the wide range of social experiences enjoyed by their non-disabled peers.

6.4.33 The manager of the home ensures that when a disabled child is approaching 18, early planning takes place for a seamless transition from services provided under the Children's (Jersey) Law 1989, to those provided under the NHS and Community Care Act 1990.

6.4.34 The home works towards having efficient arrangements in place for the transfer of responsibility with a clear remit to work with disabled young adults. There is clear guidance on the arrangements to support disabled children moving from children's to adult

s services and settings.

6.4.35A member of staff with special responsibilities for working with a child such as a key worker participates in the process of assessment towards a statement of special educational need, annual reviews, assessments and in representing/advocating for the child at tribunals and appeals.

6.4.36Wherever possible, key staff attempt to reduce the possibility of disabled children being involved in multiple and sometimes overlapping assessment processes.

6.4.37Staff who are involved in planning a service for a child with disabilities are aware of legislation and local arrangements with specific reference to the provision of services for children, young people and young adults with disabilities.

6.4.38The home ensures that all services provided for disabled children or commissioned from elsewhere promote opportunities for individuals to participate in wider community activities.

6.4.39Staff enable children with disabilities to lead a life which is like that of others in the community as much as possible, including taking the responsibilities and risks this involves.

6.4.40Homes assist and develop local forums with other agencies and disabled children or their representatives to promote equality of access to normal community facilities.

6.4.41Where the home provides intimate care for children, staff are advised on vaccination against Hepatitis B.

6.4.42An assessment is made of any parts of the building which are inaccessible to disabled children and the degree to which this prevents the individual from enjoying all the facilities of the home or the opportunities open to other children.

6.4.43The home has procedures for regular checks, servicing and maintenance of equipment which enables children to move around and records are kept of their frequency and action taken.

6.4.44The home has agreed arrangements for external security and the locking of doors and windows. These arrangements take into account what restrictions this may impose on children e.g. the control or opening of windows in their own rooms or the arrangements for opening and shutting of windows in communal areas.

6.4.45When using ceiling track hoists staff check the sling on each occasion for signs of wear and tear.

6.4.46The manager of the home ensures that the environment is as far as possible free from handicapping effects which diminish the opportunities for children with physical and sensory disabilities.

6.4.47In a home providing for children with sensory impairments, the physical environment provides aids which enable communication, equipment which enhances hearing and design and materials which compensate for sight loss.

6.4.48The home has floor coverings which help and do not hinder children, particularly those with mobility difficulties. Aspects of safety, texture, colour, depth of pile etc., are considered in relation to the children for whom the home provides.

6.4.49Where a home provides for children with sensory impairments, it is decorated and lit to enhance children's mobility and independence; necessary equipment is available to offset or alleviate the effects of sensory loss.

6.4.50Where the home provides for children with hearing impairments, adaptations and equipment are provided to assist them e.g. loop system, telephone and television adaptations, noise insulation etc.

6.4.51Colour and lighting are used to good effect e.g. tinted glass, contrasting colours and textures etc.

where a home provides for children with visual difficulties.

6.4.52 Where the home has lifts, they are adapted to the needs of the children.

7 CHILD CARE PLANNING

7.1 Care Planning

Standard-There is a written plan to promote the welfare of each child resident in the home.

REQUIREMENTS

NB: the primary responsibility for ensuring plans are made for children in residential care lies with the Health and Social Services Department . However those people responsible for the day to day management of registered children's homes have a responsibility to ensure that they work in co-operation with the Health and Social Services Department with regard to planning for children. The purpose of planning is in the interests of safeguarding and promoting the child's welfare; managers of registered homes therefore have a responsibility, as part of their general welfare duties as highlighted under S64 of the Children Act, to work with placing local authorities to ensure that plans are drawn up for children living in the home.

7.1.1 There is a written placement agreement, agreed with the child, the placing authority and the child

s parents (where appropriate), which sets out clearly the assessed needs of the child and the objectives of the placement. It identifies the role of staff within the home in implementing the plan.

7.1.2 There is a copy of a written care plan relating to the welfare of each child on the case file. The child, parents, those with responsibility for the placement and any other significant people e.g. older siblings, Independent Visitor, community representative, have contributed to that plan.

7.1.3 The health, educational, cultural, religious, and special needs of the child are addressed in their care plans.

7.1.4 The plan clearly sets out the arrangements for the child to have contact with family and other significant people whilst living in the home.

7.1.5 Children are consulted and involved in all discussions and decisions relating to the plans for their care. They are encouraged to accept responsibility for their own care, appropriate to their age and understanding.

7.1.6 Where a child

s or parent

s first language is not English, arrangements are made for an interpreter at meetings where appropriate and agreeable, and for translations of written documents e.g. minutes of planning meetings, the Statement of Purpose of the home. Appropriate provision is made for children and parents who are sensorily impaired to understand meetings and correspondence.

7.1.7 Staff in the home contribute to the production and development of care plans and work closely with social workers, health, education and other professionals, parents and children.

GOOD PRACTICE

7.1.8 The home has written procedures which make clear the responsibilities of residential staff in contributing to planning and reviewing the plans made for children resident in the home.

7.1.9 There are systems in place which aim to ensure that placements in the home are properly planned.

7.1.10 Staff explain and discuss care plans with individual children on a regular basis.

7.1.11 The person carrying on the home ensures that staff receive training in care planning and are supervised in facilitating and co-ordinating care plans.

7.1.12 The individual needs of a child are balanced with the needs of other children in the resident group and with consideration of local community issues.

7.1.13 Work with children in the home is positively supported by placing social workers and other professionals.

7.2 Reviews

Standard-The home has a system to ensure that each child's care is subject to a formal, systematic and regular review.

REQUIREMENTS

7.2.1 There are records on file of the date and result of all statutory reviews carried out on each individual child in the home.

7.2.2 There are systems in place which aim to ensure that local authorities carry out statutory reviews of children in the home within the required statutory time scales.

7.2.3 In the case of registered homes, the home has agreed the arrangements for conducting formal reviews in writing with the placing local authorities.

7.2.4 The home has systems in place to monitor whether regulations in relation to reviewing of plans for children in the home are being complied with by placing authorities.

7.2.5 If a placing authority is failing to fulfil its

responsibility to plan for/carry out a statutory review of

a child in the home, steps are taken to inform, in writing, the appropriate senior manager of the placing authority. If there is not a satisfactory response, consideration is given to invoking the placing authority's complaints procedure on behalf of the child.

GOOD PRACTICE

7.2.6 The home has an internal system for reviewing the care needs of individual children and any plan of care being carried out in the home.

7.2.7 There is written guidance for staff concerning the requirements of, and the arrangements for, the conduct of reviews.

7.2.8 Children are consulted about their wishes and preferences, and planning and review meetings are arranged at a place and time which provides a relaxed atmosphere for those attending.

7.2.9 The child and the member of staff in the home who has most knowledge of the child attends the reviews if this is felt to be appropriate by the placing authority in consultation with the child.

7.2.10 Staff routinely records details of any action to be taken by the home as a result of decisions made at review meetings.

7.3 Children's Individual Case Files

Standard-Each child has a permanent, confidential and secure record of their history and progress.

REQUIREMENTS

7.3.1 Each child's record includes information required by regulations and is ordered in such a way as to

make it easily accessible. Where information is incomplete the file demonstrates that every effort has been made by the home to obtain relevant information.

7.3.2 Children of sufficient understanding are allowed regular access to their files consistent with its safe keeping and the best interests of the child.

7.3.3 Children are given information verbally and in writing of their right of access to their records and information recorded about themselves, and are guided in how to exercise their right.

7.3.4 Children's records are retained for at least 75 years from the birth of the child or, if less, for 15 years after the child's death. The home makes arrangements for archiving of records. (This may involve discussions with relevant local authorities about how individuals files could be joined with records held and retained by them for the requisite period. In this case the home must be able to provide evidence that proper legal arrangements have been made). The arrangements are agreed by the registration authority and made known to the child, the placing authority and other people or organisations significant to the child.

GOOD PRACTICE

7.3.5 When a child leaves the home and her/his case record is passed on, the manager of the home ensures that precise information is recorded as to where the file/parts of the file have been transferred, and this information is readily accessible to the child.

7.3.6 When a child leaves the home discussions take place with the placing authority in order to provide the child with a record of key information, known by the home, which they can take with them.

7.3.7 Children

s case records are seen by staff and children as a significant and positive feature of their lives. They emphasise progress and positive achievements in a child

s development as well as identifying difficulties. They are encouraged to record their own observations on the case record including when there is disagreement about an entry.

7.3.8 The manager of the home liaises with the appropriate care authority immediately the request is made by a child for information held outside the home.

7.4 Contact

Standard-Children are looked after in a manner which encourages and practically supports contact with parents, family and other significant people.

REQUIREMENTS

7.4.1 Details of contact arrangements are discussed at the time the child moves into the home and detailed in the care plan. These include any restrictions on contact imposed by the courts or the care authority for the protection of the child.

7.4.2 The home provides comfortable and welcoming facilities for visits to the home by parents, relatives, or other significant people. Arrangements allow for individual privacy and support to children and their families, as appropriate.

7.4.3 Staff facilitate contact between child, family members, friends, appointed Independent Visitor and other significant people as agreed in the child's placement agreement, unless notified otherwise by the placing authority.

7.4.4 Restrictions on visits by parents or communication by the child with parents, family, friends and significant professionals are never used as a disciplinary measure.

7.4.5 Contact with parents or those with parental responsibility is only restricted by staff in the home as a result of an order of the court or if there is reason to believe that the child, or other children in the home, may be at risk of serious harm as a result of the behaviour of a visiting parents. Restriction of contact only occurs in consultation with the placing authority, except where the child is at immediate risk of serious harm.

7.4.6 Staff report to the placing authority if the child is persistently refusing contact with parents or those with parental responsibility, or they believe the contact is causing distress to the child and is detrimental to his/her welfare.

GOOD PRACTICE

7.4.7 The person carrying on the home provides written guidance which clarifies for staff the rights of the children, parents and others to maintain contact, having regard to the different legal bases for the children resident in the home. There are systems for monitoring the effectiveness of the home in promoting contact.

7.4.8 There is a policy and guidance available on what practices to follow where a child refuses to see a visitor, where a visitor is refused entry to the home, or refuses to enter the home. This makes clear what action will be taken if difficulties occur during a visit to a child. Staff and children have a clear understanding of this.

7.4.9 Training is provided for staff in the home to develop skills and understanding in working with children and their families.

7.4.10 Visits to the child are supervised by staff only where it is necessary to safeguard the child or other children in the home, if agreed in the care plan or if requested by the child.

7.4.11 Staff assist the child in ensuring there is regular contact with other professional visitors [e.g. social worker, solicitor] who have responsibility for her/his welfare.

7.4.12 Staff in the home aim to work in close co-operation with placing social workers to encourage positive contact with parents and family as determined by the child's care plan.

7.4.13 Whenever possible and agreeable with children living in the home, parents, relatives and friends of the child are encouraged to take part in activities in the home if they and the child wish.

7.4.14 The interests and contacts a child brings with her/him and develops during the time at the home are valued and encouraged where they do not conflict with the welfare and safety of the child or others living in the home.

7.4.15 Staff alert the placing authority if they identify any child in the home for whom they believe an Independent Visitor should be appointed. They have first ascertained that this is in keeping with the wishes of the child.

7.5 Preparation for Leaving Care

Standard-Children receive care which helps prepare and support them for more independent living.

REQUIREMENTS

7.5.1 The home consults with the placing local authority with the aim of ensuring there is an explicit care plan for children who are about to leave care. The plan details their preparation before leaving the home and arrangements for support after they leave. The participation of staff in the home in the care planning for the child before leaving care and after moving on is agreed in the care plan.

7.5.2 Children are consulted and involved in all discussions and decisions relating to plans for their future care and support in the home and after leaving it.

7.5.3 Staff actively support and assist children in accessing further education/training courses or seeking employment.

7.5.4 In homes accompanying children who are preparing to move on to semi-independent or independent living, there are care practices which aim to assist and enable children to:

build and maintain relationships with others,

understand their own sexuality and develop responsibilities and respect for others in sexual relationships

develop their self esteem

develop positive racial and cultural identities and be equipped to combat discrimination

enable acquisition of practical daily life and skills and knowledge

develop knowledge and skills in managing their personal finances

prepare for their future career; whether by continuing education, training or obtaining full or part-time employment.

GOOD PRACTICE

7.5.5 Staff recognise, and their methods of support and care planning with children reflect that those preparing for leaving care are likely to change options and to make mistakes, or what may be considered unwise decisions.

7.5.6 Information is made available to children being looked after on their entitlement to leaving care services and sources of support and help.

7.5.7 Homes whose main purpose is to prepare children for independence (which may or may not also provide after care services).

produce an information pack which provides a range of information which may be useful to them whilst preparing for leaving care. This is produced in consultation with children and placing local authorities develop links with local employers who may provide mentoring, work experience, preparation for work programmes and supported full and part-time work opportunities

develop links with local colleges/training centres with the aim of facilitating access for children to appropriate training educational programmes

work in close co-operation with individual local authority social workers and specialist leaving care services in developing a child's preparation for leaving care/after care programme

7.5.8 The importance of the home as part of the child's network is taken into account, and clear agreements are made about the future relationship between the child and the home.

8. PREMISES LOCATION, DESIGN, SIZE

Standard-The home is located, designed and of a size that is in its purpose and function. It serves the needs and background of the children and provides the sort of environment most helpful to each child's development.

REQUIREMENTS

8.1.1 The home is situated in a location which supports its aims and objectives and which takes into account e.g., transport, leisure, education, employment facilities. Children are able to get to schools, shops, youth clubs etc. Easy access by public transport enables family links.

8.1.2 The design, layout and any adaptation of the home is in keeping with its purpose and function and meets the needs of individual children. The home has a policy and procedures which allow for the integration of

a child with disabilities into the home.

8.1.3The site is not shared with other social welfare or other business facilities.

8.1.4The home accommodates no more than 12 children and preferably, no more than 10.

8.1.5Full and appropriate use of space provided is made in a way that promotes the welfare of resident children. Facilities and adaptations are provided to enable any children with disabilities to participate in the life of the home.

8.1.6A building being purpose built, or newly adapted, adheres to required space and mobility standards.

8.1.7Where an existing registered home does not meet required standards or provide the necessary equipment, facilities and adaptations for the children to whom accommodation is offered, the person carrying on the home submits a written plan and timetable to the registration authority towards achieving standards required. The overriding consideration to be taken into account will be the needs of the children.

The requirements imposed by the following bodies are also fulfilled:

The Borough Planning Department

London Fire and Emergency Planning Authority

The Borough Environmental Health Department or Health and Safety Officer

Building Control Requirements [where applicable].

GOOD PRACTICE

8.1.8As far as possible the home is indistinguishable from an ordinary family residence outward appearance and siting.

8.1.9The person carrying on the home has regard for good relationships with neighbours. At the planning stage, the location, design and layout of the home are given careful consideration in relation to neighbours' property, privacy etc. and their attitudes to a children's home.

8.1.10Staff and children accept their responsibility for giving due consideration to their neighbours' privacy, property and way of life.

8.1.11The person carrying on the home has guidance and procedures available for staff in relation to neighbours. The guidance provides opportunities for neighbours to communicate with the person carrying on the home and/or manager, and protects the welfare, safety and rights of children and staff in the home.

8.2 ACCOMMODATION

Standard -The home is maintained in good order throughout, contains good quality domestic style facilities, and provides private and common facilities for the use of children and their families.

REQUIREMENTS

8.2.1The home is decorated to a standard which creates a pleasant environment and contains furniture of a style which could be found in ordinary domestic settings which is appropriate to the age of the children being accommodated.

8.2.2There is a distinction made in the home between private space and communally shared space: overall, for each child the communal space and private space together is at least 14 square metres of usable floor space. Communal areas include lounge, dining area, recreation rooms, kitchen etc.

8.2.3The home, the furniture, furnishings and equipment are clean and well kept, in good condition, appropriate in size to the layout of the rooms and comply with fire safety requirements. The decor, furnishings and ornamentation in the home reflect the cultural and ethnic heritage of the community

GOOD PRACTICE

8.2.4 Consideration is given to locating the staff office within the building in such a way as to minimise the intrusion of visitors on the children living in the home. The office allows privacy and is secure enough to store confidential material.

8.2.5 Levels of decision-making and responsibilities for action for the purchasing of furniture and equipment allow sufficient scope for the staff and children to determine priorities and make real choices.

8.2.6 There are effective systems to monitor the building fabric of the home and the adequacy of delegated budgets for furniture and equipment so as to alert the person carrying on the home to any need for remedial work and/or additional expenditure.

8.3 LIVING AREAS

Standard - Living areas are comfortably furnished, carpeted and decorated to provide an attractive and homely environment.

REQUIREMENTS

8.3.1 The home provides domestic style dining, lounge and recreation rooms which allow for choice, varied activities and positive shared experiences. The home also provides room in which children can meet privately with parents and others and space for quiet activities.

8.3.2 There is a welcoming and congenial setting for visitors. These arrangements do not cause children to be excluded from carrying on routine activities.

8.3.3 The home provides a telephone where it is possible for children to make and receive calls in private without reference to staff.

8.3.7 There is space and equipment for play and recreation appropriate to the needs of the children for whom the home is caring. All equipment and play areas are regularly monitored for cleanliness and safety.

8.3.8 Where a British Standard exists, equipment, furnishings and furniture conform to it.

8.4 Accommodation for Individual Children

Standard - Each child is provided with an area, identifiable as the child's own, which is equipped and furnished to the child's needs and reasonable wishes.

REQUIREMENTS

8.4.1 Children have private space of their own, e.g. bedroom, bedsit, flatlet, that other children do not usually enter unless they have been invited to do so. Rooms are suitably proportioned and laid out to provide the child with comfort and privacy.

8.4.2 Single bedrooms are provided for each child unless it is for child-centred reasons. Bedrooms are not usually shared by more than two children.

8.4.3 No more than a total of 25% of the total bedrooms are shared.

8.4.4 The minimum amount of private space available for each child is 10 square metres of usable floor space unless a bedroom is shared with another child, when the shared private space is at least 15.5 square metres.

8.4.5 Budgetary procedures allow sufficient scope for the home and the children to determine priorities and make real choices about furnishing and decoration on those parts of the home shared by children.

8.4.6 Every child has at least an individual wardrobe for their clothes, drawer space, a bedside table, a chair and a lamp. Children are able to personalise their space with pictures, posters, ornaments, toys etc. and

have in their rooms small items of furniture which they possess. Children can keep valued possessions safely and securely within their rooms and each child has a cupboard or facility that can be locked to secure personal and valued possessions.

8.4.7 There is an adequate supply of bedding which is clean, comfortable and meets British Standards for fire resistance. Mattresses with a protective covering are provided where a child is incontinent. Curtains are flame retardant, of a quality suitable for the time of year and reflect natural light if required.

8.4.8 Floors are covered with suitable non-slip materials with no areas of loose or frayed edges to carpets or other tripping hazards.

8.4.9 There are individual bedside lamps for each child, unless a risk assessment suggests otherwise.

8.4.10 Each child has appropriate space in which to study and do homework.

8.4.11 Single rooms are provided for adolescents and children moving into a home in an emergency unless they wish to share.

GOOD PRACTICE

8.4.12 Where bedrooms are shared, the arrangements meet the wishes of the children. The child's own area is screened unless the child prefers otherwise and each child is allowed and encouraged to personalise his/her space effectively.

8.4.13 The home has a clear policy and guidance for staff and children on practices with respect to access to children's private spaces, e.g. rooms or lockable facilities. The policy balances the need for safety and security with freedom and privacy, having regard to the age of a child, and includes practice guidelines for access in cases of emergency and/or without permission.

8.4.14 The home allows children choice in the decoration of their individual space, having regard to their length of stay. The person carrying on the home has a policy which requires the home to provide personalised living spaces which meet the needs and wishes of individual children and the home's performance is monitored systematically.

8.4.15 Older children in single rooms are able to lock their doors. Staff are able to gain access if this is necessary.

8.5 Staff Accommodation

Standard-Every room where persons work must have sufficient floor area, height and unoccupied space for the purposes of health, safety and welfare.

REQUIREMENTS

8.5.1 If more than one member of staff sleeps in, there is separate sleeping arrangements for each member of staff.

8.5.2 Staff sleeping-in rooms are not part of the communal living area. They are located close to the children's bedrooms.

8.5.3 Sufficient accommodation is provided for staff's own clothing and personal belongings which is secure and suitably located.

GOOD PRACTICE

8.5.4 Staff sleep-in rooms are carpeted, curtained and furnished with at least a comfortable bed and bed linen, bedside table and lamp, table or desk, chair and suitable space for storing and hanging clothes.

8.6 Bathrooms and Lavatories

Standard-The home is adequately supplied with wash basins, baths and showers, hot and cold running water and lavatories, all of good standard and sufficient for the number of children to be accommodated.

REQUIREMENTS

8.6.1 There is at least 1 bathroom equipped with bath/shower and 1 toilet to required standards to every 4 children. There is at least one toilet separate, apart from the bathroom.

8.6.2 Showers, baths and wash basins are fitted with an effective thermostatic controls. Regular checks are carried out and recorded to monitor their efficiency.

8.6.3 Bathroom and toilet facilities take account of the need for privacy. Doors are lockable with the facility for staff (but not other residents) to open them from the outside in an emergency.

8.6.4 The siting and design of the bathroom and toilet facilities take account of the children's needs and are planned on a domestic scale.

8.6.5 Toilets and bathrooms are adequately vented to fresh air.

8.6.6 Whenever possible children have a choice as to whether they take a bath or shower.

8.6.7 If the home is catering for teenagers there is at least one shower in addition to baths as required for every 6 children.

8.7 Kitchens

Standard-Kitchens are of a size to provide for children to take part in preparing and cooking food, and have a convenient layout for equipment for food preparation and washing up.

REQUIREMENTS

8.7.1 The home's kitchen is registered with the local Environmental Health Department.

8.7.2 A general risk assessment system is in place for the kitchen. If there are more than 5 staff, a written record is maintained. Additionally, an assessment of the risks to health and precautions required under COSHH is made.

8.7.3 Food is protected from risk of contamination at all times.

8.7.4 There are adequate refrigeration and freezing facilities provided.

8.7.5 The kitchen does not connect directly with sanitary conveniences or laundry areas.

8.7.6 Crockery, cutlery, cooking utensils and equipment are sufficient and in good condition.

8.7.7 Staff who regularly prepare meals have training commensurate to the task and as required by the Food Safety Act.

8.7.8 First Aid equipment is accessible in the kitchen.

8.7.9 In large homes which have canteen kitchens with equipment which children cannot use, there is an additional, suitably equipped cooking area and washing up facilities for children's use.

GOOD PRACTICE

8.7.10 Children are given the opportunity, with support to plan, buy, prepare and cook meals. They are encouraged to acquire skills and knowledge of food hygiene and safe kitchen practices.

8.7.11 Staff and children who regularly prepare meals have a basic Food Hygiene Certificate and have access to advanced training courses.

8.8 Laundry Facilities

Standard-The home is equipped with adequate facilities for laundering including

domestic style facilities for use by children.

REQUIREMENTS

8.8.1 The utility/laundry room is of a sufficient size to cater for the needs of the home and has sufficient ventilation, lighting and drainage. It has at least a domestic washing machine, a drier, an iron and ironing board.

8.8.2 Children have the opportunity and are encouraged to do their washing and ironing according to their age and ability. They are provided with the necessary supplies, e.g., soap, conditioner, and instructions for use of the equipment are at hand and explained to children by staff.

GOOD PRACTICE

8.8.3 Where children who are incontinent are accommodated, the home has a heavy duty washing machine with a sluice action programme. Soiled washing is not carried through the kitchen or food preparation areas. In small, domestic sized kitchens which include a washing machine, washing does not occur when food preparation is taking place.

8.9 Heating, Lighting, Ventilation, Water Safety

Standard-The home is adequately lit, heated and ventilated. The water supply is safe for use by children.

REQUIREMENTS

8.9.1 The home complies with the requirements of legislation governing the heating, lighting, ventilation and water temperatures.

8.9.2 The kitchen is adequately lit by both natural and artificial lighting and has sufficient natural and/or mechanical ventilation.

8.9.3 Bedrooms and living areas have natural light, and there is a lighting system which provides good lighting throughout the home. Special attention is paid to toilets, stairs, corridors and the immediate exterior of the premises.

8.9.4 Emergency lighting is provided in accordance with the appropriate recommendations in British Standard 5266 Part 1, 1975. Escape routes are well lit and arrangements are relevant to the needs of the children for whom the home provides accommodation.

8.9.5 Water temperatures comply with requirements for storage at safe temperatures, and at taps, having particular regard to children with disabilities.

8.9.6 Each child has her/his own bedside light.

GOOD PRACTICE

8.9.7 The person carrying on the home and the manager ensure that a risk assessment system is in place to assess any risks to children living in the home and staff working there.

8.9.8 Lights have appropriate and attractive light shades.

8.10 Health and Safety

Standard-The home takes positive steps to keep children, staff and visitors safe from inherent risk of fire and other hazards to an extent that is consistent with law and which is reasonable in daily life.

REQUIREMENTS

8.10.1 The Service Manager ensures that the home and its staff comply with the requirements of the Health and Safety at Work, Etc. Act 1974 and associated regulations, Codes of Practice and Guidance as

they apply to children's homes.

8.10.2 There is a written health and safety policy and procedures for the home. The document makes clear the responsibilities of the employer and the staff under the Health & Safety at Work, Etc. Act 1974 and related legislation and guidance. The document includes instructions on safety procedures in the home and the monitoring, checking, testing and maintenance of systems, equipment and devices, and the keeping of records.

8.10.3 Staff are given adequate health and safety training during their induction programme which includes the health and safety policy and procedures of the home. Training is repeated periodically for all staff and takes account of any new or changed risks to health and safety. Training is done during working hours.

8.10.4 An assessment of risks to staff and any other persons who might be affected by their work activities has been carried out and recorded.

8.10.5 The manager of the home ensures that there are adequate supplies of appropriate personal protective clothing available to staff at all times.

8.10.6 Disposable latex gloves are used by staff for tasks involving possible contact with bodily fluids.

8.10.7 Flammable items are stored in a locked cupboard or stored away from direct heat. These items are not stored under stairs, in stairwells or passages.

8.10.8 All electrical equipment used in the home, including the property of children and staff, is regularly inspected and/or tested by a trained and competent person and a record kept of the equipment and inspection. All electrical appliances brought in by residents are visually checked by a competent person before being used in the home.

8.10.9 The home has provided particulars needed by the Fire Authority, which has examined and approved the fire fighting equipment, the arrangements for escape from the home and emergency lighting in the case of fire. A Fire Officer visits the home annually to check on fire safety equipment and to raise awareness of fire risks among staff and children.

8.10.10 The home has a system for reporting accidents and injuries under the Health & Safety at Work, Etc. Act. The system is separate to reporting accidents and serious injuries of children under Regulation 19.

8.10.11 The person carrying on the home and the manager promptly report anything that might be considered a potential fire hazard to the Fire Officer. Advice from the Fire Authority is acted upon.

8.10.12 The manager of the home ensures that all staff and children in the home understand the fire safety procedures. Staff are instructed in the use of fire fighting equipment during induction and at least once a year thereafter.

8.10.13 Regular fire drills take place and records kept. These are held at least quarterly at different times of day or more frequently in homes which cater for children on a short term basis. Fire equipment is checked weekly and inspected at least once a year in accordance with BS5306 Pt 3.

8.10.14 The record of fire drills includes all required information and an assessment of the general response of children and staff to the drill.

8.10.15 Upholstered furniture meets British Standards for fire retardance and smoke.

8.10.16 All gas installations and appliances have annual checks by relevant authorised bodies. Electrical installations and equipment are checked every 3 years.

8.10.17 When children first move into the home, staff explain to them what they should do in the event of an emergency e.g. fire, power failure etc. This is explained to them, taking into account their age,

understanding, disabilities and first language.

8.10.18 Staff convey a proper regard for safety in the way they go about their work and in their interaction with children.

8.10.19 There are effective systems in place for reporting health and safety hazards in the home and a means to achieve the speedy remedy of hazards and deficiencies.

8.10.20 Medicines are stored in a secure cabinet to which children do not have access other than under the supervision of a member of staff responsible for administering medicines.

8.10.21 Exceptional arrangements allow for the self administration of medicines by children which do not jeopardise their own or others' safety. These arrangements are recorded on their files and discussed at reviews.

8.10.22 There is a record kept in the home of medicines stored on the premises. The record identifies the person responsible for administering medicines, the doses and times administered, and the disposal of unused medicines. A record of medicines prescribed and administered for a child is kept on her/his file.

8.10.23 Manufacturers' instructions are clearly marked on vessels containing chemicals used in the home and substances considered hazardous to health are stored in a securely locked cupboard/place.

8.10.24 A member of staff who is currently certificated in First Aid, is appointed as the First Aid Officer. This is made known to staff in the home. The appointed person is trained in the specific requirements regarding resuscitation and life- saving techniques as detailed in the Children's Homes Regulations, and in dealing with specific hazards in the home.

8.10.25 The appointed person ensures all staff are familiar with First Aid procedures and that these are complied with in the home. First Aid supplies are regularly checked in order to comply with current Health and Safety Executive guidance on contents.

8.10.26 First Aid boxes meet regulations and are sited in areas where they are readily accessible, e.g. on each floor of the home, in the kitchen, the office, etc. First Aid boxes are kept locked.

GOOD PRACTICE

8.10.27 There is a member of staff who has received training in First Aid in the home at all times.

8.10.28 The home consults with organisations such as the British Red Cross Society or St. John Ambulance Brigade for their training needs in First Aid and arranges for demonstrations of First Aid in the home for staff, and for children according to their age and understanding.

8.10.29 A manual is provided giving clear instructions for the use of all equipment. The manual makes clear the responsibilities and liabilities for staff in ensuring the safety and safe use of equipment, and in identifying and reporting malfunctions.

8.11 Security

Standard -The home provides a safe and secure place for children and staff to live and work.

REQUIREMENTS

8.11.1 Arrangements made for keeping the home safe and secure are clearly understood and as far as possible in keeping with a domestic style of living.

8.11.2 The home is insured and staff have clear, written information about the terms and conditions of the policy, what it covers, any excess payable and how to make a claim.

8.11.3The home has a policy on gift giving and receiving between staff and children. The policy is known to staff, children and their families and the placing authority, and has been agreed with the registration authority.

8.11.4The person carrying on the home ensures that measures are taken to keep the home safe and secure, e.g. external fire doors are fitted with a buzzer or similar to alert staff to them being used; where doors are locked for security reasons, this does not affect exit from the building in the case of fire.

8.11.5Children are given information according to their age, ability and understanding and first language on the home's insurance, how they are covered by the policy and how to make a claim and/or get assistance in making one.

GOOD PRACTICE

8.11.6Where no waking night staff are on duty in a home, consideration is given to linking security systems, night bells and telephone extensions to the sleeping- in rooms.

8.12 General Maintenance

Standard -The home is maintained in good order throughout and contains good quality domestic style facilities.

REQUIREMENTS

8.12.1The home is maintained in a good state of structural repair, is clean and reasonably decorated and maintained.

8.12.2The exterior of the home is maintained in sound structural and decorative order. Any gardens are kept in good order and are made secure by fencing which is not hazardous to children and is appropriate to the nature of the home. Any outside play equipment is safe and in a good state of repair.

8.12.3There is a planned programme of maintenance and capital works which ensure the structural and decorative order of the home. The maintenance programme forms part of a general risk assessment of the home.

GOOD PRACTICE

8.12.4Levels of decision making and responsibilities for action with respect to maintenance are delegated to the manager of the home so as to achieve prompt attention to locally determined priorities.

8.12.5There is an audit system for ensuring everything in the home is maintained efficiently and effectively.

8.13 Vehicles, Transport and Escorts

Standard -In making arrangements for their transport, the home safeguards and promotes the welfare of children.

REQUIREMENTS

8.13.1The home has a policy and guidance for staff which covers the home's responsibility for making arrangements for the safe transport and escorting of children to and from the home. The policy also makes clear the home's responsibilities regarding:

people carrying out the tasks of driving and escorting of children .children's behaviour whilst in the vehicle
age at which children are permitted to sit in the front .conduct expected and responses to dangerous acts
number of adults in the vehicle with children.

8.13.2Where this policy allows for a person not employed by the home to drive or escort a child, there is a

procedure for checking the suitability of the person to do so. The home ensures that the person has received adequate instruction in the task prior to carrying it out.

8.13.3 All persons, staff or others, who drive vehicles used in transporting children have a valid and appropriate driving licence. The manager of the home has confirmed this and keeps a record of essential details.

8.13.4 Keys to vehicles are kept locked up and drivers sign for taking them. Keys are never left lying about or in the ignition of the vehicle.

8.13.5 A designated person undertakes routine checks to ensure the vehicle is in order before use which includes:

oil and water levels

windscreen washers and wipers

a visual inspection of the tyres

warning instruments and brakes

8.13.6 Drivers know the procedures to adopt in case of breakdown or accident.

8.13.7 Records of breakdown, accidents and routine checks are kept.

8.13.8 Vehicles used to transport children are taxed and where necessary, have a valid Ministry of Transport certificate. All vehicles and drivers are appropriately insured. Records of this information are kept and are up to date.

8.13.9 The home ensures that all children and staff wear seat belts in vehicles [except where this is disallowed by law, on medical grounds or in circumstances which are exceptional]. The home has procedures for dealing with any child or member of staff who refuses to wear a vehicle seat belt. Records are kept of the reasons for making any exceptions.

8.13.10 Young children travel in age/weight appropriate vehicle safety seats and all vehicles (including minibuses) are fitted with seat belts which are anchored securely to the vehicle.

8.13.11 Vehicles are equipped with a fire extinguisher and a travelling First Aid box which meets the requirements of regulations.

GOOD PRACTICE

8.13.12 Vehicles do not have identification e.g. logos, names of organisations, signs, etc. which may cause embarrassment to children.

9 STAFFING

9.1 Staff Recruitment, Selection, Vetting

Standard-All staff in each children's home are recruited with particular care using clear, thorough selection and vetting procedures, designed to protect children, and achieve appropriate competencies and balance in the staff group.

REQUIREMENTS

9.1.1 Recruitment practices have resulted in a staff composition with competencies suitable for the purpose and function of the home, the protection of children and a staff composition which is knowledgeable and understanding of the religious, racial, cultural, linguistic backgrounds and gender mix of the children.

9.1.2 Staff recruitment operates within an equal opportunities policy and, as appropriate, allows for the application of genuine occupational qualification exemptions under the Race Relations Act 1976 and the Sex

Discrimination Act 1975 to recruit staff of a particular gender or racial background.

9.1.3 The Service Manager has made arrangements with the police and/or local authority which satisfy the registration authority for the carrying out of checks on staff to be employed, and others who have substantial access to the children living in the home.

9.1.4 The personal files on current staff clearly indicate that:

checks from the home address Social Services central index have been made by the person carrying on the home where appropriate

Department of Health Consultancy Service list checks have been completed

List 99 checks have been completed

each employee has signed a disclosure of previous convictions and, where available, a criminal records check has been undertaken

the employer has examined evidence to verify the identity of each staff member.

9.1.5 A similar record is maintained which confirms that the same checks have been made on all people who have regular, unsupervised contact with children in the home, e.g. students and volunteers.

9.1.6 The person carrying on the home has devised reliable, routine administrative and recording procedures to ensure that similar appropriate vetting and recruitment procedures are undertaken for staff employed via an agency.

9.1.7 Managers responsible for schools have devised routine administrative procedures for checking against Department for Education List 99 the names of probable employees, volunteers, regular visitors and Independent Visitors who will have unsupervised contact with the children.

9.1.8 The person carrying on the home has devised a method of routinely detecting gaps in records of education and employment and other discrepancies in application forms, and seeks satisfactory explanations before appointments are offered.

9.1.9 Employers require candidates when applying to provide a full employment history, including periods of unemployment, with dates (to the nearest month) and the names and addresses of past employers. Candidates are free to provide the name of a referee in addition to an employer if they wish.

9.1.10 Person specifications and job descriptions are issued for all posts and reflect the staffing requirements of the home.

9.1.11 Two written references are requested one of which is from the applicant's present employer [or last employer if they are unemployed] on the basis that referees have the job description and the person specification and are encouraged to comment frankly on strengths and weaknesses in relation to those two documents; and where necessary, explore any aspects of references by telephone with a current or past employer.

9.1.12 Staff and children are prepared for visits to the home by potential staff as part of the recruitment procedure.

9.1.13 The person carrying on the home has devised routine methods to secure proof of qualifications of employees as early as possible and before the person commences employment.

9.1.14 The person carrying on the home has devised clear, written recruitment procedures, including guidance on advertising posts, formulating reference requests, designing application forms and methods of selection and vetting of staff.

9.1.15 Employers ensure that all vacancies are advertised, usually externally, and are open to competition, and that all managers of home posts are advertised externally and nationally.

9.1.16 Employers require applicants to complete application forms specifically designed for the posts and collect core information relevant to the posts, as defined in the job descriptions and person specifications.

9.1.17 Employers use written exercises in the selection process to test the ability of candidates to think clearly and to express themselves.

9.1.18 The person carrying on the home has devised clear selection methods for care staff which, among other things, test for aptitude, sound judgement, a realistic understanding of the needs of children, an ability to withstand personal stress, a willingness to discuss sensitive personal issues and receive support.

9.1.19 Employers use appropriate methods of testing aptitude as part of the normal selection process for short-listed candidates for managers of homes and other senior management posts in residential homes.

9.1.20 Employers ensure that interview panels consist of no more than three people balanced by gender and race as far as possible and appropriate, and include an independent person as well as the line manager and person senior to the line manager, one of whom is authorised to make the appointment.

9.1.21 Staff responsible for recruitment have received training in recruitment and selection methods.

9.1.22 A health declaration is signed by each potential staff member and, if necessary, further information gained from their General Practitioner.

9.1.23 There are clear procedures which require:

applicants to visit the home when a vacancy exists accompanied by a member of the selection panel when children are present

the applicants' observed reactions

the views of children to be communicated to the selection panel.

9.1.24 The person carrying on the home has provided a structured induction programme and clear policy and procedural guidance for assessing and supporting staff during their probationary period, identifying staff who should not be confirmed in post, and ensuring that appropriate notifications are made.

9.1.25 The person carrying on the home monitors adherence to the requirements as set out in the written recruitment procedures.

9.2 Adequacy of Establishment

Standard - There is an adequate number of sufficiently experienced and qualified staff in the home to achieve its purpose and function and meet the needs of children.

REQUIREMENTS

9.2.1 The staffing complement, in terms of numbers, grades, experience and qualifications, is sufficient to enable the home to fulfil its purpose and function.

9.2.2 Staffing levels have been agreed with the registration authority and are consistently maintained. A guide to formulae which can be used for assessing staffing requirements and minimum staffing ratios is found in Appendix 6.

9.2.3 All homes are required to have as a minimum, at least two staff on duty at all times, who are available to children and able to respond to their needs. Higher numbers may be required in keeping with the

size and purpose of the individual home and needs of the children.

9.2.4 There is always a minimum of two staff on duty at night either sleeping in or as waking night staff.

Waking night staff must be considered when:

children are regularly admitted at night

children are active and have difficulty in settling

the home accommodates children who frequently go absent without permission or are subject to curfew orders

children are accommodated with special care needs, e.g. medical or emotional.

9.2.5 Ancillary staff are employed to undertake catering, laundry and cleaning duties, or sufficient numbers of residential staff are employed to undertake these duties or, when appropriate, there are sufficient residential staff to assist children in performing these tasks.

9.2.6 If staff are away from the home with children, and leave one member of staff alone with other residents, it is possible for that person to summon additional help, if needed, to the home within 30 minutes.

9.2.7 Any difficulty in staffing and the adequacy of cover is reported to the registration authority and temporary arrangements agreed.

9.2.8 The registration authority is notified of the resignation or absence of a manager by the person carrying on the home as required, and of the time scales and procedures for the appointment of a new manager.

9.2.9 Agency, bank or temporary staff may be used to cover a short term emergency. Frequent or prolonged use of these staff is not acceptable. A succession of different temporary staff is not used to cover the same vacancy.

9.2.10 There is a system in the home for ensuring cover for staff absence and this is known to staff responsible for managing the home.

9.2.11 Ancillary staff are sympathetic to and aware of the needs of children in the home and have a clear understanding of children's right to confidentiality, and procedures to be followed if a child should disclose to them information which is of concern.

9.2.12 Volunteers have a written agreement clarifying their role and must not be used as a substitute for a staff member.

9.2.13 Staff numbers are maximised at times when there is the greatest demand from children.

GOOD PRACTICE

9.2.14 At all times a member of staff of the same sex as children accommodated is on duty.

9.2.15 The staff are qualified to practise the methods purported to be used within the home, e.g. if the home attempts to engage in 'family therapy' staff involved are properly qualified, or people with the required skills are employed from outside.

9.3 Training and Staff Development

Standard - Children are looked after by staff who are trained in the skills required to meet their needs.

REQUIREMENTS

9.3.1 The Children

s Service must have an effective, on-going training and staff development programme to maintain proper levels of skill and knowledge within the staff group of the home.

9.3.2 Staff who are new to the home receive induction which is continuous during their probationary period, and training appropriate to the purpose and function of the home and their work. New staff are supervised, clear about accountability and reporting lines, and procedures to be followed to do with emergencies, health and safety, child protection and notification of incidents.

9.3.3 Employers have implemented Personal Development Contracts for all residential social workers and managers.

9.3.4 The employer provides time, and facilitates staff in obtaining relevant training, and ensures that their training programmes are structured and delivered in a way that enables them to gain recognition by qualification awarding bodies.

9.3.5 The employers accept responsibility for funding any services required primarily for the purpose of staff training.

GOOD PRACTICE

9.3.6 The training and staff development programme includes clear expectations of induction training for all staff, both permanent and temporary.

9.3.7 Ancillary staff receive induction and training and on-going support appropriate to the purpose and function of the home and their work, which includes Child Protection procedures, dealing with disclosures of abuse and allegations.

9.3.8 Volunteers approved to work in the home have received appropriate induction training which includes issues relating to child protection and dealing with allegations and complaints.

9.3.9 There are programmes of training available which address the following:

basic residential child care skills and team working

specific child care approaches and skills appropriate to the home's purpose and function

positive means of control

permitted and prohibited disciplinary measures

child protection

issues of race, ethnicity, religion and culture

dealing with sexuality

health education relevant to growing children

the implications of HIV and AIDS when looking after children

communicating with children, including those with disabilities

health and safety at work, including food hygiene and safety with medicines

fire precautions

First Aid

the Children

s (Jersey) Law ???

the provision of purposeful and enjoyable activities as part of a positive care experience

staff supervision (for staff with supervisory responsibilities)

interview techniques (for staff with recruitment responsibilities)

complaints and representations procedures

relevant legislation

specific child care approaches, knowledge and skills

9.4 Staff Supervision and Support

Standard-All staff, including domestic staff and head of home, are properly accountable and supported.

REQUIREMENTS

9.4.1 All staff receive regular and planned supervision from their line manager.

9.4.2 Residential social workers are supervised at least once a fortnight. Records are kept of agreed action required by the manager and staff following supervision meetings.

9.4.3 Staff are provided with written guidance on procedure and practice that is kept up to date, is accessible, and where appropriate is available on:

admission and reception of children

methods of care and control

permissible sanctions

case recording and access to records

care planning

log book and diary recording .confidentiality

administration of finance (petty cash) and security

repairs and maintenance

fire precautions and emergency procedures

extent to which all or part of premises may be locked as a security measure

the safety policy

child protection

arrangements for regulating and vetting visitors at the home

HIV/AIDS awareness, confidentiality and infection control .dealing with disclosure of sexual abuse

treatment of children who have been abused

rostering shift handovers

sleeping-in, bed-time and night supervision

care practices towards children of the opposite sex

the particular care needs of children from minority ethnic groups

practices within the home to combat racism

disciplinary and grievance procedures

delegated authority and notifications to senior staff

placements

reviews

dealing with aggression and violence

risk taking

dealing with sexuality and personal relationships

working with parents/carers

First Aid and administration and storage of medication

the complaints and representations procedures

the smoking policy

the alcohol policy

gift giving and receiving

9.4.4 The home has procedures which make clear to staff how complaints by or involving staff will be taken up and investigated, by whom, and within what time scale. Procedures include the agencies to be notified and the involvement of police.

9.4.5 Employers ensure easy access to independent staff care schemes for providing support to staff in the home which staff can access independently of line management, to discuss any concerns and receive advice and counselling.

9.4.6 There are clear lines of accountability from the manager of the home to the person carrying on the home (except when the manager is also the proprietor). All staff know to whom they are accountable.

9.4.7 All staff have received written job descriptions and person specifications related to the home's current statement of purpose which state clearly the duties currently expected of them and their accountability line. Job descriptions are subject to periodic review.

9.4.8 Suitable arrangements exist for professional supervision of the manager of the home.

9.4.9 Supervision addresses the following issues:

responses to children

methods of working with children

degree of personal involvement

staff feelings and concerns

staff development and training

the monitoring of stress

the setting and maintenance of standards

the clarification of accountability and responsibility

feedback on performance

GOOD PRACTICE

9.4.10 All staff have their performance formally appraised annually by their line manager; the employees personal file contains a record of the appraisal showing the level of performance achieved and the agreed training needs to be met within the following 12 months as part of the individual's Personal Development Plan.

9.4.11 Rotas are organised to allow staff to meet together at least fortnightly. Ancillary staff attend at least part of these meetings on a regular basis. Meetings have an agenda and are minuted.

9.4.12 Staff meetings are experienced as supportive, instructive and contribute to the cohesiveness of the staff group.

9.5 Use of Consultants

Standard - Consultants employed by the home are recruited with care, using procedures which are designed to protect children and to ensure that appointed consultants have the appropriate skills, experience and qualifications.

REQUIREMENTS

9.5.1 Background checks are undertaken on proposed consultants particularly where support to be provided involves visits by the consultant and opportunities for contact with resident children. These checks

include a self declaration regarding criminal offences against children, checks with the Department of Health Consultancy list and membership of associations [e.g. child psychiatry].

9.5.2 Professional references are requested to provide evidence of professional experience, verify qualifications and suitability to be in contact with children..

9.5.3 The person carrying on the home informs Inspection Units of the use of consultants and provides evidence of the checks made and references taken.

9.5.4 Consultants are not involved in the direct management of staff or care practice in the home unless this has been agreed with the registering authority.

9.5.5 Consultants to the home are not directors of the company, or involved in the business partnership registered as responsible for carrying on the home unless this has been declared and agreed with the registration authority.

9.5.6 Consultants used by the home hold a recognised professional qualification or membership of a professional association and have proven experience in their own field which is relevant to their role in the home. Managers of the home require verification of this qualification or membership.

9.5.7 Where a consultant is employed to provide professional supervision and support to a manager of a home who has the minimum required management experience [less than three years], the consultant has had at least three years experience of managing children 's residential provision.

GOOD PRACTICE

9.5.8 Consultants who are employed to provide support and training to staff groups have undertaken training in and/or have experience of providing training to groups.

10 ORGANISATION AND MANAGEMENT

10.1 Management Arrangements

Standard-The home is organised and managed in a manner designed to deliver the best possible child care within the resources available.

REQUIREMENTS

10.1.1 The Service Manager has devised job descriptions and person specifications to an agreed, current and publicly available statement of purpose for that home. The statement of purpose makes clear the type and characteristics of the children in the home and the objectives of the care and treatment programmes it is providing.

10.1.2 There is a suitably experienced and qualified designated manager appointed to the post in day to day charge of the home. At all times when the children are present there is a designated competent person responsible for the home on the premises.

10.1.3 The home's manager holds an appropriate professional qualification as accepted by the registration authority, and has a minimum of one year's experience at a senior level in a residential setting catering for children with similar needs to those in the home, or can satisfy the authority that they have the experience and knowledge to competently manage the home.

10.1.4 The appointed manager is approved by the registration authority .In the event of the registered manager being changed, those responsible for the home give one month's .notice in writing to the registration authority.

10.1.5 The deputy has a minimum of one year's experience at a senior level in a related child care setting.

10.1.6The manager does not manage more than one home, or have any direct involvement in other homes.

10.1.7The manager of a registered children's home gives to the registration authority at least four weeks written notice of an intended absence of more than four weeks, and details of arrangements for running the home during the absence as required by legislation.

10.1.8The management structure includes deputising duties given to an appropriately qualified and experienced member of staff when the manager is absent.

10.1.9The person carrying on the home and the manager ensure that staff rotas schedule time for staff to have supervision, staff meetings, handover sessions, complete records, plan and carry out care programmes and include time spent with individual children.

GOOD PRACTICE

10.1.10 The Service Manager has created conditions which enable the manager to manage the staff and other resources made available to the home, and the person carrying on the home is held accountable for the manager's performance.

10.1.11The Service Manager has devised mechanisms to supervise and monitor the management practices and performance of the manager of the home.

10.1.12The Service Manager ensures that all new managers undertake appropriate management training within six months of appointment, and has reviewed the management training needs of existing managers.

10.1.13The manager is not involved in the running of the home for more than 50 hours per week, inclusive of day time on-call duty. There should be an agreed contractual arrangement with the manager of the home as to responsibilities for on-call cover.

10.1.14The manager is active in planning the work loads of individual staff.

10.1.15The responsibility of individual staff for particular children is clearly established by the manager to ensure that individual needs of children are being met.

10.1.16The manager has ensured that the home has developed explicit practices for handing over responsibility at shift changes, and these address the dynamics of staff and children as well as providing factual information.

10.2 Records

Standard-The home maintains all the records required by regulation and for the proper running of the home in an efficient, secure and organised way.

REQUIREMENTS

10.2.1An individual case record is kept for each child containing information relating to the care of the child as required by regulation.

10.2.2The home has an appropriate system for the safe retention and storage of its own records in order to ensure that each child has a permanent, private and secure record of her/his history and progress which is in compliance with legal requirements for safeguards and can be seen by the child and others where appropriate.

10.2.3Children's records are retained for at least 75 years from the birth of the child or if less, for 15 years after the child's death.

10.2.4The home maintains and makes available for inspection all those records specified by regulation.

10.2.5The home's records are kept for at least 15 years except for menus which are kept for 1 year. These

records are available for inspection if required.

10.2.6 Files are kept in a secure lockable cabinet and access to records is controlled in such a way as to ensure confidentiality and security against loss or theft.

10.2.7 Copies of the Children Act 1989 Regulations and Guidance [Volume 4], Department, of Health Guidance related to children's homes such as Permissible Forms of Control in Residential Child Care, Protection of Children and Guidelines on Smoking and Alcohol and Working Together to Safeguard Children 1999:

Arrangements for Interagency Co-operation for the Protection of Children from Abuse are kept in the home and are readily available to staff, children and persons with parental authority.

10.2.8 Any administrative, secretarial or clerical staff are able to cope with administrative requirements and work load.

10.2.9 All record entries are legible, signed with the name of the signatory clearly identified, dated, up to date and adhere to professional standards whereby information is factual, accurate and clear.

GOOD PRACTICE

10.2.10 Each child's file is of good quality and capable of being divided into sections to hold different categories of information.

10.2.11 There are clear arrangements for integrating information on individual case files in the home with field work case files.

10.2.12 When a child leaves the home and his/her case record is passed on, the person carrying on the home and the manager of the home ensures that precise information is recorded as to where the file has been transferred and this information is conveyed to the child and/or family.

10.2.13 The person carrying on the home and the manager have agreed adequate systems to manage the administrative requirements and work load.

10.2.14 The person carrying on the home has provided written policy and procedural guidance on access to case records maintained in the home.

10.3 Business Management

Standard-The home is properly and efficiently administered.

REQUIREMENTS

10.3.1 Those responsible for the home demonstrate appropriate knowledge and competence in the planning, budgetary control and administration of a children 's home to ensure that the home will be managed on a sound financial basis which will not put the future welfare of the children at risk.

10.3.2 Those responsible for the home continuously audit services as required by the Warner Report and identify whether there are adequate arrangements for providing specialist support to children [educational, psychology services] and staff [psychology services], and in conjunction with the Manager Placement and Support and the unit manager, identify deficiencies and rectify these with their local health and education authorities.

10.3.3 There is an effective system for the holding in safe keeping children's money and valued possessions.

GOOD PRACTICE

10.3.4 The budgetary control and responsibility is devolved to the manager of the home as far as

practicable.

10.3.5The home has clear guidance and procedures available to staff on budgetary management and accountability.

10.3.6The Service Manager has allotted an adequate budget for the home to fund suitable activities for the children looked after in the home.

10.3.7The Service Manager has made budgetary allocations to the home for the purchase of educational books and requisites.

10.4 Monthly Visits by the Person Carrying on the Home

Standard-The responsible authority receives each month, directly from the appointed visitor, a written report on the conduct of the home.

REQUIREMENTS

10.4.1The Service Manager has developed and authorised a clear policy and procedural statements which set out arrangements for meeting Regulation 22 of the Children's Homes Regulations 1991 and associated guidance.

Monthly visits are made and reported on to the Service Manager by an independent visitor.

The appointed independent visitor is a person who is not employed at the home, and who can

provide regular reports to the Service Manager.

10.4.3Reports are handed directly from the appointed visitor to the person to the Service Manager.

10.4.4Children have an opportunity to speak to the appointed visitor during monthly visits, and that they can do so in privacy if they wish.

GOOD PRACTICE

10.4.5Staff confirm that these visits provide an opportunity to raise any concerns they may have with the the Service Manager.

10.4.6The appointed visitor is not involved in the operation of the home and is not a direct line manager.

10.4.7Staff in the home confirm that monthly visits take place unannounced.

10.4.8Copies of monthly reports for the preceding 6 months are available for inspection.

10.4.9Visits are conducted in a manner which respects children and staff.

10.4.10The Service Manager has issued guidance to appointed visitors on the purpose of unannounced visits, the items to be covered, including offering the opportunity for private discussion with children and staff.

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