Regional Minimum Standards For Alternative Care Services for Children
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The Convention on the Rights of the Child acknowledges that the family is the natural environment for the development and well-being of children; that parents have the primary responsibility for the upbringing of their children; and that children have, as far as possible, the right to know and be cared for by their parents.

However, the Convention foresees the appropriate use of substitute care for cases where children are deprived of their family environment or where in their best interests, children cannot be allowed to remain in their family environment. Alternative care can be rendered through temporary foster care or permanent placement through adoption, and use of residential services as a last resort. The Convention also requires that the rights of children are effectively safeguarded in cases of alternative care.

The United Nations Committee on the Rights of the Child has been preoccupied with the situation of children deprived of parental care in this subregion, by a variety of factors, including:

- The number of children coming into alternative care essentially due to their families’ material poverty,
- An over-reliance on institutional care,
- No or limited use of Codes of Standards for alternative care services,
- In some cases, the very outdated physical conditions of children’s homes,
- Insufficient attention paid to establishing and maintaining contact with families, and
- A lack of independent complaints mechanism for children in alternative care.

Taking the guidelines for the Alternative Care of Children, these subregional Guidelines have been developed in a participatory manner to ensure that they are taken into account by everyone, at every level, who is involved in some manner with issues and programmes concerning alternative care provisions for children.

We thank the contributors to this important guide which we hope will inform and inspire practitioners, organizations and governments to provide the best possible care for children who require alternative care outside their biological family settings.
1. All children deserve love and security. As such they should have the opportunity to grow up in a safe, nurturing and loving family environment that is legally secure and can best meet their specific needs.

2. Children are best cared for within their biological family setting. To prevent the break-up of families, appropriate services should be made available to assist parents in meeting their responsibilities in the best interest of their children.

3. Where it has been established that children cannot be brought up by their birth family, they should have access to permanence and security with a substitute family.

4. The needs and welfare of the child should be the beginning and continued focus of the adoption process and the child's wishes and feelings fully taken into consideration at all stages of the process.

5. Adoption services should be well organised and of a high quality and should not be the source of improper financial or other gain at the expense of vulnerable children.

6. Severe penalties should apply if adoption is used as a means to exploit children in any way whatsoever.
OUTCOME:

Children benefit from an adoption service that meets their individual needs for permanence, stability and legal security.

1.1 There is legislation, Regulations, guidance, policy and clear written procedures that direct the operations of the adoption service. The Adoption Panel/Committee, staff, birth parents, prospective adopters and children, according to their age and understanding are aware of and have access to these.

1.2 The adoption service operates within the confines of national adoption law and international conventions and guidelines for adoption, and reflects best practice.

1.3 There is provision for overseas (inter-country), as well as local adoption for children.

1.4 The service is managed by a senior qualified social worker who has training in adoption work and knowledge and experience in family placements. All adoption workers are professionally qualified with specific training and experience in this area of work.

1.5 There is a clear plan for the continued training and development of all staff involved in the delivery of services for the alternative placement of children, with specific emphasis on adoption and family placement work.

1.6 The adoption service is child focussed and gives priority to finding families for children rather than children for families. The best interest of the child takes precedence at all times throughout the process.

1.7 Adoption is considered only if it is proven to be in the child’s best interest, it is not used as a solution to poverty or any other vulnerable circumstance.

1.8 Wherever possible, every effort is made to place siblings together.

1.9 Policy is in place to prevent parents from informally placing children with other persons in the community for adoption.
OUTCOME:
Children benefit from an adoption service that meets their individual needs for permanence, stability and legal security.

1.10 De facto adopters, including foster carers wishing to adopt children in their care, are subject to the same application, assessment and approval process as any other adoptive applicant.

1.11 There are effective strategies in place to recruit,

1.12 There are set timescales within which the various adoption tasks are completed and staff, birth families, prospective adopters and children according to their age and understanding are aware of these timeframes.

1.13 There is clear written information on the adoption process for children to be adopted, prospective adopters and birth families.
**OUTCOME:**
Children have an opportunity to grow up in a safe environment that is legally secure, and to feel loved and protected throughout their childhood and beyond.

2.1 Policy is in place that directs that where it has been determined that a child cannot be brought up by his or her birth family, a plan for a permanent legally secure placement with substitute parents through adoption, is considered.

2.2 Each child identified for adoption is assigned a key worker with training and experience in adoption and family placement work.

2.3 An individual case file is developed for the child and all information is recorded and relevant documentation placed on the file.

2.4 An assessment of the child's needs is carried out to determine the type of adoptive family that would best meet his or her individual needs.

2.5 Each child receive age appropriate information on the adoption process and what this means for his or her individual case.

2.6 Children are supported in expressing their views, wishes and feelings about the adoption; these are recorded and taken into consideration. Where these are not acted upon the child receives a full explanation and this is recorded.

2.7 Counselling and support are made available to the child throughout the adoption process.

2.8 The child's social worker prepares a Placement Plan, which gives detailed information on the child, including background information on the child's birth family, the child’s physical, intellectual and emotional status and his or her health history and current status.

2.9 The child's birth family is requested to provide pertinent family background information that is kept safe and is presented to the child at a time when it is considered appropriate to do so.

2.10 The completed Placement Plan is presented to the Adoption Panel/Committee for its recommendation, along with the assessment report of the family that is considered to be a suitable match for the child.
OUTCOME:
Children are safe and feel safe, they are protected from significant harm, including neglect, abuse and accident and they understand how to protect themselves.

3.1 Children’s safety and welfare are promoted; they are protected from abuse and other forms of significant harm.

3.2 Children are protected from abuse and all other forms of significant harm, they are helped to understand how to keep themselves safe both within and outside the household and when using the internet or social media.

3.3 The agency works in partnership with other relevant agencies/departments concerned with the care and welfare of children, e.g. schools, polyclinics/hospitals, and the police in an effort to ensure the effective safeguarding of children within the State.
OUTCOME:
Children’s views, wishes and feelings are taken into consideration in all aspects of their care. They are aware that this is their right and are helped to understand why it may not always be possible to act upon their wishes in every circumstance.

The views of parents and other significant persons in the child’s life are sought and given due consideration.

4.1 The views, wishes and feelings of children are taken into consideration in all important decisions or changes in their lives, unless this is contrary to their best interest.

4.2 Where it is not appropriate to act upon the views, wishes or feelings of the child, the child’s foster carer and his/her social worker ensures that the child is helped to understand the reason for this.

4.3 Worker’s are aware of each child’s preferred method of communication and it is never assumed that a child is unable to communicate.

4.4 Children have access to independent advice and support; they know their rights to advocacy. They are aware of how to access an advocate and how to contact the Children’s Rights Director.

4.5 Children can take up issues in the most appropriate way with support and without fear that this will result in any adverse consequences. Children receive prompt feedback on any concerns or complaints raised and are kept informed of progress (or lack of progress) throughout the adoption process.
OUTCOME:
Children have a positive self view, emotional resilience and knowledge and understanding of their background.

5.1 Regulations and policy are in place to ensure that the agency obtains and keep on file all the relevant background information about:

- The family and the child and his or her birth and early life,
- Why the child could not be brought up by his or her birth parents,
- The reason the child was placed for adoption,
- Information on the health of the birth parents and on any siblings the child may have,
- the view of the birth parents and the birth family about the adoption,
- information about the birth parents and the birth family's current situation

5.2 The agency ensures that the birth parents are supported and encouraged in providing updates on significant family information to be kept for the child.

5.3 Prospective adopters are prepared and supported to promote the child’s social and emotional development, and to enable the child to develop emotional resilience and positive self-esteem.

5.4 Guidance is in place to ensure that prospective adopters are helped and supported in understanding the importance of the information provided by the birth family and how to keep this safe. Also in understanding the importance of ensuring that the information is given to the adopted child in a format that he or she can understand when they feel the time is right, or on the request of the child, or when the child reaches maturity.

5.5 The child’s social worker develops a Life Story Book for the child.

5.6 The Life Story Book represents the child’s history from birth up to the time of the adoption and gives an honest and realistic account of the circumstances surrounding the adoption.
OUTCOME:
Children have a positive self view, emotional resilience and knowledge and understanding of their background.

5.7 The format of the Life Story Book is appropriate to the child’s age and understanding.

5.8 The book is shared with the prospective adopters at the time of matching and given to them when the adoption order is granted. Prospective adopters are encouraged to continuously update the book with the child as his or her understanding develops.

5.9 A ‘later in life’ letter is prepared by the child’s social worker, detailing a realistic account of the child’s life before adoption, why he or she could not remain with their birth parents and why he or she was adopted. The prospective adopters receive the letter in two weeks following the granting of the adoption order.
**OUTCOME:**
Children enjoy sound relationships and interact positively with their prospective adopters and with others, and are helped and encouraged to behave appropriately.

**6.1** Prospective adopters receive training/strategies on how to manage their responses and feelings that may arise from caring for the child, particularly where the child displays very challenging behaviour. They are helped to understand how the child’s past experiences can manifest in challenging behaviour.

**6.2** Training is in place that helps to prepare prospective adopters to:

- Provide an environment and culture within the home that promotes, models and supports positive behaviour,

- Help the child to develop and practice skills in building and maintaining positive relationships, being assertive, and resolving conflicts in a positive way.
**STANDARD 7**
Promoting Good Health & Well-Being

**OUTCOME:**
Adopted children’s health needs and their general well-being is given priority at all times. Children live in a healthy environment which promotes their physical, emotional and psychological health.

7.1 Preparation training is in place that helps the prospective adopter to understand and carry out their responsibility as parents to:

- Promote the physical, emotional and social development needs of children,

- Help children understand their health needs, how to maintain a healthy lifestyle and how to make informed decisions about their personal health,

- Support and encourage children to participate in a range of positive activities that contribute to their physical and emotional health,

- Ensure that children have prompt access to doctors and other health professionals, including specialist services, when they need these services,

- Ensure that children’s health is promoted in accordance with their permanence report and to be clear about what responsibilities and decisions are delegated to them and where consent for medical treatment needs to be obtained prior to the adoption order being granted,

- According to their age and understanding, give due consideration to the wishes and feelings of children with regard to their health care,

- Advocate on behalf of children in all matters relating to their healthcare,
OUTCOME:
Adopted children’s health needs and their general well-being is given priority at all times. Children live in a healthy environment which promotes their physical, emotional and psychological health.

- Ensure that children are encouraged and supported in developing their emotional, intellectual, social, creative and physical skills through the stimulating environment created within the home,
- children are encouraged to participate in school based and out of school activities,
- children are supported in pursuing individual interests and hobbies,
- they actively participate in a range of activities, including leisure activities and trips.
OUTCOME:
The education and academic achievement of children is actively promoted as valuable in itself and as part of their preparation for adulthood. Children are encouraged and supported to achieve their educational potential.

8.1 There is clear written policy in place that promotes and values children’s education.

Prospective adopters understand the need for:

- Children to have access to a range of educational resources to support their learning, and opportunities beyond the school day to engage in activities which promote learning,

- Children are supported in attending school or alternative educational provision regularly,

- Children to be encouraged by their prospective adopters to achieve their educational or training goals,

- Them to maintain regular contact with the child’s school and other educational settings, attending all parents’ meetings as appropriate and advocating for the child where necessary,

- Engaging and working with schools and all other educational establishments to support the child’s education.
OUTCOME:
Biological parents and guardians receive psychosocial services prior to and after placing a child for adoption and their feelings and rights respected.

9.1 The agency is active in its efforts to involve birth parents and birth families in adoption plan.

9.2 A support worker is assigned to work with the child’s birth parents as soon as it is decided that adoption is the plan for the child. This worker is independent of the child’s social worker.

9.3 The wishes and feelings of the birth parents, siblings and other family members are taken into consideration when making decisions about the child. Where not acted upon, the reason for this is explained to the individual and they are helped to understand why this is so. Where necessary, counselling is made available for birth parents.

9.4 Birth parents, birth family, siblings and guardians of the child to be adopted receive clear information on the legal and psychological implications of adoption and efforts made to ensure that they understand this information.

9.5 Counselling and other support services are available to birth parents, birth families and guardians who are considering placing a child for adoption.

9.6 Birth parents are supported and encouraged to provide background information on themselves and on the child to be adopted, including information on the child’s developmental and medical history and educational background.
OUTCOME:
The agency recruits suitable persons as prospective adopters who can meet the needs of children needing adoption and who can provide them with a secure and stable home environment where they will feel loved.

10.1 Effective strategies are in place to recruit prospective adopters from within the community who can provide permanent substitute families for children.

10.2 The agency has written policy on the recruitment, assessment and approval of prospective adopters.

10.3 There are standard procedures in place which guides the adoption process.

10.4 There are clear written timeframes for each stage of the adoption process and these are strictly adhered to.

10.5 Enquiries from prospective adopters are responded to and an information pack sent within seven working days of the enquiry being received.

The pack includes information on:

a) Eligibility criteria,
b) Children who are awaiting adoption,
c) The preparation, assessment and approval procedures,
d) The matching, introduction and placement process, and,
e) The level of support the prospective adopters can expect.

10.6 An initial interview with a social worker takes place within fifteen working days.

10.7 Persons meeting the criteria and wishing to proceed, receive an adoption application form.

10.8 Preparation training courses are made available to all prospective adopters. Training focuses on preparing them to become adoptive parents and provides them with the skills, knowledge, and practical techniques to manage the issues they are likely to encounter and identifies the competencies and strengths they have or will need to develop.

10.9 The preparation course addresses the issues prospective adopters are likely to encounter in their role as adoptive parents, it helps participants to understand:

a) the difficulties some children may experience as a result of traumas such as neglect and
OUTCOME:
The agency recruits suitable persons as prospective adopters who can meet the needs of children needing adoption and who can provide them with a secure and stable home environment where they will feel loved.

abuse, and the effect of this on their development and on their capacity to form secure attachments,

b) the key parenting skills and parenting capacities they need to have in order to care effectively for children who have had these experiences,

c) the significance of the child’s identity, his or her birth family, the need for openness and to help the child to reflect on and understand his or her history, according to age and ability.

10.10 Prospective adopters understand why statutory checks such as health, police criminal checks and character references are carried out on themselves and all adult members of their households.
OUTCOME:
Persons being considered as prospective adopters undergo a comprehensive assessment to determine their capacity to look after children in a safe and responsible way that meets their developmental needs.

11.1 Clear written guidance is in place that directs the assessment process for prospective adopters. There is a standard format for conducting the assessment.

11.2 Assessments of prospective adopters are conducted only by persons who are qualified in social work and who have experience in adoption and family assessments.

11.3 Adoptive applicants and all members of their household are involved in the assessment process. Other significant persons in the lives of the applicants who would be involved in the child’s life, are also interviewed during the process.

11.4 Status and health checks are carried out on each applicant and at least three written and verbal character references obtained. Police and health checks are carried out on all members of the applicant’s household who are over the age of 16 years.

11.5 Safety checks are carried out on the property where adoptive children will reside. There is a standard format for undertaking these checks.

11.6 Applicants receive regular feedback on the progress of their assessment.

11.7 The written assessment report sets out clearly all the information that the adoption Panel/Committee and the decision maker requires in order to reach an objective decision. The report is accurate, up-to-date and includes evidence based information that distinguishes between fact, opinion and third party information. The report is prepared, signed and dated by the assessing social worker and the prospective adopters and countersigned by the adoption team manager.

11.8 The completed assessment report with the social worker’s recommendation as to the suitability of the applicants to become adopters is ready for presentation to the adoption Panel/Committee within three months of the application to adopt being received.
OUTCOME:
Persons being considered as prospective adopters undergo a comprehensive assessment to determine their capacity to look after children in a safe and responsible way that meets their developmental needs.

11.9 Prospective adopters receive a copy of the non-confidential sections of the assessment report prior to presentation to the Panel/Committee. Due consideration is given to any comments made.

11.10 Prospective adopters are informed of the Panel/Committee decision, both verbally and in writing. If an applicant does not receive approval, the reason for this decision is also conveyed.

11.11 An individual case file is opened for approved prospective adopters and all relevant information and documentation is recorded in this file.
OUTCOME:
Children are matched with the approved adopters who, it has been determined is best suited to meet their individual needs and can offer them a stable and permanent home. The match meets with the approval of the Adoption Panel/Committee and the Agency.

12.1 Prospective adopters are considered in terms of their capacity to look after children in a safe and responsible way that meets the child’s developmental needs.

12.2 The Child Permanence Report and the prospective adopters’ assessment report are used to identify prospective adopters who can best meet the identified needs of the child as outlined in the Child Permanence Report.

12.3 The prospective adopters receive all available relevant information on the child. They are aware of the child’s background, health history, educational status and emotional and developmental needs, and are helped to fully understand these and the practical implications for them parenting that child before continuing with the matching process.

12.4 The proposed placement and the implications for them and their family, is discussed with the prospective adopters and their views ascertained.

12.5 There are written procedures for the introduction process that can be adapted to the individual needs of the child and the prospective adopters.

12.6 There is a placement planning meeting which is attended by the prospective adopters and at which the introduction plans are discussed and agreed.

12.7 Prospective adopters are aware of the child’s right to know that he or she has been adopted, and to have information about his or her birth family.

12.8 Before being placed, the child receives information about the prospective adopters, their family, and any pets. The child is given information on where the family lives and the facilities and activities available in the local area, and knows which school he or she will be attending.
OUTCOME:
Children are matched with the approved adopters who, it has been determined is best suited to meet their individual needs and can offer them a stable and permanent home. The match meets with the approval of the Adoption Panel/Committee and the Agency.

12.9 There is clear written guidance for the statutory supervision of adoption placements and these are strictly adhered to. Supervision of the adoption placement continues until the Adoption Order is granted.

12.10 There is written guidance that outlines the steps that are taken to terminate the placement should there be a breakdown or if it is perceived not to be in the child’s best interest for it to continue.
Agency: The Government agency or department with responsibility for the welfare of children within the State.

Adoption Panel/committee: The body with responsibility for making recommendation as to whether a child should be placed for adoption, whether a prospective adopter should be approved and whether a particular child should be matched with an adopter.

Agency decision maker: The person with legal responsibility for making decisions on behalf of children. (Usually the head of the Government agency with responsibility for the welfare of children within the State).

Medical adviser: The medical practitioner appointed to the adoption panel/committee for the purpose of providing advice on all health matters relating to adoption.

Legal adviser: The legal practitioner appointed to the adoption/committee for the purpose of advice on all legal matters pertaining to adoption.

Adoption assessment: The process during which evidence of the applicant’s skills, qualities and aptitude to parent a child is gathered. This process includes a series of interviews with the applicants and members of their household, as well as undertaking criminal records checks, obtaining character references and providing pre-approval preparation and training.

Approval: The decision made by the adoption panel to allow an applicant who has been successfully trained and assessed, to adopt a child.

Adoption order: The order granted by the Court which vests parental responsibility solely in the adopters. This order discharges all previous orders.
**Parental responsibility:**
All the rights, duties and responsibilities that a parent has by law in relation to a child. This includes the right to determine a child’s name, place of residence, how he or she is educated and to give medical consent.

**Care Plan:**
The plan drawn up before, or immediately after a child enters care. This plan outlines details of the child’s assessed needs and the services required to meet them. All parties concerned, including the child, are involved in the development of this plan.
Maureen Headley Gay (UNICEF 2011) -
Report on Children in Institutions in Barbados and the Eastern Caribbean –

The OECS Model family Legislation – Children (Care and Adoption)


The Hague Conventions on Co-operation and Protection of the Child in Inter-country Adoption

British Agencies for Adoption and Foster Care (BAAF) - Signposts in Adoption, (Ed. By Malcolm Hill and Martin Shaw) 1998

The British Adoption and Children Act 2002
FOSTER CARE
1. The welfare of children is considered of paramount importance and this should be reflected in all services provided on their behalf.

2. Governments should ensure that there are regulations and guidance in place that direct the establishment and operations of a foster care service for children.

3. All measures taken for the protection of children must be guided by their best interest and for upholding their rights.

4. Children should be given the opportunity to be raised in a safe, nurturing and loving family environment that can meet their specific needs.

5. The wishes and feelings of children should be taken into consideration when decisions are being made on their behalf.

6. Participation of children and their families in the planning for care is an integral part of the care service.

7. Priority is given to ensuring continuity in the life of children in order to maintain past relationships, enhance their educational opportunities and promote their physical and mental well being.

8. Foster care placements should be subject to regular statutory reviews to ensure that they continue to meet the needs of the child.

9. Appropriate, consistent and on-going training is provided for social work staff and foster carers to enable them to meet the needs of children, and staff and foster carers undertake continuous training to upgrade their skills and knowledge base.

10. Partnership is forged between children, their parents, the foster carer, social work staff and the agency to facilitate working together in the child’s best interest.

11. A service is provided for young persons leaving foster care to enable them to make the transition to independent living.
OUTCOME:
Children benefit from appropriate placement with foster families who can adequately meet their need for family placement within the community.

1.1 The foster care service is administered through the Government department or agency with statutory responsibility for safeguarding the welfare of children and young people.

1.2 Appropriate structures and systems are in place to ensure that the foster care service delivers maximum quality care to each child and that the rights of each child are respected and his or her welfare protected and promoted.

1.3 Appropriate structures and systems are in place to ensure the recruitment, assessment, approval and training of a diverse range of foster carers, to meet the needs of each child and young person in the community who may require foster care placement.

1.4 Consideration is given to identifying family members who, with the appropriate training and support including the payment of an adequate foster care allowance, can provide full-time foster care for the child.

1.5 All new foster carers participate in mandatory preparation training prior to being approved and there is a programme of continuous training in place for all registered foster carers, including those who may not currently have children in placement.

1.6 Existing foster carers receive the necessary training to develop and enhance their fostering skills and to develop new skills.

1.7 The manager of the foster care service is qualified in social work, is at a senior level within the department and has specific training and experience in the area of foster care and family placement work.

1.8 All social workers and other professionals working with children and foster carers are professionally qualified and, where applicable, registered by the relevant professional body. They also have training and experience in working with children, their families and with foster carers.
OUTCOME:
Children benefit from appropriate placement with foster families who can adequately meet their need for family placement within the community.

1.9 Each child or young person in foster care has a designated key worker that is responsible for the management of his or her case.

1.10 Each foster carer has a designated social worker who is responsible for supervising and supporting the foster family.

1.11 The roles and responsibilities of the social worker assigned to work with the child and those assigned to work with the foster carer are clearly outlined and in writing.

1.12 Policies and guidance are in place, which address the needs and the rights of all children, in particular children in foster care, with specific reference to language, nationality, religion, culture, disabilities and any other special needs.

1.13 Attention is given to the provision of services specifically tailored to meet the needs of children and young persons with disabilities in foster care.

1.14 There is policy and procedures in place for dealing with complaints and with any allegations of abuse or neglect of children in foster care.

1.15 Policies and procedures are regularly reviewed and upgraded to keep in line with current research findings and practice developments. Foster carers, children and young persons in foster care and their families have access to all policies relating to foster care.

1.16 Assessments and care plans for children in foster care are properly managed, and implemented to comply with statutory requirements and best practice guidance.

1.17 A Foster Care Panel is established to oversee the approval of foster carers and to participate in the development and m
OUTCOME:
There is a cadre of foster carers who are recruited, trained, assessed and approved and who are supported to meet the needs of children on a full-time day-to-day basis.

2.1 The agency implements an effective strategy to attract and encourage suitable persons to become involved in providing foster care services to children and young persons.

2.2 The agency devises a public education programme with a view to raising public awareness of the need to safeguard and protect the welfare of children and young persons, including those with disabilities, and with specific emphasis on encouraging persons to consider becoming substitute families for the children.

2.3 Current and predicted future demands for foster care placements for children are taken into consideration, including placements for children with disabilities and other special needs.

2.4 Prospective applicants are responded to within seven working days. There is a follow-up interview with a qualified social worker with knowledge of foster care and experience in working with children and families.

2.5 Prospective applicants are provided with comprehensive information on the fostering task; this includes information on the criteria for approval and departmental procedures in relation to the placement and supervision of children and young persons in foster care.

2.6 Prospective applicants are given an application packet with clear information including how to proceed with their application, the assessment and approval process and other related statutory requirements.

2.7 Police and health checks, personal references and enquiries about the status of significant relationships are undertaken, and prospective foster carers understand the necessity for such checks.
2.8 Prospective foster carers are considered in terms of their capacity to look after children in a safe and responsible way that meets children's developmental needs.

2.9 Prospective foster carers are prepared to become foster carers by participating in preparation training which identifies the competencies and strengths they have or need to develop, and which will equip them with practical techniques to manage the issues they are likely to encounter.
OUTCOME:
All persons being considered as prospective foster carers undergo a comprehensive assessment to determine his or her suitability to undertake the fostering task.

3.1 The applicants and all members of their household are involved in the assessment. Other significant persons in the lives of the applicants, who would be involved in the child’s life, are also interviewed during the assessment process.

3.2 Police and health checks are carried out on each applicant and at least three written and verbal character references obtained. Police and health checks are carried out on all members of the applicant’s household who are over the age of 16 years.

3.3 Overseas police checks are carried out on applicants who have resided outside the jurisdiction for two consecutive years within the previous ten (10) year period prior to the application.

3.4 Environmental health and fire safety checks are carried out by the relevant authorities on the property where foster children will reside.

3.5 Assessments of prospective foster carers are conducted only by a qualified social worker with specific knowledge in the area of alternative placements and experience in family assessments.

3.6 The written assessment report sets out clearly all the information that the fostering panel and the decision maker requires in order to make an objective decision. The reports are accurate, up-to-date and include evidence based information that distinguishes between fact, opinion and third party information. The report is prepared, signed and dated by the assessing social worker and the prospective foster carer and countersigned by the foster care manager.

3.7 The completed assessment report with the social worker’s recommendation as to the suitability of the applicant to carry out the fostering task is ready for presentation to the foster care panel within three months of the application to foster being received.

3.8 Applicants are given regular feedback on the progress of their application throughout the process.

3.9 Prospective foster carers receive a copy of the non-
OUTCOME:
All persons being considered as prospective foster carers undergo a comprehensive assessment to determine his or her suitability to undertake the fostering task.

confidential sections of the assessment report prior to presentation to the panel. Due consideration is given to any comments made.

3.10 Prospective foster carers are informed of the panel's decision, both verbally and in writing. If an applicant does not receive approval, the reason for this decision is also conveyed.

3.11 Once approval is given, a written agreement between the agency and the prospective foster carers, outlining the terms and conditions of their approval as foster carers and the role and obligations of both the agency and the carer, is signed by both parties.

3.12 An individual case file is opened for approved foster carers and all relevant information and documentation pertaining to the foster carer and the foster home is recorded in this file.
OUTCOME:
Prospective foster carers receive appropriate training to assist in enhancing skills and developing a sound knowledge base prior to the placement of any child or young person in their care.

A framework of training and continued development is in place and this is used as a basis for assessing performance and identifying future training needs and development.

4.1 A preparation training programme is in place and all prospective foster carers and their partners mandated to participate fully in this programme.

4.2 Training for foster carers includes a module addressing the development of skills in working as part of a team, with other professionals as well as with birth parents and other significant persons in the life of the child or young persons placed in their care.

4.3 Training includes the development of skills and knowledge in health and safety issues, providing safe care for children and in working with children who have been abused or who present difficult behaviour.

4.4 There is a programme of continued training in place for all approved foster carers. Carers are helped to maintain an ongoing training and development portfolio which demonstrates how they are meeting the skills required of them.

4.5 Specialist training is made available to carers to equip them with the skills and knowledge to provide quality care for children and young persons who are disabled or who have other special needs.

4.6 Other members of the carers’ household, especially the carers own children are encouraged to participate in some aspects of the training.

4.7 A training profile that outlines the training undertaken and the future training needs is developed for each foster carer. Foster carer’s personal development plans set out how they will be supported to undertake on-going training and development that is important to their developmental needs and experience.

4.8 Regular evaluation of the agency’s training programme is undertaken to determine its effectiveness.
OUTCOME:
Foster carers with children in placement are regularly supervised and supported by a qualified social worker.

5.1 Policy and guidance are in place that outlines the statutory requirements for minimum supervision visits by the child’s social worker to a foster home where children or young persons are placed.

5.2 Policy and guidance are in place that outlines the statutory requirements for minimum supervision visits to the foster home by the social worker assigned to support and supervise the foster carer.

5.3 All visits to the foster home are recorded in the child’s file and in the foster carer’s file respectively.

5.4 Written procedures are in place that outline the roles and responsibilities of the child’s social worker and those of the supervising social worker.

5.5 Arrangements are in place to ensure that foster carers have 24-hour telephone access to an agency social worker who is able to respond to emergency situations.

5.6 The supervising social workers ensure that foster carers are informed in writing of, and accept, understand and operate within all Regulations, policies and guidance agreed by the agency and that prevailing standards are met.

5.7 Current and prospective foster carers are able to make a complaint about any aspect of the service which affects them directly. Records are kept about representations and complaints, how they are dealt with, and the outcome of any action taken.
**OUTCOME:**
There is careful selection, vetting and monitoring of staff and volunteers working with children in the home to ensure the suitability of all persons recruited to work with children.

6.1 Foster carers are aware of and have copies of all government and departmental policies and procedures that relate to foster care, including policies and procedures dealing with appeals or complaints.

6.2 All relevant background information on the children or young persons including information on their individual needs, is made available to the foster carer prior to the child being placed. Where this is not possible the information is provided within 24 hours of placement.

6.3 Written guidance that clearly outlines government and departmental policies on acceptable and non-acceptable forms of discipline is provided to foster carers.

6.4 Foster carers are clear about the frequency, nature and importance of all contact arrangements agreed for each child or young person in their care and about their role and responsibilities in the arrangements. They also understand the roles and responsibilities of the various professionals involved.

6.5 Foster carers understand what steps they should take if birth parents or other relatives attempt to remove a child or if a child goes missing from their care.

6.6 Foster carers understand the procedures to be followed and the support available to them should any allegations of neglect, abuse or any other complaint be made against them.

6.7 Foster carers are provided with full information on the health and health needs of children placed with them and, on the procedures governing consent for the child or young person to receive medical attention.

6.8 Foster carers are provided with the immunisation card or other health records and other important documents for each child or young person placed in their care.
OUTCOME:
There is an annual review which considers the quality of the service provided by each foster carer as well as the quality and range of support provided by the agency.

7.1 An annual review of each foster home is carried out to ensure that the appropriate safeguarding measures, regulations, standards and good practice procedures are adhered to by all those involved in the care and support of children and young persons in foster care.

7.2 There is a standard format in place for carrying out the annual review of foster carers. Foster carers and members of their household participate fully in the review process.

7.3 The review takes into consideration the foster carer’s assessment of the quality of the support services provided by the agency, consideration is also given to the worker’s assessment of the quality of the service provided by the foster carer to each child or young person currently in placement, and to any children who were discharged from the placement during the preceding year.

7.4 The review report includes written feedback from the social worker for each child or young person who resided in the foster home during the period in question, as well as the views of the children themselves and where appropriate, those of their biological parents.

7.5 The review report is shared with the foster carer who is encouraged add written comment.

7.6 Where there is a change in circumstances or a recommendation for the termination of approval, the report is presented to the foster care panel for a decision, and the foster carer informed in writing of the panel’s decision and the reasons for it.

7.7 The review report and any decision made by the panel are recorded on the foster carer’s case file.
OUTCOME:
An allowance that reflects the current cost of living is paid to the foster carer on behalf of each child in his or her care, and the necessary arrangements made to cover all other areas of financial needs for the child.

8.1 The foster care allowance is calculated according to the age of the child or young person and should comfortably cover his or her needs.

8.2 The foster care allowance is in line with the cost of living and increases budgeted for accordingly.

8.3 The various rates of foster care allowances and the dates on which the allowance is paid, are available in writing to foster carers.

8.4 Arrangements are in place to facilitate access to health and educational services for the child.

8.5 Agreed arrangements are in place for foster carers to be reimbursed for any reasonable and necessary purchases made on behalf of the child, on presentation of a receipt.

8.6 There is provision for an agreed sum to be paid to foster carers at the commencement of each placement to provide for the child’s immediate needs.

8.7 Consideration is given to providing compensation for carers to replace or repair fixtures or fittings, which are damaged by the foster child.

8.8 The foster care allowance is reviewed each year and payments kept in line with inflation.
OUTCOME:
Children receive the level and quality of care that is outlined in their Placement Plans and the Plans are regularly reviewed to ensure that their needs are being adequately met.

9.1 A Care Plan including the Placement Plan is in place for each child and young person which outlines their short and long term needs whilst in care.

9.2 The Care plan outlines the various tasks to be undertaken in order to achieve the agreed outcomes for the child, it also identifies the persons designated to carry out these tasks as well as the agreed time frame within which they are to be implemented.

9.3 The Placement Plan outlines the reason for the placement, its proposed duration and intended outcome; this is made clear to the child, the child's family and the foster carer.

9.4 Foster carers receive a copy of the child's placement plan and are encouraged to play an active role in agreeing to the contents of the plan.

9.5 There is a framework for statutory reviews of the child's Care Plan and placement plan to ensure that the requirements detailed therein are being met. Time frames for these reviews are established and maintained and foster carers are supported in contributing effectively to the reviews.

9.6 Children's social worker and foster carers support children in expressing their views, wishes and feelings as part of each review process, and also help to ensure that these are given due consideration.
OUTCOME:
Each child or young person is appropriately matched with the foster carer who is considered most capable of meeting his or her assessed needs.

10.1 The selection of a foster carer for a specific child is decided only when it has been determined that that carer can reasonably be expected to meet the child's assessed needs as outlined in the care plan, and when the impact of the placement on existing household members has been considered.

10.2 Prior to the placement of each child, the foster carer is provided with all the information that they need, including background information on the child, in order to carry out their role effectively. The information is in writing, it is clear and comprehensive, and includes the support that will be available to the foster carer.

10.3 The child, the child's family where appropriate and the potential foster carer and his or her household are involved in the matching process.

10.4 Children are given information about the foster carer and the foster home where they are to be placed.

10.5 Except in the case of an emergency placement, a series of introductory steps to facilitate the gradual integration of the child within the family, takes place prior to the child being placed with the foster carer.

10.6 Consideration is given to placing sibling groups together wherever possible and where this is in their best interest.

10.7 Children are given free access to the household as would be consistent with reasonable arrangements in a family home. Foster carers explain the everyday household rules and expectations to children.

10.8 Children leaving the foster home are prepared and supported during the transition. Foster carers are supported to maintain links with children who have moved on.
OUTCOME:
Children’s views, wishes and feelings are taken into consideration in all aspects of their care.

The views of parents and other significant persons in the child’s life are sought and given due consideration.

11.1 The views, wishes and feelings of children in foster care are taken into consideration in all important decisions or changes in their lives, unless this is contrary to their best interest.

11.2 Where it is not appropriate to act upon the views, wishes or feelings of the child, the foster carer and the child’s social worker ensure that the child is helped to understand the reason for this.

11.3 The foster carer regularly seeks input from the child and from the child’s social worker on issues relating to the child’s care.

11.4 Children in foster care know their rights to advocacy and are aware of how to access an advocate, also how to contact the Children’s Rights Director.

11.5 Children can take up issues in the most appropriate way with support and without fear that this will result in any adverse consequences. Children receive prompt feedback on any concerns or complaints raised and are kept informed of progress made.

11.6 The wishes, views and feelings of children and the significant persons in their lives are taken into account in monitoring foster carers and in developing the fostering services.
STANDARD 12

Children have constructive contact with their family, friends and other significant persons in their lives, wherever appropriate.

OUTCOME:
An allowance that reflects the current cost of living is paid to the foster carer on behalf of each child in his or her care, and the necessary arrangements made to cover all other areas of financial needs for the child.

12.1 On making arrangements for a placement, consideration is given to the need for children to maintain appropriate and reasonable contact with family, friends and other significant persons in their lives.

12.2 There are written procedures for arranging contact. The child, the foster carers, the child’s family and all other relevant persons are aware of and are given copies of the contact arrangements.

12.3 Arrangements for contact are made by the child’s social worker in consultation with the child where appropriate, the child’s family, the foster carer and the supervising social worker.

12.4 Contact arrangements are in line with the child’s placement plan and the child’s wishes and feelings are taken into consideration.

12.5 Where it is in the child’s best interest, contact with existing peers is maintained and supported and the child encouraged and supported in developing new relationships.

12.6 Foster carers are given practical assistance to support appropriate contact, including financial assistance where necessary. Foster carers are also supported when dealing with any difficult issues that may arise as a result of contact.

12.7 The roles and responsibilities of all the parties involved in facilitating contact are outlined in writing and a copy given to each of these persons.
OUTCOME:
An allowance that reflects the current cost of living is paid to the foster carer on behalf of each child in his or her care, and the necessary arrangements made to cover all other areas of financial needs for the child.

12.8 Any emergency restrictions on contact are made only if there is significant risk to the safety or welfare of the child. Any restriction on contact is communicated to the agency as soon as possible.

12.9 Any on-going restriction on communication by the child takes the child’s wishes and feelings into account, and is regularly reviewed by the agency.

12.10 A risk assessment of the venue/environment where contact outside the foster home will take place is conducted by the social worker prior to the arrangements being made. Feedback from each contact and the perceived impact on the child is recorded in the child’s case file.
STANDARD 13
Promoting Positive Self-Image and Potential Through Individualised Care

OUTCOME:
Children have a positive self-view, emotional resilience and knowledge and understanding of their background.

13.1 Children are provided with personalised care that meets their needs and promotes all aspects of their individual care.

13.2 Foster carers are supported to promote children’s social and emotional development, and to enable children to develop emotional resilience and positive self-esteem.

13.3 Foster carers meet children’s needs as set out in the child’s placement plan as part of the wider family context.

13.4 Children are able to exercise choice in the food that they eat, and to prepare their own meals and snacks, within the context of the foster family’s decision making and the limits that a responsible parent would set.

13.5 Children are able to exercise choice and independence in the clothes and personal requisites that they require and have their needs met, within the context of the foster family’s decision making and the reasonable limits that a responsible parent would set.

13.6 Children develop skills and emotional resilience that will prepare them for independent living.

13.7 Children receive a personal allowance appropriate to their age and understanding and that is consistent with their placement plan.
OUTCOME:
Children enjoy sound relationships and interact positively with their foster family and with others and are helped and encouraged to behave appropriately.

14.1 Foster carers have high expectations of all foster children in their household.

14.2 Foster carers provide an environment and culture that promotes, models and supports positive behaviour.

14.3 Children are able to develop and practice skills to build and maintain positive relationships, be assertive and to resolve conflict in a positive way.

14.4 Children are encouraged to take responsibility for their behaviour in a way that is appropriate to their age and abilities.

14.5 Foster carers respect the child’s privacy and confidentiality, in a manner that is consistent with good parenting.

14.6 Foster carers have positive strategies for effectively supporting children when they encounter discrimination or bullying wherever this may occur.

14.7 Foster carers receive training and support on how to manage their responses and feelings arising from caring for children, particularly where children display very challenging behaviour.
OUTCOME:
Priority is given to the health needs of each child in foster care and the relevant services to cater to these needs are readily accessible.

Children live in a healthy environment which promotes their physical, emotional and psychological health.

15.1 Children receive a comprehensive medical examination prior to the commencement of a foster care placement. In the case of an emergency placement, a medical examination takes place within 24 hours of the child being placed.

15.2 Children’s health is promoted in accordance with their placement plan and foster carers are clear about what responsibilities and decisions are delegated to them in relation to the child’s health needs, and where consent for medical treatment needs to be obtained.

15.3 Children have prompt access to doctors and other health professionals, including specialist services when they need these services.

15.4 Policy is in place that ensures that children under 4 years of age receive a complete health assessment at least twice annually and those over 4 years of age at least once annually. Also, that all children receive regular optical and dental assessments.

15.5 Children understand their health needs and how to maintain a healthy lifestyle and to make informed decisions about their own health.

15.6 Children’s wishes and feelings are sought and taken into account when dealing with their health care, in accordance with their understanding of such issues, and foster carers supported to advocate on their behalf.

15.7 Foster carers receive sufficient training on health and hygiene issues and first aid, with particular emphasis on health promotion and understanding and dealing with communicable diseases.

15.8 Foster carers receive guidance and training on how to provide appropriate care if looking after children with complex health needs.

15.9 Foster carers are provided with any physical adaptations to their homes and equipment needed for the appropriate care of the children they are looking after.
OUTCOME:
Priority is given to the health needs of each child in foster care and the relevant services to cater to these needs are readily accessible.

Children live in a healthy environment which promotes their physical, emotional and psychological health.

15.10 The child’s social worker checks to ensure that all appointments in relation to his or her health care are kept, and that the foster carer’s records and the child’s case file are kept updated.

15.11 Medicines kept in the foster home are stored safely and are accessible only by those for whom they are intended.

15.12 Foster carers are trained in the management and administration of medication.

15.13 Prescribed medication is given only to the child for whom it was prescribed, and in accordance with the prescription. Children who wish to and who can safely keep and take their own medication are allowed to do so.

15.14 Foster carers keep a record of all medication, treatment and first aid given to children during their placement.
OUTCOME:
The education and academic achievement of children is actively promoted as valuable in itself and as part of their preparation for adulthood. Children are encouraged and supported to achieve their educational potential.

16.1 The agency has, and is fully implementing, a written educational policy that promotes and values children’s education and is understood by foster carers.

16.2 Children of all ages have a foster home which provides a learning environment and supports their overall development.

16.3 Nursery or pre-school arrangements are made for each child under primary school age to enhance his or her social and educational development.

16.4 Higher education and vocational training are made accessible and children encouraged to take advantage of the opportunities presented.

16.5 In selecting a suitable foster home, consideration is given to facilitating continuity in the child’s education as far as possible.

16.6 If a transfer of school is necessary, wherever possible this is carried out after the current semester has ended.

16.7 Children have access to a range of educational resources to support their learning, and have opportunities beyond the school day to engage in activities which promote learning.

16.8 Foster carers assist and encourage children to achieve their educational or training goals.

16.9 Foster carers maintain regular contact with each child’s school, college or other place of learning, attending parent’s meetings and advocating for the child where appropriate.

16.10 The child’s social worker and foster carer liaise closely with the school to support him or her through the transition period and to monitor his or her progress.
**OUTCOME:**
Children receive training and encouragement and are supported throughout the transition from care to independence.

Children are helped to develop life-skills which will enable them to reach their potential and achieve economic well-being.

- **17.1** A programme to adequately prepare children and young persons in foster care for independent living is in place and foster carers receive training and support to enable them to guide and support each young person through this transition.

- **17.2** Foster carers encourage and support children and young persons to:
  - Understand their sexuality and establish and maintain positive and appropriate social and sexual relationships;
  - Develop positive self esteem;
  - Develop practical and social skills;
  - Understand the importance of and take responsibility for their personal health care;
  - Prepare for the world of work and/or further or higher education;
  - Develop financial capability, knowledge and skills;
  - Prepare for moving back into the community, either with family or independently.

- **17.3** The child’s social worker in conjunction with the foster carer, develop a Pathway Plan for the child. The plan outlines the arrangements for:
  - Any further education, training and employment;
  - The extra support necessary for young persons who are disabled or who have special needs;
  - Financial assistance to enable the young person to acquire and maintain independent accommodation if applicable;
  - Claiming welfare benefits where this is identified as a need and where the young person qualifies;
  - General and specialised health education and health care and other specialist services such as counselling;
OUTCOME:
Children receive training and encouragement and are supported throughout the transition from care to independence.

Children are helped to develop life-skills which will enable them to reach their potential and achieve economic well-being.

- Maintaining existing important networks as defined by the young person, which may include the foster family;
- Creating new networks of advice and support if this is applicable;
- Appropriate leisure pursuits;
- Seeking assistance should problems arise;

17.4 Arrangements are made with the relevant departments/agencies to ensure that the health, educational and other needs young persons with disabilities or special needs leaving care continue to be adequately addressed.

17.5 There is policy and practical arrangements in place which enable young persons to remain with their foster carers into (legal) adulthood and where the young person and the foster carers are in agreement with this plan.
OUTCOME:
Children and foster carers have individual case files which are kept updated.

Records are clear, up to date, stored securely and contribute to an understanding of the child’s life.

18.1 The agency has and implements a written policy that clarifies the purpose, format and content of information to be kept on the child’s and the foster carer’s case files.

18.2 There is written policy with regard to the safekeeping of all files and the confidential nature of their contents.

18.3 Staff, foster carers, members of the fostering panel and volunteers all understand the nature of the records maintained and follow the agency’s policy for recording information and retaining files, (including files removed from the premises). There is a system in place to monitor the quality and adequacy of record keeping and to take action when needed.

18.4 There is an individual case file for each child where all information regarding the child, as well as the foster care placement is accurately recorded. All information about children is kept confidential and shared only with those who have a legitimate need to know the information.
STANDARD 19
Safeguarding Children

OUTCOME:
Children are safe and feel safe. They are protected from significant harm, including neglect, abuse and accident and understand how to protect themselves.

19.1 Children’s welfare is promoted by the agency and in all foster care placements.

19.2 Children are protected from abuse and all other forms of significant harm, they are helped to understand how to keep themselves safe both within and outside the household and when using the internet or social media.

19.3 Foster carers actively safeguard and promote the welfare of foster children.

19.4 Foster carers are trained in appropriate safe care practices, including skills to care for children who have been abused and on issues affecting children who are disabled or who have any special needs.

19.5 Foster carers receive all of the necessary information available about the child’s circumstances, including relevant background information about the child’s family and any recent significant events, in order to help them understand and predict the child’s needs and behaviours and to support the child within the household.

19.6 The agency has written policy on managing behaviour, which includes supporting positive behaviour, discipline and the de-escalation of conflicts. The child, his or her family and the foster carers are made aware of this policy prior to, and at the time of placement.

19.7 The agency works in partnership with other relevant agencies/departments concerned with the care and welfare of children, e.g. schools, polyclinics/hospitals, and the police in an effort to ensure the effective safeguarding of children within the State.
OUTCOME:
Children who go missing from care are protected as far as possible and responded to in a positive way on their return.

20.1 There is legislation, policy and guidance that outline the action to be taken when a child is absent from the foster home without permission. Foster carers know and implement this policy in relation to any child that goes missing from their care.

20.2 Foster carers are aware of, and do not exceed the measures they can take under Government legislation, policy and guidance, to prevent a child from leaving without permission.

20.3 Children who are absent from the foster home without consent, but whose whereabouts are known or thought to be known by carers or social workers, are protected in accordance with procedures.

20.4 In line with Government Regulations and guidance, and in consultation with the agency, the foster carer reports the child missing to the police as soon as it is appropriate to do so.

20.5 Social workers and foster carers take appropriate action to find children who are missing, including working alongside the police where appropriate.

20.6 Children are helped to understand the dangers and risks of leaving the foster home without permission and are made aware of where they can access counselling or other help if they consider running away.

20.7 Where a missing child has returned, the social worker meets with him or her independently to determine the root cause of the problem that led to the child leaving the home. The agency and the foster carer give consideration as to what action needs to be taken to prevent the child from going missing in future.

20.8 Any concerns arising about the foster carer or the placement are appropriately addressed.

20.9 There are written records which give details of the action taken by foster carers and by the agency where a child goes missing, the circumstances of the child’s return, any reason given by the child for running away from the foster home and any action taken in light of those reasons. This information is shared with the child’s parents where appropriate.
OUTCOME:
Allegations of suspicion of harm are handled in a way that provides effective protection and support for children and the person making the allegation, and at the same time supports the person who is the subject of the allegation.

21.1 There is policy and written guidance on handling allegations and suspicions of harm to children in foster care and social workers, foster carers and volunteers are aware of and understand what they must do if they receive an allegation or have suspicions that a person may have:
- Behaved in a way that has harmed or could prove harmful to a child;
- Possibly committed a criminal offence against or related to a child, or
- Behaved towards a child in a way that indicates he or she is unsuitable to work with children.

21.2 The agency ensures that the action that is taken in any relevant situation of which it is aware is in line with the procedures.

21.3 There is a clear policy framework which outlines the circumstances under which a foster carer should be deregistered should a complaint against them be proven and foster carers are aware of this.

21.4 Children understand how, and feel able to complain if they are unhappy with any aspect of living in the foster home.

21.5 Any complaint made by or in relation to a child within the foster home is investigated in a manner which is fair and transparent and which provides effective protection for the child and also the person making the complaint, whilst providing support for the person against whom the complaint is made.

21.6 A clear and comprehensive summary of any allegations made against a particular member of the fostering household or other agency staff is kept, this summary includes:
- Details of how the allegation was investigated and resolved;
- Any action taken and all decisions reached.

21.7 The individual receives a copy of the summary as soon as the investigation is completed. The summary is permanently retained on the individual’s personnel file.
OUTCOME:
Allegations of suspicion of harm are handled in a way that provides effective protection and support for children and the person making the allegation, and at the same time supports the person who is the subject of the allegation.

21.8 The fostering panel reviews the approval of a foster carer to determine their suitability to continue to carry out the fostering task, as soon as possible after any investigation of the foster carer has concluded.

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

21.10 The agency provides independent support to the person subject to the allegation and, where this is a foster carer, to their household, in order to provide:

- Information and advice about the process;

- Emotional support; and,

- If needed, mediation between the foster carer and the agency and/or advocacy (including attendance at meetings and panel hearings).
**OUTCOME:**
The needs and circumstances of family and friends who become foster carers are into consideration and the agency provides any support they require to meet the needs of children placed with them, including a foster care allowance.

**22.1** Giving consideration to the best interest of the child, the agency works closely with other agencies/departments such as housing to ensure access to the necessary services to facilitate the placement.

**22.2** There is guidance in place that outlines the services and other assistance the agency provides to family and friends who foster.

**22.3** When assessing the suitability of family or friends as foster carers for specific children, the likely length of the placement, the age of the child, the child’s wishes and feelings and any concerns he or she might have and, if appropriate, the capacity of the wider family to contribute to the child’s long term care are taken into consideration.

**22.4** Potential friends and family foster carers are provided with information about the assessment process; they understand what is expected of them, the criteria that will be used to assess them, how particular issues for family and friends foster carers will be addressed and any support that can be offered during the assessment process.

**22.5** The introduction of the child to the new fostering arrangement takes into account the fact that, whilst the child and the carer may know each other well, the carer’s role in the child’s life is now changing. This is explained to both the child and the carer and the carer is provided with the support needed to manage this transition.

**22.6** The views of the child, the child’s parents and the carer about contact are taken into account prior to the commencement of the placement, or as soon as possible afterwards, and the necessary support to facilitate and help manage contact is put in place.
OUTCOME:
The needs and circumstances of family and friends who become foster carers are into consideration and the agency provides any support they require to meet the needs of children placed with them, including a foster care allowance.

22.7 Financial and other support is provided to all foster carers according to objective criteria that do not discriminate against foster carers that have a pre-existing relationship with the child. Family and friends foster carers may require some services to be delivered in a different way, but there should be equity of provision and entitlement.

22.8 Family and friends foster carers have access to the same training that is available to other foster carers. Consideration is also given to providing training that addresses the particular needs and circumstances of kinship carers.

22.9 Supervising social workers who are supporting family and friends and foster carers have training in the specific needs and circumstances of this particular group.
Agency:
The Government agency or department with responsibility for the welfare of children within the State.

Fostering Panel:
The body which determines whether a prospective foster carer should be approved, recommends the placement of the child with a specific foster carer and determines whether a foster carer should be de-registered.

Kinship carer:
Relatives or friends of the child without parental responsibility, who assume full-time care of the child.

Parental Responsibility:
All the rights, duties and responsibilities that a parent has by law in relation to a child. This includes the right to determine a child’s name, place of residence, how he or he is educated and to give medical consent.

Care Plan:
The plan drawn up before, or immediately after a child enters care. This plan outlines details of the child’s assessed needs and the services required to meet them. All parties concerned, including the child, are involved in the development of this plan.

Placement plan:
This plan outlines details on how, on a day-to-day basis, the child will be cared for and how his or her welfare will be safeguarded and promoted whilst in the placement.

Foster care assessment:
The process during which evidence of the applicant’s skills, qualities and aptitude to foster a child is gathered.

This process includes a series of interviews with the applicants and members of their household, as well as undertaking criminal records checks, obtaining character references and providing pre-approval preparation and training.
Approval: The decision made by the fostering panel to allow an applicant who has been successfully trained and assessed, to foster children in his or her home.

Foster care agreement: The agreement made between the agency and the foster carer, outlining the roles and responsibilities of both parties towards each other in respect of the children in their care.

Contact: The formal arrangements made for children to maintain links with their birth families, friends and other significant persons in their lives whilst in care.

Complaints procedures: Formal procedures in place for dealing with complaints and allegations within the service.
Maureen Headley Gay *UNICEF 2011* -
Report on Children in Institutions in Barbados and the Eastern Caribbean –


The (British) Children’s Act 1989 Guidance and Regulations *(Volume 3) Family Placement*

The Russell House Publishing (RHP) - Companion to Foster Care - Edited by Ann Wheal *(1999)*

British Agencies for Adoption and Foster Care (BAAF) - Signposts in Fostering *(1999)*

Ann Wheal - The Foster Carer’s Handbook *(RHP)*

John Triseliotis, Moira Borland, Malcolm Hill - Delivering Foster Care *(BAAF)*

RESIDENTIAL SERVICES
Residential care is an important part of the range of services that are required for some children who come into public care. As corporate parent, Government needs to provide appropriate residential services for children who cannot be brought up by their birth families and for whom non-institutional placement is not a viable option. Children who are in need of a secure and structured environment or intense therapy, and those who are refugees from other countries, may also require residential care.

The Government department with responsibility for the welfare of children needs to inform legislation and to advocate for, and monitor the development and implementation of the various Government policies, guidance and procedures which direct the operations of children residential homes.

It is necessary that in addition to independent monitoring within the service, an external monitoring mechanism be established to carry out regular inspections of all children residential centres. This will help to ensure that the centres are fit for purpose and that the care provided meets the requirements of this document and of any future standards.

These minimum standards apply to both Government and privately owned and run residential children centres.
OUTCOME:
All children who are in need of residential services have access to suitable accommodation which is properly furnished and maintained to a high standard and which is equipped with adequate facilities to meet the needs of each child, including those with disabilities.

1.1 Each home is situated in a location that supports its aims and objectives and proposed models of care for children and young people. This includes children being able to access external services, recreational activities and to maintain and develop relationships with family and friends.

1.2 Appropriate legal framework, including regulations, is in place to regulate the establishment and functioning of the home.

1.3 There is a clear, easily understood Statement of Purpose (Mission Statement) that is approved by the Minister with responsibility for the provision of these services.

1.4 The Statement of Purpose accurately outlines the aims and objectives of the home, is readily available to, and easily understood by staff and children in the home. It is also available to parents and persons with parental responsibility.

1.5 Written policy is in place that accurately reflects the statement of purpose and is in line with Government policy.

1.6 There are clear written procedures that are based on best practice and that take into account the best interest of the children.

1.7 The home is adequately staffed with trained personnel at all levels.

1.8 Systems are in place to ensure the proper management of the home.

1.9 Systems are in place to ensure that all staff receive adequate supervision and support in carrying out their day-to-day duties.
OUTCOME:
Children are provided with a safe and comfortable environment within the home.

2.1 Rooms and furniture are arranged in a way that each child’s privacy is ensured.

2.2 Particular attention is paid to providing suitable aids and any special furniture and equipment that may be required for the use of any children with disabilities that the home might accommodate.

2.3 Lifts and stairs are adapted and made safe for all users.

2.4 Safe and adequate storage is provided for wheelchairs and other specialized equipment.

2.5 There is strict adherence to all fire and environmental health regulations.

2.6 Arrangements are in place that ensure the regular inspection and maintenance of all equipment used in the home and by the children.

2.7 The home is kept in a good state of structural repair and arrangements are in place to ensure that this is maintained and that any damage to the property is promptly repaired.
OUTCOME: Children are provided with a safe and comfortable environment within the home.

3.1 The home is decorated and furnished to a standard that creates a pleasant domestic environment for all the children who are accommodated.

3.2 There is a clear distinction between private and community shared areas as well as areas that are assigned for administrative use.

3.3 The domestic facilities are of good quality, are consistent with the purpose and function of the home, and are maintained in good order throughout.

3.4 Each child has a single bedroom or his or her own area in a larger room of adequate size.

3.5 Each child has his or her own bed with adequate linen and other suitable bedding.

3.6 Each child has adequate storage for clothes and lockable or otherwise safe storage for personal possessions.

3.7 Bunk beds are not used for children over the age of twelve (12) years of age. Where bunk beds are used for younger children the floor space is comparable to that of a room with two (2) separate beds.

3.8 Where bedrooms have to be shared, the children concerned should first be consulted.

3.9 Bedrooms are not shared between children of different genders or between children and staff, visitors or any adult.

3.10 Adequate facilities are provided for children to study, these facilities are appropriately furnished and lit and have sufficient space for books and other study materials.

3.11 Children are encouraged to have a say in the general décor and furnishings of the home and are allowed to personalize their own individual space.
OUTCOME:
Children are provided with a safe and comfortable environment within the home.

3.12 Facilities are provided where children and their visitors can meet in privacy.

3.13 Facilities are provided where children can participate in play and recreational activities without affecting the routine activities of the home.

3.14 There is at least one toilet with washbasin for every six (6) children in the home.

3.15 Sufficient bathrooms and shower facilities are provided to comfortably serve the number of children accommodated by the home.

3.16 Toilet and bathroom facilities are easily accessible to children with disabilities.

3.17 Separate toilet and bathroom facilities are provided for staff within the home.

3.18 Bathrooms, showers and toilets are situated and designed to take into account the children’s need for privacy, dignity, safety and any disability, and are readily accessible from sleeping and recreational areas.
OUTCOME:
Children, staff and visitors to the home are safe from risk of harm.

4.1 Systems are in place to ensure the safety of children, staff and visitors to the home from risk of harm from fire and any other source of danger.

4.2 The home’s location and design promotes children’s health, safety and well-being. The home is not in an isolated area and is accessible to all emergency services and vehicles.

4.3 Staff preparation and training cover health and safety issues and staff are provided with written guidelines on their responsibilities in relation to health and safety within the home.

4.4 The home contains the appropriate number of clearly marked emergency exits that are required by fire and safety regulations, and these are kept unobstructed at all times.

4.5 Smoke and fire alarms, fire extinguishers and other fire fighting equipment are regularly tested.

4.6 Recommendations made to remedy any deficiencies that are identified as a result of these checks are promptly addressed.

4.7 There are emergency evacuation procedures with which all children in the home, and staff are familiar.

4.8 Systems are in place to ensure that fire drills, including the evacuation of children with disabilities, are carried out in accordance with standard fire regulations.

4.9 Risk assessments of the complete premises are carried out at regular intervals to identify any potential source of hazards, assess the level of risk and recommend the action that should be taken.

4.10 Arrangements are in place to ensure regular professional inspection of all gas installations, electrical equipment, food storage, food preparation and water storage facilities and garbage disposal areas.

4.11 All recommendations in relation to the above are implemented within the timescale advised.
OUTCOME:
The home is managed by persons who are suitable to work with children and have the appropriate skills, experience and qualifications to deliver an efficient and effective service.

5.1 The Agency with responsibility for the welfare of children, or the registered provider ensures that the registered manager of the home:

- Has a good working knowledge and experience of all legislation, regulations and practice relating to children in public care;

- Has business and management skills to manage the work efficiently and effectively; and

- Has financial expertise to ensure the home is run on a sound financial basis, especially as this relates to the long term financial viability of the home.

5.2 The registered manager who has responsibility for the day to day running of the home has:

- A recognised social work or equivalent professional qualification relevant to working with children;

- A qualification or sound experience in management;

- At least two years’ experience relevant to residential or child care within the last five years.

5.3 The responsibilities and duties of the registered manager and the person to whom they are accountable are clear and understood by both parties.

5.4 The registered manager is notified in writing when the person to whom they are accountable changes.

5.5 The registered manager exercises effective leadership of the home’s staff and its operation, ensuring that the home is organised, managed and staffed in a manner that delivers sound good quality care that meets the individual needs of each child within the home.
STANDARD 6
Financial Viability of Non-Government run Children’s Home and Changes Affecting Business Continuity

OUTCOME:
The Registered Service Provider is financially sound. Where a service is to close or substantially change, there is proper planning to make the transition for children and staff as smooth as possible.

6.1 A qualified accountant certifies that the annual accounts demonstrate that the home is financially viable and likely to have sufficient funding to continue to fulfil its Statement of Purpose for at least the next twelve (12) months.

6.2 The registered service provider has a written development plan for the future of the home, which is reviewed annually. This plan identifies any planned changes in the operation or resources of the service, or confirms the continuation of the home’s current operation and resource.

6.3 Where the home, for financial, staffing or other reasons cannot adequately and consistently maintain provision which complies with Government’s regulations or with these standards, an effective plan must be established and implemented either to rectify the situation or to close down the service.

6.4 The registered service provider notifies the relevant Ministry and the Government Agency responsible for the welfare of children, if closure of the home or substantial change to the functioning of the home which may significantly affect the care, welfare or placement of children, is likely or is actively being considered. The registered service provider works with the Ministry and the Agency to ensure that the transition for children and staff is as smooth as possible.

6.5 Confidential records of a home that closes must be passed to a statutory authority for safe keeping and for future access by children in accordance with legal requirements.
OUTCOME:
The children’s home is managed ethically, effectively and efficiently, delivering a service, which meets the needs of its users.

The operation of the home is (locally) monitored to ensure the service provided is in line with Government regulations and Standards.

7.1 There are Government regulations in place that direct the operations of all children’s homes, including those run by Government.

7.2 Policy is in place to ensure the independent monitoring of all children’s homes by the Agency with responsibility for the welfare of children.

7.3 There are clear and effective procedures for monitoring and controlling the activities of the home, including the quality of the service provided, and the financial viability of the home. Also for ensuring that any serious incidents, allegations or complaints about the service are adequately addressed.

7.4 Children in the home are regularly involved in contributing to monitoring the operation of the home, and their views and any concerns are seriously taken into consideration.

7.5 The level of delegation and responsibility of the manager and staff, and the lines of accountability, are clearly defined and all staff, including managers have a clear understanding of their roles and responsibilities.

7.6 There are arrangements in place to ensure the appropriate management of the home when the manager is absent.

7.7 The Department of Social Services ensure copies of inspection reports are available to all members of staff, children living in the home and the parents and guardians of those children.

7.8 The Agency takes action to address any issues of concern that they identify or which is brought to its attention.

7.9 The Agency provides the home with a written procedure for considering complaints and responding to representations and complaints in accordance with legal requirements and relevant statutory guidance.
**STANDARD 8**
Suitability of Staff to Work with Children

**OUTCOME:**
There is careful selection, vetting and monitoring of staff and volunteers working with children in the home to ensure the suitability of all persons recruited to work with children.

8.1 There is written guidance that clearly outlines the criteria to be used when selecting staff or other persons, including volunteers who are likely to have regular contact with children in the home.

8.2 There is a statutory requirement for checks to be carried out to determine the suitability of all staff prior to them commencing employment; these checks include police and medical checks and both written and verbal character references. Checks are made to confirm required qualifications and a reference sought from the person’s current or previous employer.

8.3 Where a prospective staff member is a non-national or a national who have spent a significant period of time living abroad, police and character reference checks are also carried out in the country where they previously resided.

8.4 Evidence of the checks having been made and their outcomes are placed on the individual’s file, along with the name of the staff member initiating the checks.

8.5 Each staff member is given a copy of the Home’s Statement of Purpose and all other relevant documents.

8.6 All new staff members participate in a well-structured induction programme that is geared towards familiarising them with all aspects of the running of the home, with specific emphasis on the area of work for which they were employed. They are also familiarised with all relevant legislation, regulations and guidance for practice within which the home operates.

8.7 All staff members, including those who are temporarily employed, contracted or seconded, as well as volunteers and ancillary staff, have a clear understanding to whom they are accountable.
OUTCOME:
The numbers, qualifications and experience of staff is maintained at a level that ensures that the needs of all children in residence are adequately met.

The numbers, qualifications and experience of staff reflect the Statement of Purpose of the home.

9.1 The overall number, competence and deployment of staff, both as a total staff group and on individual shifts, fulfils the home’s Statement of Purpose and meets the individual needs of all children resident in the home.

9.2 Continuity of staffing is maintained at a level that ensures that children’s attachments are not overly disrupted.

9.3 Staff numbers are increased above the minimum number required by policy, where children’s needs, the number of children in residence, or other circumstances require this in order to safeguard and promote the welfare of each child.

9.4 Contingency plans are in place in the event of an unexpected shortfall in staffing levels.

9.5 There is at least one member of staff responsible for each identifiable group of children, within or outside the home, with the availability of immediate back-up from at least one other member of staff if necessary.

9.6 All staff on duty are aware which children and which adults are sleeping in the home each night.

9.7 Staff members who are placed in charge of the home and of other staff at particular times, have substantial relevant experience of working in the home and have successfully completed their induction and probationary period.

9.8 Staff rotas have time scheduled which ensures adequate time is available for the proper handover of duties.

9.9 The staff group who are in day-to-day contact with children includes staff or both genders wherever possible. Where the home’s Statement of Purpose makes it explicit that the home uses staff of one gender only, clear guidance is in place to direct how children are enabled to maintain relationships with members of the opposite gender.

9.10 All staff members are at least 4 years older than the oldest child accommodated, and staff who are given sole responsibility for children or a management role are at least 24 years old.
OUTCOME:
All staff receive adequate support and supervision and have access to personal counselling services when necessary.

10.1 Each member of staff is given adequate support and receives regular one-to-one supervision from a senior member of staff.

10.2 Staff who are employed infrequently to cover staff absences receive one to one supervision after each 8 hour shift worked in the home.

10.3 There is written record in the home detailing the time, date and length of each supervision session with each member of staff, including the Manager. The record is signed by the member of staff being supervised and by the supervising member at the end of each supervision session.

10.4 All staff, including the Manager have a written job description that clearly outlines their responsibilities, the duties currently expected of them and their line of accountability.

10.5 Staff have their performance individually and formally appraised at least annually by their line manager, and a record of the appraisal showing the level of performance achieved, the targets set for the coming year, and the agreed training needs to be met within that period as part of their Personal Development Plan is contained on the individual’s personnel file.

10.6 Staff have access to sources of advice and counselling and are provided with written guidance on the home’s procedures and practice in relation to this. This guidance is kept up to date and is accessible to all staff members.

10.7 Staff meetings are structured and take place at least once monthly; meetings include discussions on both the home’s work in caring for individual children and the overall management of the current resident group, together with a review of the home’s practice. Meetings have an agenda and are minuted.
OUTCOME:
All staff receive adequate support and supervision and have access to personal counselling services when necessary.

10.8 Children are not given responsibility over other children in the home, nor given responsibility to compensate for any lack of staff in the home. Children who are given responsibility for specific tasks in the home are sufficiently supervised by staff to ensure that they fulfil their roles appropriately and without risk to themselves or others.

10.9 There are staff disciplinary procedures in place that are clear and that outline that a member of staff may be sent home, as a neutral act, pending consideration of, or completion of any investigation into any suspicion or allegation of abuse, or serious concern relating to the safety or welfare of children. The procedure clearly separates staff disciplinary processes from child protection enquiries and criminal proceedings and is familiar to all staff.
OUTCOME: Admissions and discharges to and from the home are carried out in a planned and sensitive manner.

11.1 The home has written procedures that outline how children are introduced to the home, the staff and to other children living in the home.

11.2 These procedures cover both planned and emergency admissions and departures of children to and from the home.

11.3 The rules and expectations of the home as they relate to the child, are clearly explained to children prior to or as soon after their admission as possible.

11.4 The home provides written and verbal information for children, which is designed in a way that is interesting and understandable and that provides facts that they need and wish to have.

11.5 The home has a specific plan for young persons preparing to leave care that clearly outlines the support and assistance they will need to enable them to make a successful transition into semi-independent or independent living.
OUTCOME:
Children have their needs effectively and comprehensively assessed, and written placement plans clearly outline how these needs will be met.

12.1 Each child's placement plan sets out in particular, how, on a day-to-day basis, the child will be cared for, how his or her welfare will be safeguarded and promoted by the home, the contribution to be made by the staff of the home and how the effectiveness of the placement is to be assessed in relation to each element of the plan.

12.2 The placement plan is developed in conjunction with the child’s social worker and includes the arrangements that are made for the child’s health care, educational, physical and emotional needs, as well as his or her cultural, religious and linguistic needs.

12.3 According to their level of ability, children understand the purpose and content of their placement plan and the reasoning behind any decisions about their care.

12.4 Arrangements for contact with parents, extended family members and friends are detailed in the plan.

12.5 The placement plan is consistent with the child’s Care Plan and takes into consideration any recommendations that are made in relation to safeguarding and promoting the child’s welfare.

12.6 Having regard to his or her age and understanding, the child’s wishes and feelings are sought and taken into consideration when developing the plan.

12.7 Each child is assigned a key worker within the home. The key worker provides individual advice, guidance and support for the child, closely monitors the child’s placement plan, and ensures that the requirements of the plan are implemented in the day-to-day care of the child.

12.8 The home ensures that statutory reviews of each placement plan are carried out and that any necessary revision to the plan is made, it also ensures that any recommendations coming out of the review is reflected in the day-to-day care of the child within the home.

12.9 The home encourages and assists each child, as far as is practicable, to be involved in the review process and to
OUTCOME:
Children have their needs effectively and comprehensively assessed, and written placement plans clearly outline how these needs will be met.

express his or her views, wishes and feelings. It also helps to ensure that these views, feelings and wishes are fully taken into account.

12.10 The home contributes effectively to the statutory review of each child’s care plan. The outcome of all reviews are recorded on the child’s file and individuals responsible for carrying out the actions recommended are clearly identified, along with the timescales for completion of the various tasks.

12.11 The home contacts the Agency to request statutory reviews of care plans or visits by social workers should these become overdue at any time. Also, should there be any significant change in the arrangements for the child’s care, or if any major action (e.g. a change of placement) not in the care plan appears likely.

12.12 Clear and realistic timeframes for the completion of each recommended task are agreed and outlined in writing.

12.13 Written copies of the review report are made available to the child and he or she is helped to understand its content. Where necessary, reviews are translated or communicated in a form best suited to the child’s understanding.

12.14 All children have a permanent, private and secure record of their history and progress, which can, in compliance with legal requirements, be seen by the child and by the child’s parents as appropriate.

12.15 If a child is not visited by their social worker at the frequency expected, or within a reasonable time following a request for a visit originated by the child, the home ensures that this is raised at the child’s next review.

12.16 Children are assisted to obtain the support of an independent advocate to help them in presenting their views, wishes and feelings at statutory reviews.
OUTCOME:
The home promotes contact between children and their parents, family and friends in accordance with the arrangements that are set out in each child’s placement plan.

13.1 Children are supported and encouraged to maintain and develop family contacts and friendships, subject to any limitations or provisions set out in their care plan, placement plan or any Court order.

13.2 Appropriate forms of contact are promoted and facilitated for each child, including where appropriate, visits to the child within the home, visits by the child to parents and relatives in the community, meetings with relatives or friends, letters and electronic contact and the exchange of photographs.

13.3 Suitable facilities are provided within the home where children can meet privately with parents, relatives, friends and other authorised visitors where appropriate.

13.4 Staff have the necessary training to enable them to supervise and facilitate positive contact.

13.5 At all reasonable times and with appropriate supervision, children in the home have access to the use of a telephone and to facilities to send and receive mail and where possible, access to electronic mail.

13.6 Children with disabilities have access to the necessary aids and equipment they may require as a result of their disability, in order to facilitate their communication with others.

13.7 Emergency restrictions on contact are made only where there is a significant risk to the safety or welfare of the child. Such decisions are communicated to the Agency within twenty-four (24) hours of being imposed. Ongoing restrictions on communication are agreed by the Agency and takes the child’s wishes and feelings into consideration.
OUTCOME:
The home promotes contact between children and their parents, family and friends in accordance with the arrangements that are set out in each child’s placement plan.

13.8 Written guidance is in place that clarifies for staff:

- The rights of children, parents, and others to maintain contact,
- Where visits should be supervised in order to safeguard the child and other children in the home,
- When and how to encourage parents, relatives and friends to participate in the activities of the home where this is appropriate.

13.9 The home informs the Agency of any significant reaction a child has to contact arrangements or to visits with any person.

13.10 All contact made with the child is fully recorded in his or her case file and a copy made available to the child’s social worker.
OUTCOME:
Children’s right to privacy and confidentiality is respected by the home and by staff, as is consistent with good parenting and the need to protect the child.

14.1 The home has written policy and guidelines on privacy and confidentiality that cover:
- Access to case records by staff and others.
- Sharing of information with child protection implications.
- The disclosure of illegal activities.
- Details about the way children’s rooms are entered.
- Emergency entry or interruptions without permission, where children are considered to be at risk.

14.2 Staff know how to deal with and share information which is given in confidence for child protection purposes.

14.3 Staff are sensitive to gender issues especially when dealing with children of the opposite sex.

14.4 The home has written guidance that outlines for both staff and children, when it may be necessary to conduct searches of children’s rooms or possessions, and searches are carried out only in accordance with this guidance.

14.5 Staff working with children who require staff assistance with intimate care or bodily functions or with lifting and handling, receive the necessary training and are provided with appropriate clear written guidance on how to provide such assistance.
OUTCOME:
Children develop good relationships and understand how to act appropriately with others at all levels.

15.1 The home has written policy, procedures and guidance for staff, based on a code of conduct that outlines the control, disciplinary and restraint measures permitted and emphasising the need to convey positive messages to children for the achievement of acceptable behaviour.

15.2 The home’s policy is in line with relevant Government regulations and guidance on restraint, and with approved approaches to the application of physical intervention and restraint.

15.3 Children are encouraged and supported to develop and practice skills in building and maintaining positive relationships and in resolving conflicts in a positive way.

15.4 Children are encouraged to take responsibility for their behaviour in a way that is appropriate to their age and abilities.

15.5 Staff and children clearly understand the consequences of unacceptable behaviour, and any measures applied are relevant to the incident, reasonable and carried out as sensitively as possible.

15.6 Any measures taken as a response to unacceptable behaviour are appropriate to the age, understanding and needs of the child.

15.7 Staff take into account the fact that unacceptable or challenging behaviour may be the result of illness, certain disabilities such as autism, communication difficulties or negative experiences such as abuse or bullying.

15.8 Staff have training to help them understand and manage their own feelings and responses to the emotions and behaviours presented by children and also to understand how past experiences and present emotions are communicated through behaviour.

15.9 Methods to de-escalate confrontations or potentially violent behaviour are used wherever appropriate and every effort made to avoid the use of physical restraint.
OUTCOME:
Children develop good relationships and understand how to act appropriately with others at all levels.

15.10 Physical restraint is only ever used in exceptional circumstances. Restraint is not used as a punishment, nor to force compliance with instructions where there is no risk of significant harm to others or serious damage to property.

15.11 Where the home uses restraint, staff are trained in the use of physical restraint techniques and only use the home’s agreed techniques. Staff training is regularly refreshed.

15.12 Where physical restraint has been used, the home is able to call on medical assistance as required, and children always given the opportunity to be examined by a registered nurse or medical practitioner.

15.13 Children and staff are given an opportunity to discuss incidents of any restraint they have been involved in, witnessed or been affected by, with a relevant adult.

15.14 The home maintains a written record of the use of all restraint used on children. A copy of all entries is given to the Agency and the registered service provider in the case of a non-government run home.

15.15 The Agency and the registered service provider regularly monitors the records to ensure compliance with policy, procedures and guidance, and to identify any patterns in incidents that necessitate disciplinary or restraint action.

15.16 The Agency and the registered service provider make written comments on the appropriateness of individual uses of sanctions or the use of restraint, together with any subsequent action taken. Each entry is signed against to confirm that monitoring has taken place.

15.17 Parents and persons with parental responsibility are made aware of the measures of control, discipline and restraint employed by the home.
OUTCOME:
Children's health needs are identified and prompt and appropriate action taken to secure the medical, dental, psychological and other health services required to meet these needs. Children are provided with guidance, advice and support on health and personal care issues that are appropriate to their needs and wishes.

16.1 Children’s health is promoted in accordance with their placement plan and staff are clear what responsibilities and decisions are delegated to them and when consent for medical treatment needs to be obtained.

16.2 The home has good links and working arrangements with local and national health service agencies, including specialist services, and ensures that children receive any treatment they may require, without undue delay.

16.3 Each child undergoes a comprehensive medical examination prior to admission to the home or within twenty-four (24) hours of admission.

16.4 Children have prompt access to doctors and other health professionals, including specialist services when these are needed. The home has access to the services of a children psychologist who is able to conduct the necessary assessments and develop and implement treatment plans for children where these are needed.

16.5 Children understand their health needs, how to maintain a healthy lifestyle and how to make informed decisions about their own health.

16.6 Children are encouraged to participate in a range of positive activities that contribute to their physical and emotional well-being.

16.7 Children’s wishes and feelings are sought and taken into account where their health care is concerned, according to their understanding.

16.8 Staff receive sufficient training in health and hygiene issues and first aid, with paramount emphasis on promoting good health and combating the spread of communicable diseases.

16.9 Staff receive guidance and training to enable them to provide appropriate care if looking after children with complex health issues.
OUTCOME:
Children’s health needs are identified and prompt and appropriate action taken to secure the medical, dental, psychological and other health services required to meet these needs. Children are provided with guidance, advice and support on health and personal care issues that are appropriate to their needs and wishes.

16.10 The home has the necessary physical adaptations or equipment in place where these may be needed to ensure the appropriate care of children.

16.11 The home has a written health plan for each child (within their placement plan) that includes:

- The child’s medical history.
- Any specific medical or other health intervention that the child may require.
- Any necessary preventive measures that should be taken.
- Any allergies or known adverse reactions to medication the child may have.
- The child’s dental health needs.
- Any hearing needs the child may have.
- Any optical needs the child may have.
- Records of all developmental checks.
- Details of specific treatments, therapies or remedial programmes needed in relation to the child’s physical, emotional or mental health.
- The nature and level of health monitoring required by staff.
- The involvement of the child’s parents or significant others in his or her health issues.

16.12 The home has policy and written guidance on promoting the health of children in the home including:

- Immunisation and screening.
- Nutrition and diet.
- Exercise and rest.
- Personal hygiene.
- Sexual health.
- The effects of alcohol and drug use, smoking and other substances also.

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OUTCOME:
Children’s health needs are identified and prompt and appropriate action taken to secure the medical, dental, psychological and other health services required to meet these needs. Children are provided with guidance, advice and support on health and personal care issues that are appropriate to their needs and wishes.

- HIV and AIDS and other blood borne diseases.
- Records of all developmental checks

16.13 The home keeps a written record of all significant illnesses, accidents or injuries involving children during their placement at the home.

16.14 Each child is provided with guidance, advice and support in relation to health and social issues, including the use of:

- Alcohol
- Solvents
- Illegal substances
- Smoking
- Sex and relationships education
- Hepatitis
- HIV infection
- Sexually transmitted diseases, and
- Protecting oneself from prejudice and bullying, both within and outside the home.

16.15 This guidance, advice and support is appropriate to the child’s age, needs, culture and wishes.

16.16 Children are actively discouraged from smoking, using alcohol, solvents and other illegal substances, also from participating in under-age sexual activity. Children are given opportunities and are encouraged to discuss these issues openly and honestly with staff and with their peers where appropriate.

16.17 Children, subject to their age and understanding, are able to choose whether or not a member of staff accompanies them when being seen by a doctor, nurse or dentist, and as far as is practicable, to choose whether they are seen by a male or female practitioner.
OUTCOME:
Children’s health needs are met and their welfare is safeguarded and promoted by the home’s policies and procedures for administering medicines and providing treatment within the home.

17.1 First aid, the treatment of minor illness and the administration of medication given within the home, (other than by a registered nurse, doctor or dentist) are given only by competent designated staff.

17.2 Staff are trained in the use of first aid and well equipped first aid cabinets are provided and made easily accessible to appropriate adults within the home.

17.3 The home has on file, prior written permission for the administration of first aid and appropriate non-prescription medication, from the person who has parental responsibility for each child.

17.4 The home maintains a written record of all medication, treatment and first aid administered to children. This record includes the name of the child, the date and time the medication/treatment was administered, (including the dosage), and the reason for administration (if not prescribed).

17.5 The record is signed by the member of staff responsible for administering the medication/treatment and is regularly monitored by an appropriate designated senior member of staff.

17.6 Children are given medication as prescribed; any refusal by a child to take medication is recorded and, if frequent, reported to the prescribing practitioner.

17.7 Children who are allowed to keep and to administer their own medication are assessed by staff as being sufficiently responsible to do so, and provision is made for the safe keeping of this medication.

17.8 All medication is kept securely locked in a cabinet whose key is not accessible to children, and there is policy with written guidance for storing and disposing of medication.
OUTCOME:
Children’s education is actively promoted as a valuable asset in itself and as part of their preparation for adulthood.

Children are supported and encouraged to achieve their educational potential.

18.1 Each home has and is fully implementing an education policy that promotes and values children’s education.

18.2 The home provides a learning environment that encourages and supports the development of children of all ages.

18.3 Staff are familiar with the educational histories and needs of each child in the home and a record of this history along with the child’s educational achievements, needs and aspirations are kept in his or her individual file.

18.4 Children are encouraged and supported in attending school, college or alternative educational provision daily and in participating in appropriate extra-curricular activities.

18.5 Children are actively encouraged and supported in doing homework and are provided with adequate facilities and the necessary equipment for doing so, this includes access to a range of educational resources including books, computers where possible, and library membership.

18.6 Where children no longer receive compulsory full time education, the home encourages and supports them in participating in further education, skills training or suitable employment.

18.7 Children who have been excluded from school have access to appropriate education and training whilst every effort is made to enable them to resume full time class attendance.

18.8 Staff engage and work with schools, colleges and other educational organisations and advocates on behalf of the child where appropriate.

18.9 In the absence of the child’s natural parents, staff at the home undertake such parental duties as attending parents’ meetings and participating in other school activities that are normally attended by parents.
OUTCOME:
Children receive individualised support in line with their needs and wishes. Children identified as having special or specific needs receive help, guidance and support as required.

19.1 The home provides personalised care for all children that promote all aspects of their individual identity.

19.2 Children’s social and emotional development is supported in a way that enables them to develop emotional resilience and positive self-esteem.

19.3 The home ensures that professional services are provided where necessary, to help children develop their individual identity in relation to their gender, disability, religious, racial, cultural or linguistic background or sexual orientation.

19.4 Children have the opportunity to exercise choice in the food that they eat and are able to prepare their own meals and snacks, within the limits that a reasonable parent would set.

19.5 Children have the opportunity to exercise choice and independence in choosing the clothes and personal requisites that they require, and have these needs met within the limits that a reasonable parent would set.

19.6 Children are able to keep their clothing and personal requisites and toiletries for their own exclusive use, subject to risk assessments on any item that can possibly cause harm or injury.

19.7 The home has programmes in place that assists children in developing skills and emotional resilience that will prepare them for independent living.

19.8 Support is provided for children for whom English is not their first language (or who use alternative methods of communications), to enable them to communicate their needs, wishes and concerns, and to communicate with staff and other children within the home.

19.9 There is policy in place on personal allowances and children are familiar with this. The policy makes clear the purpose of different allowances, the arrangements for children receiving them, reasons why they may be withheld, the monitoring of their use and how requests for special allowances are made and decided upon.
OUTCOME:
Children’s views, wishes and feelings are taken into consideration in all aspects of their care. They are aware that this is their right and are helped to understand why it may not be possible to act upon their wishes in all circumstances.

The views of parents and other significant persons in the child’s life are sought and taken into account.

20.1 The views, wishes and feelings of children within the home, are acted upon in the day to day running of the home and in all important decisions or changes in their lives, unless this is contrary to their interest.

20.2 Where it is not appropriate to act upon the views, wishes or feelings of the child, the home ensures that the child is helped to understand the reason for this.

20.3 The home regularly seeks input from the child, the child’s family and his or her child’s social worker on issues relating to the child’s care, unless in individual cases where it is not appropriate to do so.

20.4 The home ensures that children know their rights to advocacy and are aware of how to access an advocate, also how to contact the Children’s Rights Director.

20.5 The home supports children in taking up issues in the most appropriate way, without fear that this will result in any adverse consequences. Children receive prompt feedback on any concerns or complaints raised and are kept informed of progress made.

19.9 There is policy in place on personal allowances and children are familiar with this. The policy makes clear the purpose of different allowances, the arrangements for children receiving them, reasons why they may be withheld, the monitoring of their use and how requests for special allowances are made and decided upon.
OUTCOME:
Children and young persons receive training and encouragement and are supported throughout the transition from care to independence.

Children and young persons are helped to develop skills, which will enable them to reach their potential and achieve economic well-being.

21.1 The home has programmes in place that encourages and supports children and young persons to:

- Establish and maintain positive and appropriate social and sexual relationships.
- Develop positive self-esteem.
- Develop positive gender identity.
- Develop practical and social skills.
- Understand the importance of and take responsibility for their personal healthcare.
- Develop financial capability, knowledge and skills.

21.2 The home, in agreement with the Agency and where appropriate, the registered service provider, develops a Pathway plan for each child. The Pathway plan outlines the arrangements for:

- Further education, training and employment
- Support necessary for disabled young people.
- Financial assistance to enable the young person to set up and maintain independent accommodation if applicable.
- Claiming welfare benefits where this is identified as a need and where they qualify.
- General and specialised health education and health care, and other specialist services such as counselling.
- Maintaining existing important networks as defined by the young person, which may include the children’s home.
- Appropriate leisure pursuits.
- Seeking assistance should problems arise.
OUTCOME:
Children and young persons receive training and encouragement and are supported throughout the transition from care to independence.

Children and young persons are helped to develop skills, which will enable them to reach their potential and achieve economic well-being.

21.3 Particular attention is paid to assisting young persons preparing to leave care to:
- Develop and maintain relationship with others.
- Understand their sexuality and establish positive, caring social and sexual relationships.
- Develop self esteem.
- Prepare for moving back into the community, either with relatives or in their own accommodation.
- Prepare for the world of work and/or further or higher education.
- Develop practical, daily life knowledge and skills.

21.4 Pathway plans take into account the religious, racial, linguistic and cultural background of the young person as well as his or her level of ability to function outside of the home environment.

21.5 Pathway plans are written with the agreement with the young person, who is given a copy of the completed plan.
STANDARD 22
Promoting and Safeguarding the Welfare of Children

OUTCOME:
The welfare of children is safeguarded and promoted, children are protected from abuse and any allegation or suspicion of abuse is responded to promptly and appropriately.

22.1 The home gives absolute priority to promoting the safety and welfare of children and ensures that all children are protected from abuse and other forms of significant harm.

22.2 The home has written child protection procedures that are consistent with the Government’s child protection regulations, policies and procedures, with international conventions and with best practice.

22.3 The home has policy and written procedures in place for responding to allegations or suspicions of abuse, either by staff, other children in the home or by others.

22.4 Staff are trained and understand the importance of promoting the safety and welfare of children living in the home.

22.5 All staff members, including ancillary staff and volunteers, are trained in child protection procedures, the recognition of abuse, the prevention of abuse, and dealing with disclosures or suspicion of abuse. This training is included in induction programmes for new staff including temporary staff, and is ongoing for the staff group as a whole.

22.6 Staff are trained in how to develop and maintain positive relationships with children in the home and how to generate and facilitate a culture of openness and trust. All staff are able to recognise any signs and symptoms that might indicate that a child is at risk of harm and to respond swiftly and appropriately.

22.7 The home ensures that children are helped to understand how to keep themselves safe both in the home and outside of the home, including when using the Internet or social media.

22.8 Staff are trained in appropriate safe-care practices, including skills to care for children who have been abused and those with disabilities or other special needs.

22.9 Measures are in place to ensure that visitors to the home for whom there are no police checks, are adequately chaperoned when on the home’s premises.
OUTCOME:
The welfare of children is safeguarded and promoted, children are protected from abuse and any allegation or suspicion of abuse is responded to promptly and appropriately.

22.10 The home and the Agency work effectively in partnership with all other agencies concerned with child protection, e.g. schools, hospitals, local health clinics, general practitioners and the police.

22.11 The home has written guidance for staff that outlines the ways in which the home will ensure that members of staff subject to allegations against them will have access to information and support whilst an investigation is being conducted.
OUTCOME:
The ill treatment of children through any means, including bullying by other children or adults, is not tolerated.

23.1 The home recognises and affirms the right of each child and young person to live and learn in a safe and secure environment.

23.2 Staff have the necessary skills and understanding to help prevent bullying and when bullying occurs, to deal with it in a sensitive manner.

23.3 Help is provided for children who are being bullied as well as those who do the bullying.

23.4 The Agency and the registered service provider, (where appropriate), carry out regular risk assessments of the times, places and circumstances in which the risk of bullying is greatest, and take action where feasible to reduce or counteract the risk of bullying. All assessments are recorded.
**OUTCOME:**
Children who are absent from the home without permission are protected in accordance with written guidance and responded to positively on return.

**24.1** There is legislation, policy and procedures that outline the action to be taken when a child is absent from the home without permission.

**24.2** Staff are aware of current legislation and guidance on the measures they can take to prevent a child leaving the premises without permission and do not exceed these directions.

**24.3** In line with Government Regulations and guidance, and in consultation with the Agency and the registered service provider, where appropriate, the home reports missing children to the police as soon as it is appropriate to do so.

**24.4** Children who are absent from the home without consent but whose whereabouts are known or thought to be known by staff are protected in line with the home’s written procedures.

**24.5** Staff actively search for children who are missing, including working with police where appropriate.

**24.6** The home has written guidance that informs staff of the measures they can take to prevent a child leaving without permission.
OUTCOME:
Children who are absent from the home without permission are protected in accordance with written guidance and responded to positively on return.

24.7 The home has procedures in place to monitor any child who is considered likely to go missing, and to specify how the child may be prevented from leaving the home. Procedures may include physical modification to the premises, behavioural and/or therapeutic approaches to change the child’s behaviour, or agreed physical restraint.

24.8 Children are helped to understand the dangers and risks of leaving the home without permission and are made aware of where they can access counselling or other help if they consider running away.

24.9 The home maintains written records of each time a child goes missing. These records include details of the circumstances surrounding the child’s absconding, the action taken by staff, the circumstances of the child’s return and any reason given by the child for running away from the home, also any action taken in the light of those reasons. This information is shared with the Agency and with the child’s parents where appropriate.
OUTCOME: Records are clear, up to date and stored securely, and contribute to an understanding of the child’s life.

25.1 The home has and implements a written policy that clarifies the purpose and content of information to be kept on the home’s files, and on the child’s file. Records may be kept in electronic form, provided the information so recorded is capable of being reproduced in a legible form.

25.2 Entries in records are legible, clearly expressed, non-stigmatising and distinguish as far as possible between fact, opinion and third party information.

25.3 Staff understands the nature of the records and follow the home’s policy for updating and retaining files and managing confidential information.

25.4 Children and their parents understand the nature of records maintained and how to access them.

25.5 There is a system in place to monitor the quality and adequacy of record keeping.

25.6 All information about individual children is kept confidential. Information is only shared with those persons who have a legitimate need to know the information.

25.7 All information about children is recorded clearly and in a way which will be helpful to them when they access their files. Children are actively encouraged to read their files, (with the exclusion of confidential and third party information), and to request the correction of errors and add personal statements. The age and understanding of the child is taken into consideration when sharing any information from their files.

25.8 Staff record and assist children to make a record of significant life events. According to their age and ability, staff support children in understanding their past and encourage them to keep appropriate memorabilia of their time in the home.

25.9 The Agency and the home work together to ensure the effective sharing of information held on all files in relation to the child.
OUTCOME:
Children, and where appropriate their families and other significant persons in their lives, are provided with information on how to make complaints, including how they can have access to an advocate.

26.1 The home has a written complaints procedure, which is in line with Government policy and guidance. All staff and volunteer workers are familiar with this procedure.

26.2 Staff and all volunteers understand what they must do if they receive an allegation or have suspicions that a person may have:

- Behaved in a way that has harmed or could prove harmful to a child.
- Possibly committed a criminal offence against or related to a child, or
- Behaved towards a child in a way that indicates he or she is unsuitable to work with children.

26.3 The home ensures that the action that is taken in any relevant situation of which it is aware is in line with the procedures.

26.4 Children understand how, and feel able to complain if they are unhappy with any aspect of living in the home.

26.5 Any complaint made by or in relation to a child within the home is investigated in a manner which is fair and transparent and which provides effective protection for the child and also the person making the complaint, whilst providing support for the person against whom the complaint is made.

26.6 A written record is made of any complaint, the action taken in response to the complaint and the outcome of the investigation.

26.7 The home has written complaint procedures that:

- Enables children, staff, family members and other persons outside the home who are involved with children accommodated in the home, to make complaints on behalf of the child or on any aspects of care within the home.
- Expressly forbids any reprisals against children or other persons who make complaints.
OUTCOME:
Children, and where appropriate their families and other significant persons in their lives, are provided with information on how to make complaints, including how they can have access to an advocate.

- Requires a record to be made and kept of the name and position of the person making the complaint, the date and nature of the complaint, the action taken and the outcome of the complaint.
- Provides for the matter to be referred to the Agency and to the registered service provider, where appropriate.
- Is accessible to children with disabilities in a form appropriate to their ability to understand.
- Provides for the complainant to be kept informed of the progress of their complaints and to be provided with details of the outcome at the earliest possible opportunity.
- Provides appropriate measures for handling any complaints that are made against the manager or Head of the home.

26.8 All staff receive training in the complaints procedures covering the following areas:

- What constitutes a complaint,
- How the child can be assisted in making a complaint, including situations where the child has impaired communication skills,
- The procedures for dealing with complaints in the home and how this is recorded.
- The procedure to be followed should a complaint not be resolved promptly by informal means, including who should be notified, and the keeping of records.
OUTCOME:
Children, and where appropriate their families and other significant persons in their lives, are provided with information on how to make complaints, including how they can have access to an advocate.

26.9 The Agency and the registered service provider regularly reviews the records of complaints by children or concerning the welfare of children, to check whether the complaints procedures are operating effectively and to identify both the patterns of complaints made and the action taken on individual complaints.

26.10 The Agency and the home work together to ensure the effective sharing of information held on all files in relation to the child.
**Agency:**
The Government agency or department with responsibility for the welfare of children within the State.

**Registered Service Provider:**
The person/s or agency, (other than Government), responsible for the provision of residential services for children, (in this context).

**Registered Manager:**
The person with responsibility for managing a children’s residential home.

**Parental Responsibility:**
All the rights, duties and responsibilities that a parent has by law in relation to a child. This includes the right to determine a child’s name, place of residence, how he or he is educated and to give medical consent.

**Care Plan:**
The plan drawn up before, or immediately after a child enters care. This plan outlines details of the child’s assessed needs and the services required to meet them. All parties concerned, including the child, are involved in the development of this plan.

**Pathway Plan:**
A comprehensive plan detailing all areas to be addressed in preparing and supporting a young person through the transition from care to semi-independent or independent living.

**Contact:**
The formal arrangements made for children to maintain links with their birth families, friends and other significant persons in their lives whilst in care.

**Complaints Procedures:**
Formal procedures in place for dealing with complaints and allegations within the service.

**Children’s Rights Director:**
Promotes the rights, views and interests of children in policies and decisions affecting their lives.

**Children’s Advocate:**
The person who ensures that the child’s rights are upheld and that his or her views, wishes and feelings are known and taken into consideration.

The (British) Children Act 1989 Guidance and Regulations Volume 4, Residential Care

The (British) Department of Health - Children in the Public Care, A Review of Residential Child Care

British National Minimum Standards for Residential Care


Patterns and Outcomes in Child Placements – (Messages from current research and their implications) HMSO
