Children’s Homes & Child (Secure) Accommodation

Minimum Standards

Registration & Inspection Unit

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Department of Health and Social Care
Rhyenn Slaynt as Kiarail y Theay
Minimum Standards for Children’s Homes

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**Introduction**

This document sets out the Standards that registered providers are expected to apply to their service. These are the minimum Standards required and the Regulation of Care Act requires that the DHSC considers these Standards when making regulatory decisions; there are opportunities within the Standards for registered providers to be creative, innovative and dynamic when applying them to their service, and providers should use them as a baseline from which to deliver and develop services to the children and young people who use them.

As such, the Standards are designed to be applicable to the wide variety of different types of children and young people accommodated, including children with disabilities or other special needs.

The Standards have been developed to require and encourage registered providers/managers to deliver services to people that promote the following values:

- The child’s welfare, safety and needs should be at the centre of their care.
- Children should have an enjoyable childhood, and benefit from excellent parenting and education; enjoying a wide range of opportunities to develop their talents and skills.
- Children are entitled to grow up in a loving environment that can meet their developmental needs.
- Every child should have his or her wishes and feelings listened to and taken account of.
- Each child should be valued as an individual and given personalised support in line with their individual needs and backgrounds to enable them to develop their identity, self-confidence and self-worth.
- The specific needs of disabled children and children with complex needs will be fully recognised and taken into account.
- Looked after children should wherever possible maintain relationships with birth parents and their wider family.
- Children in residential care should be given the opportunity to experience as fully as possible a supportive and homely environment.
- Staff are provided with development opportunities to enable them to provide the best care for children.
- A genuine partnership between all those involved in the care of the child is essential in ensuring that the best outcomes for children are delivered; this partnership includes all statutory agencies involved.

**Legal status of the Standards**

The Standards are issued by the Department of Health & Social Care under section 35 of the Regulation of Care Act 2013. Regulation 9 of the Regulation of Care (Care Services) Regulations 2013 requires registered persons to ensure that the care service meets all minimum Standards applicable to that service. The Standards are issued for use by the Registration & Inspection Unit who take them into account when undertaking inspection of children’s homes.

The service provider can also use them to self-assess their own service and they can provide a basis for staff induction and training; they also provide reassurance for parents, guardians and professionals that the care delivered to children meets agreed Standards that aim to ensure
good outcomes for children being looked after. Children and Young People can also read them and know what to expect from their care provider.

**Structure and approach to inspection**

The minimum Standards for children’s homes focus on delivering good and achievable outcomes for children. The expected outcome for each standard is clearly stated in bold text and is supported by criteria, which if met, indicates that this outcome will be achieved. The Department takes a proportionate and flexible approach to the supporting criteria, which do not have to be followed exactly, if the provider can demonstrate to the satisfaction of the inspector that the outcome is being met in a different way. The exception to this is that anything in the criteria that is duplicated in the Act or in Regulations must be met.

Inspectors will use evidence which demonstrates the provider’s compliance with Standards, regulations and the primary legislation, as well as information from other sources to make an inspection judgement about the overall effectiveness of the service and the registered persons continued suitability to provide that service. There is a range of ‘steps’ that can be taken by the regulator to ensure that services remain ‘fit for purpose’ and in this respect inspectors have a monitoring role that goes beyond simply carrying out an annual site visit. The Department has published inspection guidelines which can be accessed via the web-site and will show registered persons the approach taken to inspection.

**Reference to ‘child’**

To make the Standards easier to read the term ‘child’ or ‘children’ is used throughout. However, all references to these terms are to be read to include any person accommodated at the home (other than staff or volunteers). Sometimes this may include a young person who was placed at the home as a looked after child and continues to remain at the home after their 18th birthday while they complete their school studies. Adults may be accommodated in a children’s home under appropriate circumstances as long as the home remains ‘wholly or mainly for children’ as required by section 22(1) of the Regulation of Care Act 2013.

**Application of the Standards for Short Breaks**

There are some Standards that don’t apply or partially apply and this is made clear within the Standards.

**Child Secure Accommodation**

This is a separate registration under the Regulation of Care Act. Standard 25 deals specifically with this category but in addition all the preceding Standards also apply.

**Review of care Standards**

These Standards will be reviewed in 2016.
STANDARD 1 - The child’s wishes and feelings and the views of those significant to them

OUTCOME
Children know that their views, wishes and feelings are taken into account in all aspects of their care; are helped to understand why it may not be possible to act upon their wishes in all cases; and know how to obtain support and make a complaint. The views of others with an important relationship to the child are gathered and taken into account.

Supporting Criteria

1.1 Children’s views, wishes and feelings are acted upon; both in the day to day running and the future development of the home and important decisions or changes in the child’s life, unless this is contrary to their interests. In addition, the views of those who have an important relationship to the child are considered when developing protocols in respect of these decisions.

1.2 Children understand how their views have been taken into account, and where significant wishes or concerns are not acted upon, they are helped to understand why.

1.3 All children communicate their views on all aspects of their care and support.

1.4 The views of the child, the child’s family, social worker and other relevant professionals are sought regularly on the child’s care, (unless in individual cases this is not appropriate).

1.5 Children have access to independent advice and support from adults who they can contact directly and in private about problems or concerns. Children know how to contact the Children’s Rights Champion.

1.6 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.

STANDARD 2 - Promoting diversity, a positive identity and potential through individualised care

OUTCOME
Children develop a positive self-view, emotional resilience and knowledge and understanding of their background. Culture and Ethnicity is accounted for.

Supporting Criteria

2.1 Children receive personalised care that promotes all aspects of their individual identity and are each treated as an individual rather than a member of a group.

2.2 Ethnicity and religious beliefs are respected and supported and children are helped to understand their background, including Manx culture where appropriate.
2.3 Staff support children’s social and emotional development and enable children to develop emotional resilience and self-esteem that helps prepare them for independent living.

2.4 Staff meet children’s individual needs as set out in the child’s placement plan taking into account where appropriate their relationship with the wider group of children.

2.5 Children 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.

2.6 Children exercise choice and independence in the clothes and personal requisites that they buy and have these needs met, within the limits that a reasonable parent would set. (Not applicable to short break placements).

2.7 Children receive a personal allowance appropriate to their age and understanding that is consistent with their placement plan. (Not applicable to short break placements).

STANDARD 3 - Promoting positive behaviour and relationships

OUTCOME
Children enjoy sound relationships, interact positively with others and behave appropriately.

Supporting Criteria

3.1 The home has high expectations of all children and staff and develop policies that reflect recognised benchmarks in this area.

3.2 There is an environment and culture, to promote appropriate role models and support positive behaviour that all staff understand and implement.

3.3 The home has a clear written policy on managing behaviour, which includes supporting positive behaviour, de-escalation of conflicts, discipline, control and restraint, that all staff understand and apply consistently at all times.

3.4 All staff understand, share and implement the home’s ethos, philosophy and approach to caring for children.

3.5 Children develop and practice skills to build and maintain positive relationships, be assertive and resolve conflicts positively.

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

3.7 Each home meets children’s emotional and behavioural needs, as set out in their care plan. Children’s privacy and confidentiality are appropriately protected.

3.8 Sanctions and rewards for behaviour are clear, reasonable and fair and are understood by all staff and children;
3.9 Staff understand and manage their own feelings and responses to the emotions and behaviours presented by children and understand how past experiences and present emotions are communicated through behaviour.

3.10 Staff are supported to manage their responses and feelings arising from working with children, particularly where children display challenging behaviour or have difficult emotional issues. Staff are supported to understand how children’s previous experiences can manifest in challenging behaviour.

3.11 Children do not identify bullying as a problem at the home. Staff and children understand bullying is unacceptable. Staff working in the home understand their role in helping to prevent and counter bullying by any adult or child living or working in the home.

3.12 Staff in the home are trained to recognise and deal with any indications or incidents of bullying, to act proactively and intervene positively, engaging with those who bully as well as those who are bullied.

3.13 Methods to de-escalate confrontations or potentially violent behaviour are used wherever appropriate to avoid the use of physical restraint. Restraint is only used in exceptional circumstances, to prevent injury to any person (including the child who is being restrained) or to prevent serious damage to the property of any person (including the child who is being restrained).

3.14 Restraint is not used as a punishment, nor to force compliance with instructions where significant harm or serious damage to property are not otherwise likely. Use of physical intervention/restraint is set out in the home’s behaviour management policy and is in line with any relevant guidance on physical intervention/restraint and approved approaches to the application of physical intervention and restraint.

3.15 Staff are trained in the use of physical intervention/restraint techniques and only use the home’s agreed techniques. Training is regularly refreshed.

3.16 Where there has been physical restraint, children’s homes must be able to call on medical assistance as required and children are always given the opportunity to be examined by a registered nurse or medical practitioner.

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

3.18 Where any sanctions, disciplinary measures or restraint are used, records are maintained of incidents and outcomes and children are encouraged to have their views recorded in the records kept by the home.

3.19 No children’s home restricts the liberty of any child as a matter of routine and where there are specific circumstances which may give rise to such a restriction, this to be discussed with relevant agencies. Any decision to restrict a child’s liberty is then formally recorded including the date for review.

3.20 Each home only carries out searches of a child, their room or their possessions in accordance with the homes guidance.

3.21 Each home regularly reviews incidents of challenging behaviour, examines trends or issues emerging from this, to enable staff to reflect and learn to inform future practice.
3.22 The home’s approach to care minimises the need for police involvement to deal with challenging behaviour and avoids criminalising children unnecessarily. The home follows procedures and guidance on police involvement in the home, which have been agreed with local police.

**STANDARD 4 – Safeguarding Children**

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<th>OUTCOME</th>
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<tr>
<td>Children feel safe and are safe. Children understand how to protect themselves; and feel protected and are protected from significant harm including neglect, abuse (including labour exploitation), and accident</td>
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**Supporting Criteria**

4.1 Children’s safety and welfare is the registered person’s first priority.

4.2 Staff make positive relationships with children in the home, generate a culture of openness and trust and are aware of and alert to any signs or symptoms that might indicate that a child is at risk of harm.

4.3 Staff encourage children to take appropriate risks as a normal part of growing up. Children are helped to understand how to keep themselves safe including outside the home and when using the internet or social media.

4.4 Staff are trained in appropriate safe-care practice, including skills to care for children who have been abused. For providers who offer placements to disabled children, this includes training specifically on issues affecting disabled children.

4.5 The registered person and staff work effectively in partnership with other agencies concerned with child protection e.g. the responsible authority, schools, hospitals, general practitioners, etc.

4.6 Visitors who have not been through the DBS vetting process are adequately ‘chaperoned’ when on the home’s premises.

4.7 The registered person has a copy of the Island’s Child Protection/Safeguarding Procedures clearly available at the service and ensures that all staff have read these, understand them and are knowledgeable about them.

4.8 All staff will receive, as part of their induction, training on safeguarding. This is to include the matters referred to in 4.11, 4.12 & 4.14; in addition staff will have attended the inter-agency training regarding the procedures, at the earliest opportunity.

4.9 Refresher training is to be provided, as a minimum, every 3 years.

4.10 There is a designated member of staff responsible for liaison with the Protecting Children’s Board and with the Registration & Inspection Unit in any child safeguarding situation. In the absence of this member of staff there is a formal scheme of delegation for other staff to take on this role.
4.11 In addition, the registered person has a written statement, based on the Island’s safeguarding procedures, which is available to all stakeholders, including children, and which must include the following information:

- The service provider’s commitment to the safeguarding of children.
- The service provider’s commitment to encouraging ‘whistle blowing’ without the fear of alienation.
- Staff responsibilities with regard to the reporting of suspected child abuse or neglect, including informing parents where appropriate.
- Contact and telephone numbers for the local police and social services.
- Procedures to be followed in the event of an allegation being made against a member of staff or volunteer.
- Procedures to be followed in the event of an allegation being made against a registered person.

4.12 The registered person ensures that all staff are aware of possible signs and symptoms of children at risk; and are aware of their responsibility to report, without delay, concerns to police or social services in accordance with the Protecting Children’s Board procedures; and to keep concerns confidential.

4.13 Failure of an employee to report an incident of abuse/suspected abuse is a ground for disciplinary proceedings.

4.14 The service has the following policies/procedures in place:

- Whistle blowing.
- Confidentiality protocols in regard to the reporting of concerns and to ongoing safeguarding investigations.
- The use of Social Media & portable electronic equipment, including mobile phones.
- Taking photographs of children and their usage.
- Lone working.
- The intimate care of children.
- Access to the service by non-staff members.

4.15 Where there are key worker systems in place, rotation on a regular basis should be considered to ensure that children are not at risk of ‘grooming’.

4.16 Professional boundaries must be maintained and staff precluded from developing ‘special relationships’ with any individual child and/or their families.

4.17 There are adequate arrangements in place to ensure that staff know at all times where children are and how contact is to be maintained.

4.18 Any arrangements for access to the home by non-staff members must be regularly reviewed.

4.19 All records relating to safeguarding concerns and actions arising should be transferred to the DHSC’s child protection/safeguarding team when the child leaves the service.
STANDARD 5 – Children missing from care

OUTCOME
Children rarely go missing and if they do, they return quickly.
Children who do go missing are protected as far as possible and responded to positively on their return.

Supporting Criteria

5.1 The care and support provided to children minimises the risk that they will go missing and reduces the risk of harm should the child go missing.

5.2 Staff working within the home know and implement the home’s policy in relation to children going missing and know the legal requirements in regard to reporting of such incidents to the Registration and Inspection team.

5.3 Staff are aware of guidance on the measures they can take to prevent a child leaving without permission and do not exceed these.

5.4 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 procedure.

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

5.6 If a child is absent from the home and their whereabouts is not known (i.e. the child is missing), the home’s procedures are compatible with and have regard to the Isle of Man Children Missing from Home Joint Protocol 2015.

5.7 Where children placed from outside the Isle of Man go missing, the registered manager of the home also has regard to the relevant protocol in that jurisdiction and also complies with any other processes required by the placing authority that are specified in the individual child’s care plan.

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

5.9 Where a child goes missing and there is concern for their welfare, or at the request of a child who has been missing, staff arrange a meeting between the child and the responsible authority in private to consider the reasons for the child going missing. The home considers with the responsible authority what action should be taken to prevent the child going missing in future. Any concerns arising about the placement are addressed, as far as possible, in conjunction with the responsible authority.

5.10 Written records kept by the home when a child goes missing detail action taken by staff, the circumstances of the child’s return, any reasons given by the child for running away from the home, and any action taken in the light of those reasons. This information is shared with the responsible authority and where appropriate, their parents and is reported as required by Regulation 10 of the Regulation of Care (Care Services) Regulations 2013.
STANDARD 6 – Promoting good health & well being

OUTCOME
Children live in a healthy environment where their physical, emotional and psychological health is promoted and where they are able to access services that meet their health needs.

Supporting Criteria

6.1 Children’s physical and emotional and social development needs are promoted.

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

6.3 Children are encouraged to participate in a range of positive activities that contribute to their physical and emotional health.

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

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

6.6 Children’s wishes and feelings are sought and taken into account in their health care, according to their understanding, and staff advocate on behalf of children.

6.7 Food storage and preparation is in accordance with environmental health requirements; staff have received sufficient training on health and hygiene issues and first aid with particular emphasis on health promotion and communicable diseases.

6.8 Staff receive guidance and training to provide appropriate care if looking after children with complex health needs.

6.9 The home has good links with health agencies, including specialist services where appropriate, such as CAMHS and sexual health services. The availability of such services is taken into account when deciding on admissions.

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

6.11 Specific therapies are used only:

- where there is a clear and widely accepted theoretical or evidence base underpinning its effectiveness;
- with the continuing agreement of the child’s responsible authority or a person with parental responsibility and of the child concerned where the child is of sufficient understanding.

6.12 Each child’s wishes and feelings are sought and taken into account in their health care, according to their understanding, and each child has someone in the home who can advocate these for them.
6.13 Medicines which are kept in the home are stored safely and are accessible only by those for whom they are intended.

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

6.15 There is a written record of all medication, treatment and first aid given to children during their placement.

6.16 The home has any physical adaptations or equipment needed to provide appropriate care for children.

STANDARD 7 – Leisure activities

OUTCOME
Children are able to enjoy their interests, develop confidence in their skills and are supported and encouraged by staff to engage in leisure activities. Children are able to make a positive contribution to their home and their wider community

Supporting Criteria

7.1 Children develop their emotional, intellectual, social creative and physical skills through the accessible and stimulating environment created by the home. Children are supported to take part in school based and out of school activities.

7.2 Children pursue individual interests and hobbies. This includes taking part in a range of activities, including leisure activities and trips.

7.3 Staff understand what is in the child’s placement plan and have clarity about decisions they can make about the day to day arrangements for the child, including such matters as education, leisure activities, overnight stays, holidays, and personal issues such as haircuts.

7.4 Staff are supported to make reasonable and appropriate decisions within the authority delegated to them, without having to seek consent unnecessarily.

7.5 Children take part in age appropriate peer activities as agreed by the home’s staff in a way similar to how a reasonable parent might reach agreement with their children, taking into account the framework of the placement plan decision-making and any assessment of risk to the child.

7.6 Children are encouraged and enabled to make and sustain friendships with children outside the home, which may involve friends visiting the home and reciprocal arrangements to visit friends’ homes.

7.7 Children can stay overnight with friends if staff consider it appropriate and subject to the requirements of care or placement plans.
STANDARD 8 – Promoting educational achievement

OUTCOME
The education and achievement of children is actively promoted as valuable in itself and as part of their preparation for adulthood. Children are supported to achieve their educational potential.

Supporting Criteria

8.1 Children, including pre-school and older children, have a home which promotes a learning environment and supports their development.

8.2 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.

8.3 Children are supported to attend school, college or alternative provision regularly.

8.4 Children are helped by staff to achieve their educational or training goals. This includes providing support, facilities and opportunities as needed. Staff work with a child’s education provider to maximise each child’s achievement and to minimise any underachievement.

8.5 Each home has and is fully implementing, a written education policy that promotes and values children’s education.

8.6 The home maintains regular contact with each child’s school, college, and other education settings, with staff attending all parents’ meetings as appropriate in line with the placement plan. Staff advocate for the child where appropriate.

8.7 Staff engage and work with schools, colleges, and other appropriate organisations, to support children’s education including advocating to help overcome any problems the child may be experiencing in their educational setting. Staff have up-to-date information about each child’s educational progress and school attendance record.

8.8 Children who have been excluded from school have access to appropriate education and training, so that they are supported and enabled to resume full time education.

8.9 Where children no longer receive compulsory full time education, where appropriate the home supports them to participate in further education, training or employment.
STANDARD 9 – Promoting and supporting contact

OUTCOME
Children’s have, where appropriate, constructive contact with their parents, grandparents, siblings, half siblings, families, friends and other people who play a significant role in their lives.

Supporting Criteria

9.1 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 and any court order. Appropriate forms of contact are promoted and facilitated for each child, including where appropriate visits to the child in the home, visits by the child to relatives or friends, meetings with relatives or friends, letters, exchange of photographs and electronic forms of contact.

9.2 Staff have appropriate training, supervision and support if they are required to supervise and facilitate contact.

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

9.4 Ongoing restriction on communication by the child is agreed by the child’s responsible authority, takes the child’s wishes and feelings into account and is regularly reviewed in collaboration with the responsible authority.

9.5 The home feeds back to children and families any significant reactions a child has to contact arrangements or visits with any person.

9.6 When deciding whether to offer a placement, the registered person works with the Department or other placing authority to give consideration to how the child’s contact with family and significant others will be supported, particularly where a child is placed at a distance from home.

9.7 Staff understand what decisions about contact are delegated to them, in line with the child’s care and placement plans, and to make those decisions in the child’s best interests.

The above Standards are not required for short breaks. For children in short breaks the responsible person must know how to contact parents if necessary and maintain such contact as has been agreed in the short break care plan.
STANDARD 10 – Providing a suitable physical environment for the child

OUTCOME: Children live in well designed, safe and pleasant homes with adequate space in a suitable location where there is access to the necessary facilities for a range of activities which will promote their development.

Supporting Criteria

10.1 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.

10.2 The home’s location and design promotes children’s health, safety and well-being and avoids factors such as excessive isolation and areas that present significant risks to children.

10.3 The home provides a comfortable and homely environment and is well maintained and decorated. Avoidable hazards are removed as is consistent with a domestic setting. Risk reduction does not lead to an institutional feel.

10.4 Physical restrictions on normal movement within or from the home are not used unless this is necessary to safeguard children and promote their welfare and development. Such measures are only used where agreed with the Department or other responsible authority and, if appropriate, the parents. Such restrictions for one child do not impose similar restrictions on other children.

10.5 Where specific measures, including electronic devices, are used to monitor children, there is a written policy that sets out how they should be used, how they promote the welfare of children, how children will be informed of their use, how legitimate privacy of children will be protected and how children will be protected from potential abuse of such measures.

10.6 Staff preparation and training cover health and safety issues. Staff are provided with written guidelines on their health and safety responsibilities. Where homes offer placements for disabled children, the accommodation provided must be suitable to the particular needs of the disabled children living in the home which may include suitable aids, adaptations and other suitable equipment.

10.7 Risk assessments (including a fire risk assessment) of the whole children’s home environment are carried out, to identify any potential sources of harm to the children are recorded in writing and regularly reviewed.

10.8 Installations and equipment is checked in accordance with statutory requirements and manufacturers recommendations.

10.9 Fire Drills are carried out with children and staff at regular intervals.

10.10 There is an emergency escape plan that all staff and children are familiar with and have practiced so they know what to do in an emergency.
10.11 Each child has their own bedroom. Exceptions may be made for siblings who are used to, and wish to continue sharing, where this is considered to be appropriate.

10.12 A request by a child to change bedrooms is given urgent consideration and agreed if feasible.

10.13 Bedrooms are not shared between children and staff or adult visitors.

**STANDARD 11 – Preparation for placement**

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<td>Children are welcomed into the home and leave the home in a planned and appropriate manner which makes them feel valued.</td>
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**Supporting Criteria**

11.1 Each home has and implements clear procedures for introducing children to the home, the staff and the other children living there, which covers planned and where permitted, emergency/immediate placements. The procedures help children understand what to expect from living in the home. Information provided includes the home’s policy on pets.

11.2 The children’s home only provides admission to children whose assessed needs they can reasonably expect to meet.

11.3 Unless an emergency placement makes it impossible, children are given information before arrival about the home and any other information they need or reasonably request about the placement, in a format appropriate to their age and understanding, including photographs where appropriate wherever possible, children are able to visit the home prior to a placement decision being made. Children can bring their favourite possessions into the home.

11.4 The home does not operate in a way which increases the risk of separation of siblings.

11.5 Each child can remain in the home until moving on is in their best interests (taking their wishes and feelings into account) unless this is impracticable or is against the welfare of others.

11.6 A review must take place before a child is moved to another placement, except in an emergency. If a placement move occurs in an emergency, the responsible authority is informed within one working day.

11.7 The registered person does not admit children in an emergency unless explicitly included as a function of the home and the home is at the time of admission able to provide a bedroom and appropriate facilities. A review is initiated no more than 72 hours after any emergency admission to consider whether the child should remain at the home, or it is in that child’s interests to move to a different placement.

11.8 Where children are leaving the home, they are helped to understand the reasons why they are leaving. Children are supported during the transition to their new placement, to independent living or to their parental home.
STANDARD 12 – Promoting independence and moves to adulthood and leaving care

OUTCOME
Children receive care which helps them to prepare for, and supports them into adulthood, so they can reach their potential and achieve economic wellbeing.

Supporting Criteria

12.1 Children are supported to:
- establish positive and appropriate social and sexual relationships;
- develop positive self-esteem;
- prepare for the world of work and/or further or higher education;
- prepare for moving into their own accommodation;
- develop practical skills, including shopping, buying, cooking and keeping food, washing clothes, personal self-care, and understanding and taking responsibility for personal healthcare;
- develop financial capability, knowledge and skills;
- know about entitlements to financial and other support after leaving care, including benefits and support from social care services.

12.2 The home contributes to the development of each child’s care plan, including the pathway plan for “eligible” care leavers and works collaboratively with the young person’s social worker or personal adviser in implementing the plan.

12.3 The home liaises with the child’s responsible social worker about the progress of the child’s readiness to move to any future accommodation where they would expect to take on greater responsibility and personal independence.

12.4 Homes support the young person’s transition to adult services, when required by the care plan.

The above Standards are not required for short breaks.

STANDARD 13 – Statement of Purpose and children’s guide

OUTCOME
Children, staff and the placing authority are clear about the aim’s and objectives of the home and what services and facilities it provides. The provider meets the aims and objectives in the Statement of Purpose.

Supporting Criteria

13.1 The children’s home has a clear statement of purpose which meets the requirements of The Regulation of Care (Registration) Regulations, Schedule 3 (6) and; which is available to and understood by staff and children and reflected in any policies, procedures and guidance. It is available to the Department or other responsible authority and any parent or person with parental responsibility.
13.2 The aims and objectives of the Statement of Purpose are child focused and show how the service will meet outcomes for children.

13.3 The registered person approves the Statement of Purpose and the Children’s Guide and reviews them at least annually.

13.4 Subject to the child’s age and understanding, the children’s home ensures the child receives the Children’s Guide at the point of placement and that the contents of the Children’s Guide is explained to the child in a way that is accessible.

13.5 The guide includes a summary of what the home sets out to do for children, how they can find out their rights, how they can secure access to an independent advocate, how a child can contact the Children’s Champion and; how they can contact the Registration & Inspection team, if they wish to raise a concern with inspectors.

13.6 Where a child requires it the guide is available when appropriate through suitable alternative methods of communication, e.g. Makaton, pictures, tape recording, and translation into another language.

STANDARD 14 – Fitness to manage the administration of a children’s home

**OUTCOME**

The home is managed by those who are suitable to work with children and have the appropriate skills, experience and qualifications to deliver an efficient and effective service.

**Supporting Criteria**

14.1 The registered provider and registered manager of the home:

- Have good knowledge and experience of law and practice relating to looked after children.
- Have business and management skills to manage the work efficiently and effectively: and
- have financial expertise to ensure the home is run on a sound financial basis including long term financial viability of the home.

14.2 The registered manager has:

- A professional or care qualification relevant to working with children. In addition:
- QCF Level 5 Diploma in Leadership for Health and Social Care and Children and Young People Services or equivalent.

There are clear lines of accountability within the team. People forming part of the management team and deputising for the registered manager have a relevant professional or care qualification and/or significant experience of working with children, and are qualified to:

- QCF level 3 Diploma in Health and Social Care and Children and Young People’s Services or equivalent.
• Shift leaders (persons who may not be part of the management team but who are designated responsible on a particular shift for a group of staff and for ensuring the delivery of appropriate care to service recipients) are nominated at all shifts and those shift leaders have a relevant professional or care qualification and/or significant experience of working with children, and are qualified to, or are enrolled on:

• QCF level 3 Diploma in Health and Social Care and Children and Young People’s Services or equivalent.

With regard to the above qualifications all existing staff should have commenced the appropriate award within 4 years of the inception of these Standards. Managers new to registration will be given a time frame that is appropriate to the date of their registration. From 1st April 2019 managers will not be registered without having gained or be in the process of gaining the QCF level 5 in Leadership for Health and Social Care and Children and Young People Services, or equivalent.

14.3 The responsibilities and duties of the registered manager and, where the manager is not also the individual provider of the service, the person to whom they are accountable is clear and understood by both parties and the registered manager is notified in writing when the person to whom they are accountable changes.

14.4 The registered manager exercises effective leadership of the service and ensures that the home is organised managed and staffed in a manner that delivers good quality care that meets the individual needs of each child at the home.

14.5 The registered provider and the registered manager take reasonable steps to ensure good relationships with neighbours and the wider community.

STANDARD 15 – Financial Viability & Business Continuity

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

Supporting Criteria

15.1 A qualified accountant certifies 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 12 months.

15.2 The registered person has a written development plan, reviewed annually, for the future of the home, either identifying any planned changes in the operation or resources of the service, or confirming the continuation of the home’s current operation and resource.

15.3 Where the home, for financial, staffing or other reasons, cannot adequately and consistently maintain provision which complies with Regulations or Minimum Standards, an effective plan must be established and implemented either to rectify the situation or to close down the service.
15.4 The registered person must notify the Department; any other responsible authority and the Registration & Inspection Team if closure of the home or substantial change to the home significantly affecting the care, welfare or placement of children, is likely or is actively being considered. When a decision is made to close a home the registered provider must make the application to cancel registration within the required time limits set out in the Regulation of Care Act in order to effect a smooth transition for children living at the home.

15.5 Confidential records of a home that closes must be passed to the Department or other responsible authority for safe keeping and for future access by children in accordance with legal requirements.

15.6 Any person or organisation temporarily responsible for a home in administration or receivership, or in the process of closure or substantial change, must operate the service in the best interests of the placed children under the circumstances that apply, and in accordance with the Act and with these Standards.

STANDARD 16 – Suitability to work with children

**OUTCOME**
There is careful selection and vetting of staff and volunteers working with children in the home, and monitoring of such people to help prevent unsuitable people from having the opportunity to harm children.

**Supporting Criteria**

16.1 All people working in or for the children’s home are interviewed as part of the selection process and have references checked to assess suitability before taking on responsibilities.

16.2 The registered person can demonstrate, including from written and electronic records, that it consistently follows good recruitment practice, and all applicable current statutory requirements and guidance, in staff recruitment and selection. This includes Disclosure and Barring Service (DBS) checks. All personnel responsible for recruitment and selection of staff are trained in, understand and operate these good practices.

16.3 The children’s home has a record of the recruitment and vetting checks which have been carried out on those working (including as volunteers) for the children’s home which includes:

- Identity checks;
- DBS Disclosures, including the level of the Disclosure, the unique reference number, and the outcome of the check including whether the individual is barred (in line with eligibility to obtain such checks);
- checks to confirm qualifications which are a requirement and those that are considered by the children’s home to be relevant;
- at least two references, preferably one from a current employer and, where possible, a statement from each referee as to their opinion of the person’s suitability to work with children;
- checks to confirm the right to work in the Isle of Man; and
where the person has lived outside of the Isle of Man, further checks as are considered appropriate where obtaining a DBS Disclosure is not sufficient to establish suitability to work with children.

16.4 The record must show the date on which each check was completed and who carried out the check. The DBS Disclosure information must be kept in secure conditions and be destroyed by secure means as soon as it is no longer needed. Before the Disclosure is destroyed, records need to be kept as described above and where there are offences that are relevant there must be a clear audit trail of the decision to employ, including a robust risk assessment.

16.5 The registered person’s system for recruiting staff and others includes an effective system for reaching decisions as to who is to be appointed and the circumstances in which an application should be refused in the light of any criminal convictions or other concerns about suitability that are declared or discovered through the recruitment process.

16.6 The registered person must not commence the employment of staff or volunteers who have not received the outcome of their DBS check unless prior approval is given by the Registration and Inspection Unit; and in all circumstances where approval is given such persons are never left alone with children.

16.7 There is a whistle-blowing policy which is made known to all staff and volunteers. This makes it a clear duty for such people to report to an appropriate authority any circumstances within the home which they consider likely to significantly harm the safety, rights or welfare of any child at the home.

16.8 Where practicable, children are involved in the recruitment of staff in the home.

STANDARD 17 – Sufficient staffing of the home

OUTCOME
Staff are sufficient in numbers, qualifications and experience to meet the needs of the children.

Supporting Criteria

17.1 The overall number, competence and deployment of staff and number and deployment of staff, both as a staff group and on individual shifts, can fulfil the home’s Statement of Purpose and meet the individual needs of all children resident in the home.

17.2 Records of staff working in the home demonstrate the staffing level.

17.3 Contingency plans are in place in the event of a shortfall in staffing levels.

17.4 There are clear arrangements for staff to deputise in the registered person’s absence. The deputy of the registered person of the home (or the person designated to deputise for the registered person in his/her absence) has at least one year’s relevant supervisory experience.

17.5 Staff members who are placed in charge of the home and other staff at particular times (e.g. as leaders of staff shifts) have substantial relevant experience of working in the
home and have successfully completed or are enrolled upon the appropriate QCF level 3 diploma.

17.6 Staff rotas have time scheduled to ensure handovers are held and that they include the planning of spending time with individual children.

17.7 The registered person has in place a staff disciplinary procedure which is clear. The procedure clearly separates staff disciplinary processes from child protection enquiries and criminal proceedings, and is known by staff.

17.8 The registered person makes every effort to achieve continuity of staffing so that children’s attachments are not overly disrupted. No more than half the staff on duty at any one time, by day or night, at the home are to be from an external agency, and no member of staff from an external agency is to be alone on duty at night in the home.

17.9 Where only one member of staff is on duty at any time, a risk assessment has been carried out and recorded in writing, identifying any likely risks to children, staff and members of the public.

17.10 The staff group who are in day-to-day contact with children includes staff of both genders whenever possible. Where the home’s Statement of Purpose makes it explicit that the home uses staff of one gender only, clear guidance is provided and implemented on how children are enabled to maintain relationships with members of the opposite gender to the staff group. Staffing arrangements also take into consideration children’s ethnic and cultural backgrounds and any disabilities they may have.

17.11 All care staff are at least 18 years old, and staff who are given sole responsibility for children or a management role are at least 21 years old. Within this requirement no person works in a children’s home unless they are at least four years older than the oldest child accommodated.

17.12 Staff and residents know who is sleeping in the home each night.

STANDARD 18 – Training, development and qualifications of staff

<table>
<thead>
<tr>
<th>OUTCOME</th>
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<tbody>
<tr>
<td>Children are looked after by staff who are trained and competent to meet their needs.</td>
</tr>
<tr>
<td>• Staff receive high quality training to enhance their individual skills and to keep them up-to-date with professional and legal developments.</td>
</tr>
</tbody>
</table>

Supporting criteria

18.1 There is a good quality learning and development programme which staff and volunteers are supported to undertake. It includes induction, post-qualifying and in-service training to enhance individual skills and to keep staff up-to-date with professional and legal developments. Staff are equipped with the skills required to meet the needs of the children and purpose of the setting, and training keeps them up-to-date with professional, legal and practice developments and reflects the policies, legal obligations and business needs of the home.
18.2 The learning and development programme is evaluated for effectiveness at least annually and if necessary is updated.

18.3 New staff undertake induction that accords with induction Standards endorsed in UK care legislation/guidance in force at that time; this to commence within 7 working days of starting their employment and be completed within 6 months.

18.4 All social workers and other specialist professionals (e.g. medical, legal, educationalists, psychologists, and therapists) are professionally qualified and, where applicable, registered by the appropriate professional body. They are appropriately trained to work with children and their families, and have a good understanding of residential child care and the policies and purpose of the home.

18.5 A minimum of 50% of care staff on duty at any one time have attained at least a level 2 Diploma in Children's Care, Learning and Development. The remaining 50% are working towards the certificate.

**STANDARD 19 – Staff Support and Supervisions**

**OUTCOME**

Staff and volunteers are supported and guided to fulfil their roles and provide a high quality service to children.

**Supporting criteria**

19.1 The employer is fair and competent, and operates sound employment practices and good support for its staff and volunteers.

19.2 All staff, volunteers and the registered person, are properly managed, supported and understand to whom they are accountable.

19.3 Suitable arrangements exist for professional supervision of the registered person/s.

19.4 Staff have access to support and advice, and are provided with regular supervision by appropriately qualified and experienced staff; this to include formal meetings which should take place at not more than 2 monthly intervals.

19.5 A written or electronic record is kept by the home detailing the time and date and length of each formal supervision held for each member of staff, including the registered person. The record is signed by the supervisor and the member of staff at the end of the supervision and should be available for inspection when required by the registration & inspection unit.

19.6 All staff have their performance individually and formally appraised at least annually and this appraisal takes into account any views of children the service is providing for.

19.7 Staff and volunteers are easily able to access the advice needed to provide a comprehensive service for children and young people.
STANDARD 20 – Handling allegations and suspicions of harm

OUTCOME
Investigations into allegations or suspicions of harm are handled fairly, quickly, and consistently in a way that provides effective protection for children, the person making the allegation, and at the same time supports the person who is the subject of the allegation.

Supporting Criteria

20.1 All staff and 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, or may have, harmed 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.

20.2 The children’s home ensures that the required actions are taken, or have been taken, in any relevant situation of which it is aware.

20.3 The children’s home procedure is in line with Government guidance and requirements including the duty to refer information to statutory bodies. It is known to staff, volunteers and children.

20.4 The home’s protection procedures and how staff will be supported should there be an allegation are made available to staff and volunteers. The provider takes any comments on these procedures into account.

20.5 The provider’s child protection procedures accord with the Isle of Man Child Protection/Safeguarding procedures.

20.6 The children’s home has a designated person, who is a senior manager, responsible for managing allegations. This designated person has responsibility for liaising with the relevant people involved in the investigation and for keeping the subject of the allegation informed of progress during and after the investigation.

20.7 Allegations against people that work with children are reported by the designated person to the Registration & Inspection Unit with immediate effect. This includes allegations that on the face of it may appear relatively insignificant or that have also been reported directly to the police or Children and Family Services.

20.8 A clear and comprehensive summary of any allegations made against a particular member of staff, including details of how the allegation was followed up and resolved, a record of any action taken and the decisions reached, is kept on the person’s confidential file and a copy is provided to the person as soon as the investigation is concluded. The information is retained on the confidential file, even after someone leaves the organisation, until the person reaches normal retirement age, or for ten years if this is longer.

20.9 There is fair, consistent and effective management of cases where there are ongoing investigations into allegations or suspicions of harm. There is a balance achieved between protecting the child and supporting the person who is the subject of the allegation. The registered person works with the statutory authorities and within any inter-agency protocols/guidance to achieve this.
STANDARD 21 – Managing effectively and efficiently

OUTCOME
The Children’s Home is managed ethically, effectively and efficiently, delivering a service which meets the needs of its users.
The registered person monitors the welfare of the children the service provides for including consultation with children about their welfare

Supporting criteria

21.1 There are clear and effective procedures for monitoring and controlling the activities of the home. This includes the financial viability of the home, any serious incidents, allegations, complaints about the provision, and the quality of the provision. 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 account.

21.2 The manager regularly monitors, in line with regulations, all records kept by the home to ensure compliance with the homes policies, to identify any concerns about specific incidents and to identify patterns and trends. Immediate action is taken to address any issues raised by this monitoring.

21.3 Management of the home ensures all staff’s work is consistent with these Regulations and Minimum Standards, the homes’ policies and procedures.

21.4 Managers and staff are clear about their roles and responsibilities. The level of delegation and responsibility of the manager and staff, and the lines of accountability, are clearly defined.

21.5 Clear arrangements are in place to ensure appropriate management of the home when the registered manager is absent.

21.6 The registered person ensures copies of inspection reports are available to all members of staff, children living in the home, and the children’s parents/carers and on request to responsible authorities of children living in the home or those considering placing a child in the home.

21.7 The responsible person visits/or arranges for the home to be visited at least annually; this visit to include relevant checks set out in regulations and guidance and checks of any disciplinary measures and use of restraint and records of missing person’s reports. The person conducting the visit to make a written report of that visit which must be available for inspection by officers from the registration and inspection unit.

21.8 The registered provider’s written report of a visit carried out under 21.7 to these Standards is lodged in the home for the manager and staff to read and to respond.

21.9 The registered person takes action to address any issues of concern that they identify or which is raised with them.

21.10 The registered person has provided 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 22 – Records

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

Supporting criteria

22.1 The home has and implements a written policy that clarifies the purpose, format and content of information to be kept on the registered person’s files and information to be kept on the child’s files. Records may be kept in electronic form, provided the information so recorded is capable of being reproduced in a legible form. Staff understand the nature of records maintained and follow the home’s policy for the keeping and retention of files, managing confidential information, and access to files (including files removed from the premises). There is a system in place to monitor the quality and adequacy of record keeping and take action when needed.

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

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

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

22.5 Information about the child is recorded clearly and in a way which will be helpful to the child when they access their files now or in the future. Children are actively encouraged to read their files, other than confidential or third party information and to correct errors and add personal statements.

22.6 Staff support and encourage the child to reflect on and understand their history, according to their age and understanding, and to keep appropriate memorabilia of their time in the placement. Staff record and help children make a record of (subject to age and understanding), significant life events.

22.7 The registered person works with the Department or other responsible authority to ensure effective sharing of information. All appropriate requests for information are dealt with immediately a written request is made.
STANDARD 23 – Notification of significant events

OUTCOME
All significant events relating to the protection of children accommodated in the home are notified by the registered person of the home to the appropriate authorities and appropriate action is taken following the incident.

23.1 The registered person has a system in place to notify within 24 hours the persons and appropriate authorities of the occurrence of significant events in accordance with Regulation 10 of the Care Services Regulations.

23.2 A written record is kept which includes details of the actions taken and the outcome of any action or investigation following a notifiable event.

23.3 The registered person has a system for notification to responsible authorities of any serious concern about the emotional or mental health of a child such that a mental health assessment would be required under the Mental Health Act 1998.

STANDARD 24 – Placement Plan and Review

OUTCOME
Children are cared for in line with their individual Placement Plan/Short Break Care Plan. The registered Provider/Manager is responsible for taking action to chase up outstanding reviews or visits from the responsible placing authority.

Supporting Criteria

24.1 Children understand, within their level of understanding, the purpose and content of their plan and the reasoning behind any decisions about their care.

24.2 Each child’s Placement Plan is monitored by a key worker within the home who ensures that the requirements of the plan are implemented in the day-to-day care of that child.

24.3 The home contributes effectively to each child’s Placement Plan review and statutory review of the child’s care plan. For children in a series of short breaks it will be the short break care plan which is reviewed.

24.4 The home assists the child to put forward their views, wishes and feelings in each review process, and helps to ensure that these are fully taken into account.

24.5 The home contacts the Department or other placing authorities to request statutory reviews or visits if overdue for any child, if a change in the care plan is needed, if there has been a significant change in arrangements for the child’s care, or if a major action (e.g. a change of placement) not in the care plan appears likely, if the placing authority has not arranged the review.

24.6 The home ensures that 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, this is raised at the child’s next review.
24.7 Children are assisted to obtain the support of an independent advocate to help them in providing their views, wishes and feelings to statutory reviews.

24.8 The result of all statutory reviews and reviews of Placement Plans are recorded on the child’s file, and individuals responsible for pursuing actions at the home arising from reviews are clearly identified.

**Standard 25 - Child (Secure) Accommodation**

<table>
<thead>
<tr>
<th>OUTCOME</th>
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<tbody>
<tr>
<td>Children living in Child (Secure) Accommodation experience positive support with their problems as well as security, and receive the same measures to safeguard and promote their rights and welfare as they should in other children’s homes.</td>
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</table>

**Supporting Criteria**

25.1 Apart from the measures essential to the home’s status as secure accommodation children resident in child (secure) accommodation receive the same care services, rights and protections as they would in other children’s home.

25.2 Staff are trained in resettlement issues in order to prepare young people effectively for leaving the secure accommodation.

25.3 The secure accommodation has clear and appropriate policies and practice, which effectively safeguard children from harm. (For example policies may include provision for regular security searches of communal areas, to reduce the likely availability of potentially dangerous items). Such policies are reviewed in light of any serious incidents.

25.4 The service has explicit policies and procedures that effectively identify and counter risks of self-harm and suicide. Staff understand their responsibilities under these policies so that children are safeguarded.

25.5 Surveillance in secure children’s homes is no more restrictive than necessary, having regard to the child’s need for privacy.

25.6 CCTV is used in communal areas to contribute to the protection of young people from bullying, abuse or malicious allegations. The home has a written policy on the use of CCTV including how it will be used to safeguard children and protect staff.

25.7 Any CCTV records of any use of restraint, episode of bullying, or incident leading to a significant allegation by a young person against another young person or member of staff are reviewed by representatives of the person responsible for the particular child/children involved and by the organisations responsible person and appropriate action is taken.

25.8 Any secure transportation arrangements made by the registered person are appropriate for the secure transportation of vulnerable children.

25.9 The Registration & Inspection Unit and all persons responsible for the child are notified promptly if a young person goes missing from the secure accommodation or from an appointment or journey outside the establishment.
25.10 Young people in child (secure) accommodation only exceptionally wear special clothing to protect them against self-harm following a risk assessment. The assessment should be carried out by all persons involved in the person’s placement and any special clothing preserves the child’s privacy and dignity.

25.11 Children are provided with appropriate education while in the home.

25.12 Observation of young people in secure children’s homes does not remove reasonable privacy, and allows reasonable personal privacy during dressing, washing and using the toilet. A record is kept of all observations in bedrooms.

25.13 Young people are only placed in single separation when necessary to prevent injury to any person (including the child who is being restrained) or to prevent serious damage to the property of any person (including the child who is being restrained). A record is made and kept of all uses of single separation in secure children’s homes. Young people are offered the opportunity to read and add a permanent comment to the record of their separation.

25.14 There is an appropriate means for sending complaints or representations directly and unopened to a designated complaints officer outside the establishment or to an advocate for the child. The child has access to the Young Person’s Rights Champion.

25.15 The premises are fit for the purposes of providing effective care, protecting young people from harm, maintaining adequate security and are consistent with any Government guidance on this matter.

25.16 All staff working in child (secure) accommodation are trained and competent to provide care in a secure environment.

25.17 Sentenced young people are supported by appropriately trained and experienced staff to confront and stop offending behaviour. Staff take specific measures to help to divert children and young people from future involvement in crime and anti-social behaviour.

25.18 Management of the child (secure) accommodation is effective; there are clear policies, procedures and structures in place; there is regular and frequent monitoring of the unit’s care, safety, security, education, preparation for discharge and subsequent living in an open community.
Appendix 1
Policy issues to be included in guidance available to staff

1. admission and reception of children
2. methods of care and control
3. health policy
4. education policy
5. permissible sanctions
6. use of restraint
7. case recording and access to records
8. care and placement plans
9. use of each child’s placement plan
10. countering bullying
11. log book and diary recording
12. confidentiality
13. administration of finance (petty cash) and security
14. repairs and maintenance
15. fire precautions and emergency procedures
16. countering risks identified through the home’s risk assessments extending to which all or part of premises may be locked as a security measure
17. the health and safety policy (including food and hygiene)
18. policy on room searches
19. child protection
20. arrangements for regulating and vetting visitors at the home
21. HIV/AIDS awareness, confidentiality and infection control
22. responding to allegations or suspicions of abuse
23. treatment of children who have been abused
24. shift handovers
25. staffing policy
26. sleeping-in, bed-time and night supervision
27. physical contact with children
28. spending one to one time alone with children
29. care practices towards children of the opposite sex
30. the particular care needs of children from minority ethnic groups
31. practices within the home to combat racism
32. staff disciplinary and grievance procedures
33. delegated authority and notifications to senior staff
34. reviews
35. dealing with aggression and violence
36. risk taking
37. dealing with sexuality and personal relationships  
38. working with parents/carers  
39. first aid and administration and storage of medication  
40. the complaints and representations procedures  
41. the smoking policy  
42. the alcohol policy  
43. drugs and misuse of substances policy  
44. gift giving and receiving  
45. ‘whistleblowing’ by staff  
46. mobile and camera phones  

Appendix 2  
Programmes of training for staff  
1. normal and abnormal child development  
2. basic medication child care skills and team working  
3. specific child care approaches and skills appropriate to the home’s purpose and function  
4. exercising appropriate positive means of control over children in the interests of their own welfare and the protection of others  
5. recording skills  
6. permitted and prohibited disciplinary measures  
7. use of restraint  
8. safeguarding  
9. issues of race, ethnicity, religion and culture  
10. dealing with sexuality  
11. health education relevant to growing children including diet and nutrition  
12. the implications of HIV and AIDS when looking after children  
13. communicating with children, including those with disabilities  
14. health and safety at work, including food hygiene and safety with medicines  
15. fire precautions  
16. first aid  
17. the Regulation of Care Act, the Human Rights Act 1998 and other relevant legislation  
18. the provision of purposeful and enjoyable activities as part of a positive care experience  
19. staff supervision [for staff with supervisory responsibility]  
20. interview techniques [for staff with recruitment responsibilities]  
21. complaints and representations procedures  
22. the requirements of these Minimum Standards  
23. specific child care approaches, knowledge and skills for their role in the home
Appendix 3

Semi Independent Living

Definition:

A scheme/project that offers support to children from 16 years of age and upwards to enable the young person to function independently within the community once they have left the care system. The focus and emphasis throughout should be on ensuring a successful transition from childhood into adulthood and the young person's integration into the wider community to enable them to live independently. The upper age limit for young people accommodated at the placement is 21 years of age.

Regulatory Framework

Currently the Regulation of care Act 2013 does not recognise Semi Independent Living as a category of service in its own right. The DHSC consider that these schemes on the Isle of Man are subject to regulation because either the young people being accommodated commence their placement as a looked after child (LAC) and continue to require support when they reach adult status at 18 years or adults needing support are offered a place within the scheme. This therefore potentially brings the project into the registration requirements as both a children's home and an adult care home. However if the service mainly provides support for young people between 16 years and 18 years of age it can remain within a single registration as a children's home.

Introduction

This document sets out the minimum standards for young adults in supported accommodation projects that provide housing support, care support and accommodation for young people where it has been assessed that their needs can best be met in a living environment that affords age and developmentally appropriate experience in preparation for adult life. The standards set out the arrangements, services and procedures that need to be in place and implemented in order to ensure the delivery of high quality, safe and supported environments for the young people who reside there.

In order that standards can be applied in a proportionate and non-bureaucratic way the Registration and Inspection Unit have decided that the overarching standards in place for Children’s Homes are to be used and applied in so much as they are appropriate to the scheme and the ages of young people being accommodated. There are also additional standards that will be applied. The application of the children’s homes standards and the additional standards are both contained within this document.

Application of Children Homes Standards:

Standard 1

The child’s wishes and feelings and the views of those significant to them.

All fully apply equally to children and adults.

Standard 2
Promoting diversity, a positive identity and potential through individualised care

All fully apply with the exception of 2.7 which only applies to the extent it is relevant to the service provided, the age of the individual concerned and any other considerations made as part of the young person’s development plan.

Standard 3

Promoting positive behaviour and relationships

All fully apply equally to adults and children

Standard 4

Safeguarding Children

4.7, 4.10, 4.12, apply to all young people under the age of 18 years. The remaining standards equally apply to children and adults.

Standard 5

Children missing from care

All fully apply; equally to adults and children.

Standard 6

Promoting good health & well being

All apply equally to children and adults insomuch as they are relevant to the service being provided.

Standard 7

Leisure Activities

7.1, 7.2, 7.3, 7.5, 7.6, 7.7 apply insomuch as they are relevant to the service being provided 7.4 fully applies.

Standard 8

Promoting educational achievement

8.8 does not apply. All others apply equally to children and adults insomuch as they are relevant for individual young people.

Standard 9

Promoting Contact
9.5, 9.6 applies insomuch as they are relevant to the individual young person.

**Standard 10**

**Providing a suitable physical environment for the child.**

10.4, 10.5 apply in so much as they are relevant to the service being provided. 10.13 partially apply, in that those accommodated in the home and/or staff may not share a bedroom. The remainder fully apply equally to children and adults.

**Standard 11**

**Preparation for placement**

11.4 does not apply. 11.5 apply only insomuch as the upper age limit of 21 years is adhered to. The remainder fully apply equally to children and adults.

**Standard 12**

**Promoting independence and moves to adulthood**

All fully apply equally to children and adults.

**Standard 13**

**Statement of Purpose and Children’s guide**

All fully apply.

**Standard 14**

**Fitness to manage the administration of a children’s home**

All fully apply equally to children and adults.

**Standard 15**

All fully apply equally to children and adults.

**Standard 16**

All fully apply equally to children and adults.

**Standard 17**

**Sufficient staffing in the home**

17.1 applies in part, in that given the age range of the young people accommodated there would be a minimum age of 25 years expected of all staff employed. The remaining standards fully apply equally to children and adults.
Standard 18
Training development and qualifications of staff
All fully apply equally to children and adults.

Standard 19
Staff Support and Supervision
All fully apply equally to children and adults.

Standard 20
Handling allegations and suspicions of harm
All fully apply equally to children and adults.

Standard 21
Managing effectively and efficiently
All fully apply equally to children and adults.

Standard 22
Records
All fully apply equally to children and adults.

Standard 23
Notification of significant events
All fully apply equally to children and adults.

Standard 24
Placement Plan and Review
24.5, 24.6 apply insomuch as they are relevant to any particular young person. The remaining standards fully apply equally to children and adults.

In addition, the provider must apply the following:

1. The service must have accessible to staff a copy of the Islands safeguarding adult’s procedure and understand the reporting process under the procedure.
2. The service shall have a separate policy in relation to the safeguarding of adults.
3. Staff must be familiar with signs and symptoms of adult abuse, be aware of risks and attend training for the safeguarding of adults.
4. Exit interviews of all the young people accommodated must be held and a record kept.
5. There shall be clear policy/procedures in place in regard to the protection of children under the age of 18 years from abuse by those adults over 18 years of age also being accommodated.

6. Staff are aware of the difference between ‘looked after children’ accommodated and those that are not subject to statutory care and how this affects their role and responsibilities.

7. Lockable spaces are available to young people for food storage.

8. There shall be a policy on visitors to the home who stay overnight and share the accommodation of the young person they are visiting.

Appendix 4
Glossary for Children’s Homes

This glossary is intended to be of general assistance to the reader in interpreting the Standards. The definitions provided do not affect any meaning that a term may have under any relevant legislation.

Absconding
Absence of a child from the home without authority, eg running away or failing to return from an outing.

Abuse
Something that causes actual or likely significant harm to a child. May be physical, emotional, financial or sexual, or neglect of the child.

Agency Staff
Staff not employed directly by the home, but provided by an agency which employs them and contracts to provide staff for a specified period to the home.

Ancillary Staff
Staff working at the home in non-care capacities (or, for schools, non-teaching capacities), such as administrative, domestic, cleaning, catering, maintenance and grounds staff, and drivers.

Bodily Functions
Includes using the toilet, personal cleansing, washing, showering, using the bath, dressing, undressing, cleaning teeth, eating and similar everyday personal functions.

Bullying
Generally, bullying in this context would comprise the intentional or perceived causing of pain, distress, anxiety, humiliation or social exclusion to one child by one or more other children, by physical or verbal means, or through damage or loss of property.

Note that the Standards require homes to formulate their own definition of bullying, which may reflect issues related to the individual home or the children living there.

Care Plan
A plan looking after a child and meeting that child’s current and future needs, made by the Department (in Partnership with the provider) to complement the placement plan.

Child Protection/safeguarding
Taking reasonable measures to reduce the risk of physical, emotional or sexual abuse, neglect or significant harm of a child, enabling children and staff to report concerns about actual or potential abuse or significant harm, and responding appropriately to allegations, occurrences and suspicions of abuse or significant harm of a child – in the home, outside the home or at school.

**Isle of Man Safeguarding Board**
A multi-agency group set up to determine the policies and procedures to be followed concerning child safeguarding on the Island.

**Serious case reviews**
An enquiry into possible significant harm to a child (eg through physical, emotional or sexual abuse, or through neglect), carried out by a local social services authority under section 46 of the Children and Young Persons Act 2001. May include police investigations or investigation by the Department.

**Child Protection Plan**
A plan identifying a strategy and actions to be taken by (possibly) a number of agencies and individuals to safeguard a child at risk of significant harm. Likely to follow a serious case review.

**Children’s Home**
In summary; an establishment (subject to certain exceptions e.g. not managed by the Department) which provides care and accommodation wholly or mainly for children. Schools (both “special” and “mainstream”) which accommodate children (e.g. as boarders), for more than 295 days a year.

**Contract Staff**
Staff not employed directly by the home, but by a contractor who carries out work in the home under a contract with the home, eg cleaning, catering, building, driving or maintenance staff of an outside contractor working in or for the home.

**Department**
Department of Health & Social Care (DHSC).

**Disclosure and Barring (DBS)**: A scheme that replaces Police checks and provides for people working in the Health and Social Care sector to be checked against the barred lists held in the UK as well as their criminal convictions and cautions history.

**Fire Drill**
A trial triggering off a fire alarm and practice of the plan to evacuate children from the building concerned to a safe assembly point, identifying any issues requiring attention to improve the speed and efficiency of such evacuation.

**First Aider**
A person holding an up to date qualification in administering first aid, from a recognised body, and designated to provide first aid to children if required.

**High Risk Activities**
Activities for children which present significant or unusual hazards to their safety or welfare; requiring risk assessment and positive safety measures, but which are considered to be a worthwhile activity.
**Household Medication**
Medicines suitable for children (such as appropriate analgesics) which can be bought “over the counter” without prescription.

**Independent Person/Young Person’s Rights Champion**
A person assisting a child in putting forward their views or making their case on their behalf.

**Induction**
Initial training or guidance given at the start of involvement in living at a home guidance (eg from a child already resident at the home) for a new resident on arrival at the home; initial training on the home’s residential and care policies and practice for a new member of staff.

**Intimate Care**
Physical assistance or supervision for a child which involves seeing, touching or other contact with the child’s normally clothed body, because of the child’s disability or care needs — eg assistance with toileting, washing, dressing or undressing, or administration of medication involving these.

**Job Description**
A written, agreed and up to date statement of the main tasks and responsibilities of a staff member’s job within the home, including overall definition of their role and the person to whom they are accountable.

**Key Worker**
A member of the home’s staff with particular responsibility for co-ordinating the welfare, guidance and support of an individual child.

**Leaving Care Plan**
A plan to help young people make the transition between being looked after and independence.

**Measure of Control**
A means used to maintain acceptable behaviour by children, including supervision, guidance, reward, physical restraint and disciplinary measures or sanctions.

**Neglect**
Single or repeated failure to take appropriate action; which results in harm or distress being suffered by the child or young person. Neglect can take many forms but includes the withholding of appropriate medicines, food and emotional support. It is characterised by the child or young person suffering from something not being done.

**Non-Prescription Medication**
Medicines suitable for children (such as appropriate analgesics) which can be bought “over the counter” without prescription.

**Nurse**
A person with a current registration and qualification to practice as a nurse.

**Personal Care**
Includes help with bodily functions where required.

**Personal Development Plan**
An agreed plan defining the training and support needs, planned means of meeting these, and
the work related goals of a member of staff.

**Personal Education Plan**
A prepared plan by an educational professional, outlining the Educational needs and future
plans of the child. This will be in conjunction with the child’s Care/Placement Plan.

**Placement**
The agreement for a child to attend and live at a particular place – eg the home.

**Placement Plan**
An agreed written statement, regularly updated, defining how a child is to be looked after on a
day-to-day basis at the home, including meeting the child’s needs and responding to the child’s
difficulties, which is consistent with both the home’s overall Statement of Purpose and the
overall care plan for the child concerned compiled by the Department under Children’s Homes
Regulations 2002, Regulation 6 and in "Partnership” with the provider.

**Policy**
An operational statement of intent which helps staff make sound decisions and take actions
which are legal, consistent with the aims of the home, and in the best interests of children and
young people.

**Positive Reinforcement**
Positive consequences for acceptable behaviour or progress of a child, intended to recognise
and encourage such behaviour or progress.

**Procedure**
The steps taken to fulfil a policy.

**Provider**
The person(s) responsible for providing accommodation and care for children as per contractual
agreement with the Department.

**Registered Person**
A person who either: carries on the home and is registered with the Department to do so (the
registered provider); or manages the home and is registered with the Department to do so (the
registered manager). In some cases, the registered provider may also manage the home.

**Representations**
Complaints, concerns or major issues raised with the home or a Department by or on behalf of
a child about their care or welfare.

**Residential Special School**
A special school which accommodates pupils overnight, including a residential maintained or
non-maintained special school or a residential independent school wholly or mainly
accommodating children with special educational needs. If such a school accommodates one or
more children for more than 295 days a year at the school or in school arranged
accommodation, it is a children’s home (see Independent Schools Regulations 2004 Schedule 1
16). Thus schools providing “52 week” accommodation must register as children’s homes.
They may continue to be called schools, however.

**Restitution**
A disciplinary measure in which the child is expected to "make good" or repay an individual or the home for the consequences of unacceptable actions or damage they have done. An alternative to more artificial sanctions, but should always be reasonable, feasible and proportional to the actions concerned.

**Restraint**

Use of reasonable physical intervention or force to prevent injury or serious damage to property or person.

**Risk Assessment**

The process of identifying hazards to safety or welfare of children, estimating their seriousness and likelihood, and identifying reasonable measures to minimise unnecessary hazards, recorded in writing as the basis for an action plan and decision making to reduce unnecessary hazards to children.

**Sanctions**

Any consequences applied for unacceptable behaviour – e.g. loss of privileges or duties to be carried out.

**Significant Harm**

Any physical, sexual or emotional harm, neglect, accident or injury which is sufficiently serious to adversely affect progress and enjoyment of life.

**Sleeping In**

Staff responsible for children within the home at night, but asleep within the building and "on call" to be woken if needed.

**Statement of Purpose**

A document which defines the objectives and welfare provision of the home, and includes the information required by the Registration Regulations.

**Statutory Review**

A review of a child’s care and care plan carried out by the Department in Partnership with the Provider, the Child and the child’s representatives. Medication kept for general use for any child needing it, rather than prescribed medication kept only for the child for whom it was prescribed.

**Substantial Unsupervised Access (to children)**

Where an adult has regular or prolonged contact with children, or access to children’s accommodation which provides opportunity for such contact, without another adult responsible for the welfare and supervision of the children being present.

**Therapeutic technique**

Any technique intended to relieve a physical, social, emotional, behavioural, psychological or cognitive problem of a child, the application of which requires skills or knowledge beyond the skills or knowledge normally expected of a parent, teacher or care worker.

**Unit**

A building, or part of a building, accommodating a defined group of children at a large home or school, looked after by one or more designated staff. Each unit should have a separate staff group.
**Usable Floor Space**
Space which is accessible to children for furniture, possessions and daily living, with attention to room shape, positioning of doors, windows or en-suite facilities.

**Volunteers**
People working without pay or for expenses only, within or from the home.

**Waking (night duty)**
Where a member of staff on duty at night in the home (or in an individual residential unit) remains awake and fully available and supervising the premises and children at all times throughout their night duty period, as opposed to sleeping in or staying in a sleeping in room and only woken or called if needed.

**Welfare**
Meeting each individual child’s reasonable physical, security, personal, emotional, and spiritual needs, providing support and guidance as needed, and enabling the child’s normal development for the future and fulfilment in the present, taking into account the child’s age, characteristics and wishes.

**“Whistle blower”**
A person who in good faith reports significant concerns, allegations or suspicions of circumstances, situations or the behaviour of others which is likely to put a child’s safety or welfare at risk.
This document can be provided in other formats

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