



Guidelines
Social Regulatory Standards

Office-Based Services for
CHILDREN IN ALTERNATIVE CARE

Comments and Feedback from the General Public

We appreciate feedback about this draft proposal for the Guidelines on the Social Regulatory Standards for Office-Based Services for Children in Alternative Care. This document may be viewed on www.konsultazzjoni.gov.mt or www.scsa.gov.mt. The general public is invited to provide its feedback on the proposed Guidelines for service providers and submit any other suggestions or comments. These can be submitted by email on feedback.scsa@gov.mt, or by mail at the following address: Regulations and Standards Office, Social Care Standards Authority, 469, Bugeia Institute, St Joseph High Road, Santa Venera, SVR 1012. The general public may also phone on 2549 4444 for any help on how to send feedback.

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Principles on which the Standards and Guidelines are Based

Introduction

The aim of this set of social regulatory standards is to ensure that children living in alternative care receive the best possible care, have the best possible experience and the best possible outcomes. These Social Regulatory Standards define the responsibilities of the Office Based Services, such as the Agency Responsible for the Welfare of the Child towards children who are living in alternative care.

Guiding Principles

The guiding principles of the United Nations Convention for the Rights of the Child (UNCRC) serve as a guideline for all the rights of the children. These standards are based on the basic principles of the UNCRC;

Definition of the Child (Article 1, CRC) - The Convention for the rights of the child defines a 'child' as a person below the age of 18. With these standards we aim to safeguard the best interest of all children under the age of 18 who live in alternative care.

Non-discrimination (Article 2, CRC) - The CRC applies to all children, whatever their ethnicity, background, religion, or abilities. Thus, with these standards we aim to safeguard all the children in alternative care and ensure that they are treated fairly, regardless of their differences.

Best interest of the child (Article 3, CRC) - All the decisions taken by adults for children should be made in the best interest of the individual child.

Right to life, survival and development (Article 6, CRC) - All children have the right to live in a stable, safe and caring environment which promotes their best interest and maximises their potential.

Respect for the views of the child (Article 12, CRC) - The views and feelings of the children should be respected and considered when adults are making decisions that affect them.

Glossary

“Agency responsible for the welfare of the child” means the national agency responsible to safeguard and protect the well-being of children who cannot be cared for by their family.

“Alternative care” means a formal placement where the child is looked after outside the parental home. In this set of standards alternative care is taken to include foster care, residential community care, and care givers.

“Care giver” meaning an adult who provides care for a child/young adult in family-based care or in residential care.

“Care plan” means a plan drawn up to promote the development and well-being of the child.

“Care review” means the sitting wherein all matters relevant to the well-being of the child, including the care plan of such child, are reviewed, considering any significant changes in connection with the child.

“Child” means a person under the age of 18.

“Foster care” meaning a formal placement of a child under the care of a person, not being a parent of the child, and which is chosen, qualified, approved and supervised to provide care for a period and in accordance with a care plan.

“Healthcare professional” means a lead designated doctor trained in safeguarding children or a designated nurse with training in safeguarding children.

“Healthcare assessment” means the physical, psycho-emotional, developmental and public health aspects of health. Summary reports of the health assessment should follow consultations that provide action plans that need to be followed up by the relevant professionals involved in the child’s care and which should be shared with the relevant professionals involved in the care of the looked after child.

“Leaving care process” means the process were young adults are prepared for independent living.

“Performance indicator” means an active descriptor of what service providers need to do to ensure service outputs that support the quality indicator.

“Quality indicator” means a statement that sets out the requirements to achieve compliance with a standard.

“Residential community care” meaning long term care in a family group environment provided to children who cannot live with their parents.

“Social Care Standards Authority” means “the Authority” or “SCSA” as established by virtue of Article 5 of the Social Care Standards Authority Act (Cap. 582).

“UN CRC” means the 1989 United Nations Convention for the Rights of the Children.

“Universal services” means the standard health care services offered by the National Health Service in Malta that are targeted to meet general needs.

“Young adult” means children who are in their mid-teens.

Standard 1: Necessity for alternative care

Standard Statement:

The Agency responsible for the welfare of the child ensures that children are separated from their parents only if it is necessary for their well-being.

Quality Indicators:

- 1.0 The agency responsible for the welfare of the child should provide support to vulnerable families who are at risk of having their children removed from their care.
- 2.0 The parents whose children have been removed from their care should be provided with support with the aim to improve their situation and to reintegrate them with their children.

Standard 1: Necessity for alternative care

Quality Indicator 1

1.0 Quality Indicator: The agency responsible for the welfare of the child should provide support to vulnerable families who are at risk of having their children removed from their care.

Performance Indicators:

- 1.1 Families at risk should be supported by relevant services. Their needs should be addressed to ensure that children are living in an adequate environment.
- 1.2 Vulnerable young persons expecting a baby should be provided with support to prevent the separation of children from them.
- 1.3 Parental support programmes should be organised by relevant services and should be made available to the public in order to promote positive parenting.

Standard 1: Necessity for alternative care

Quality Indicator 2

2.0 Quality Indicator: The parents whose children have been removed from their care should be provided with support with the aim to improve their situation and to reintegrate them with their children.

Performance Indicators:

- 2.1 Parents who have been separated from their children should be provided with ongoing support in order to improve their life situation and parenting skills.
- 2.2 Parents should be supported to voice their concerns and to participate in the decisions which concern their lives and the lives of their children.
- 2.3 Parents should be supported to build a meaningful relationship with their children who are in care.
- 2.4 The agency responsible for the welfare of the child should regularly review whether the placement is still appropriate and needed.

Standard 2: The right to participate

Standard Statement:

Children have the right to participate in the decisions affecting their life.

Quality Indicators:

- 1.0 Children should be empowered and supported to express their views, feelings and concerns.
- 2.0 Children should always be consulted and listened to.
- 3.0 Children should be supported to raise concerns and complaints.

Standard 2: The right to participate

Quality Indicator 1

1.0 Quality Indicator: Children should be empowered and supported to express their views, feelings and concerns.

Performance Indicators:

1.1 Children should be provided with information about their rights including their right to participate in the decisions which concern their lives.

1.2 When participating in a legal proceeding, children should be provided with information on:

1.2.1 their role in the hearing;

1.2.2 the support available to them;

1.2.3 how their views will be taken into consideration.

1.3 Children should be given the support that they need in order to be able to voice their opinions and concerns freely in all matters affecting them.

1.4 All children should have the right to participate without discrimination.

Standard 2: The right to participate

Quality Indicator 2

2.0 Quality Indicator: Children should always be consulted and listened to.

Performance Indicators:

- 2.1 Children should be provided with all the necessary information required for them to be able to participate in the decision-making process.
- 2.2 Children have the right to be provided with clear and consistent information about any decisions taken which concern their life.
- 2.3 All decisions should take into consideration the views of the child.
- 2.4 Children who are very young or who are unable to express their views and perspectives verbally should be heard through a representative.
- 2.5 Children should be provided with feedback on whether their ideas, wishes and preferences were considered in the decision taken.
- 2.6 Children should be provided with a clear explanation of how and why a particular decision was taken.

Standard 2: The right to participate

Quality Indicator 3

3.0 Quality Indicator: Children should be supported to raise concerns and complaints.

Performance Indicators:

- 3.1 Children should be provided with support to raise concerns and complaints.
- 3.2 A complaints procedure should be made available to all children so that they can safely report issues or raise concerns.
- 3.3 Children should be provided with feedback on how their complaints and concerns have been dealt with.

Standard 3: Quality of Care

Standard Statement:

Children are provided with a stable, caring and protective environment during their time in care.

Quality Indicators:

- 1.0 The move of a child into alternative care should be done with dignity and respect.
- 2.0 The placement should match the best interest of the child.
- 3.0 Children in alternative care have the right to maintain a stable relationship with their siblings.
- 4.0 Children should be provided with a permanent placement.

Standard 3: Quality of Care

Quality Indicator 1

1.0 Quality Indicator: The move of a child into alternative care should be done with dignity and respect.

Performance Indicators:

- 1.1 Children should be provided with a clear explanation about what is happening, why they are moving to alternative care and when they are going to move to a new care environment.
- 1.2 Children should be involved in the selection of their new care environment.
- 1.3 Children should be provided with information in a language that they understand and should also be given the time to discuss their move.
- 1.4 Children should always be listened to especially in times of uncertainty.
- 1.5 Therapeutic support should be provided to the children who are moving from their family environment to alternative care.

Standard 3: Quality of Care

Quality Indicator 2

2.0 Quality Indicator: The placement should match the best interest of the child.

Performance Indicators:

- 2.1 The child's identity should be taken into consideration.
- 2.2 The children should receive the professional services that they require to meet their needs.
- 2.3 The suitability of the care placement and the needs of the child should be reviewed on a regular basis.
- 2.4 The children and their parents should be provided with information about the care placement.

Standard 3: Quality of Care

Quality Indicator 3

3.0 Quality Indicator: Children in alternative care have the right to maintain a stable relationship with their siblings.

Performance Indicators:

- 3.1 Sibling groups should be placed together unless living together is not in their best interest.
- 3.2 If siblings are not living together children should be supported to remain in contact if it is in their best interest.
- 3.3 When siblings are not living together due to certain dynamics, they should be provided with the necessary professional support to improve their relationship.
- 3.4 When the relationship of the siblings who are not living together improves, living together should be taken into consideration.

Standard 3: Quality of Care

Quality Indicator 4

4.0 Quality Indicator: Children should be provided with a permanent placement.

Performance Indicators:

- 4.1 Children should be provided with a stable care environment since frequent changes can be detrimental to their development and ability to form lasting and meaningful attachments.
- 4.2 Children should be provided with a stable environment since this will help them to develop healthy connections with caring adults based on trust.
- 4.3 Children should be provided with a permanent placement since this provides them with a sense of security and belonging.

Standard 4: Care Planning

Standard Statement:

The care placement of the children should be guided by an individual care plan.

Quality Indicators:

- 1.0 An individual care plan should be drawn up before a child moves into care.
- 2.0 The care plan should be reviewed on a regular basis.
- 3.0 Children should participate in the development of the care plan.
- 4.0 Children should be prepared for the leaving care process.

Standard 4: Care Planning

Quality Indicator 1

1.0 Quality Indicator: An individual care plan should be drawn up before a child moves into care.

Performance Indicators:

- 1.1 A multidisciplinary approach should be adopted in the development of the care plan.
- 1.2 All the professionals and adults involved in the development of the care plan should adopt a child-centred approach.
- 1.3 A needs assessment should be carried out to ensure that the needs of the child are met to prevent placing the child at risk.
- 1.4 The goals of the child in care should be addressed throughout the care plan.
- 1.5 A care plan should outline the:
 - 1.5.1 Child's health needs;
 - 1.5.2 Educational developmental needs;
 - 1.5.3 Emotional needs;
 - 1.5.4 Religious beliefs, racial origin, cultural and ethnic background;
 - 1.5.5 Steps and measures to be taken in order to address the needs and goals of the child;
 - 1.5.6 Dreams and aspirations of the child;
 - 1.5.7 Short-term and long-term goals of the child;
 - 1.5.8 Decisions taken about the placement arrangements of the child; and
 - 1.5.9 Decisions regarding contact with their parents, siblings and or significant others.

Standard 4: Care Planning

Quality Indicator 2

2.0 Quality Indicator: The care plan should be reviewed on a regular basis.

Performance Indicators:

- 2.1 The needs of the children in care change regularly and so the care plan should be updated regularly during a care review.
- 2.2 The effectiveness of any changes carried out during previous care reviews should be evaluated.
- 2.3 Before a care review a child should be empowered and supported to express his/her wishes and feelings about anything to do with their care.
- 2.4 The contact between the child, their parents, siblings and significant others should also be evaluated.
- 2.5 The suitability of the placement for the child should be assessed and reviewed.
- 2.6 The situation of the parents should be evaluated with the aim to reintegrate the child with the parents if it is in the best interest of the child.

Standard 4: Care Planning

Quality Indicator 3

3.0 Quality Indicator: Children participate in the development of the care plan.

Performance Indicators:

- 3.1 Children should be empowered and supported to understand their own role in the development of their care plan and care review meetings.
- 3.2 Children should have an equal voice as adults during meetings concerning their care plan.
- 3.3 Children should be the main focus of the meetings and their comfort and needs must be prioritised.
- 3.4 Parents should be involved in the development of the care plan of their children.
- 3.5 Children and parents should be provided with a copy of the care plan.
- 3.6 All the information must be age appropriate, accessible and in a format that the child prefers.

Standard 4: Care Planning

Quality Indicator 4

4.0 Quality Indicator: Children are prepared for the leaving care process.

Performance Indicators:

- 4.1 Children should be empowered and supported throughout the leaving care process as they move into young adulthood.
- 4.2 The young adult's transition to independent living should be thoroughly planned and implemented.

Standard 5: Healthcare needs of children in alternative care

Standard Statement:

Children in care have specific healthcare needs and these should be addressed holistically by trained healthcare professionals.

Quality Indicators:

- 1.0 Children in alternative care need to have individualised and comprehensive assessments of their healthcare needs, beyond what is offered by universal services for them to maximise their potential.
- 2.0 Children should receive appropriate and effective care which fulfils their health needs.

Standard 5: Healthcare needs of children in alternative care

Quality Indicator 1

1.0 Quality Indicator: Children in alternative care, need to have individualised and comprehensive assessments of their healthcare needs, beyond what is offered by universal services for them to maximise their potential.

Performance Indicators:

- 1.1 Children in care should have healthcare assessments by trained healthcare professionals with an understanding of safeguarding children, leading to holistic healthcare plans which incorporate the voice of the child.
- 1.2 All children entering the care system need to have an initial health assessment within four weeks of entering care.
- 1.3 Children under five years of age should be seen at least twice a year.
- 1.4 Children over five years should be seen at least once a year.
- 1.5 Children in care should benefit from assessments that make use of age appropriate tools to screen and diagnose particular healthcare needs and incorporate their physical, developmental, emotional and mental health needs.

Standard 5: Healthcare needs of children in alternative care

Quality Indicator 2

2.0 Quality Indicator: Children should receive appropriate and effective care which fulfils their health needs.

Performance Indicators:

- 2.1 The unmet healthcare needs of children in care should be managed in a time appropriate manner, in order for them to reach their full potential.
- 2.2 Health promotion of looked after children should be central to every encounter with trained healthcare professionals, including sexual health education, exercise and healthy eating and the risks of substance misuse, depending on the age of the child.
- 2.3 Children should understand their health history as this is an essential part of them growing up securely. This includes children leaving the care system, who should have a clear understanding of their health history and healthcare needs.

Standard 6: Education, Enjoyment and Achievement

Standard Statement:

Children should have access to educational services and are given the opportunity to participate in social or recreational activities of their choice.

Quality Indicator:

1.0 Children should be empowered and supported to engage in educational programmes to maximise their potential.

Standard 6: Education, Enjoyment and Achievement

Quality Indicator 1

1.0 Quality Indicator: Children should be empowered and supported to engage in educational programmes to maximise their potential.

Performance Indicators:

- 1.1 Children in care should be given the same educational opportunities as all other children.
- 1.2 Individual education needs assessment should be carried out to identify the educational needs of the individual child.
- 1.3 Every possible learning difficulty should be identified at an early stage.

Standard 7: Positive Relationships

Standard Statement:

The experience of safe, meaningful and stable relationships is crucial for the overall health and well-being of the child.

Quality Indicators:

1.0 Children should be empowered and supported to develop meaningful relationships. Through these relationships children develop a strong sense of identity and belonging, develop their self-confidence, their self-esteem and build secure attachments.

Standard 7: Positive Relationships

Quality Indicator 1

1.0 Quality Indicator: Children should be empowered and supported to develop meaningful relationships. Through these relationships children develop a strong sense of identity and belonging, develop their self-confidence, their self-esteem and build secure attachments.

Performance Indicators:

- 1.1 Children should be empowered and supported to safely and appropriately maintain contact with their parents, siblings and significant others.
- 1.2 Contact with parents, siblings and significant others should be supervised to safeguard the child's safety.
- 1.3 Children should be empowered and supported to develop meaningful relationships within and outside their home.
- 1.4 Children should be empowered and supported to develop a meaningful relationship with their care givers based on trust, support and guidance.

Standard 8: Service Quality Management

Standard Statement:

Children are provided with the best possible care that meets their needs and improves their life outcomes.

Quality Indicators:

- 1.0 Effective leadership and management arrangements should be in place to ensure that children are provided with child-centred, safe and effective care.
- 2.0 The care givers should be recruited through a transparent recruitment plan to ensure that children are provided with the best care possible.

Standard 8: Service Quality Management

Quality Indicator 1

1.0 Quality Indicator: Effective leadership and management arrangements should be in place to ensure that children are provided with child-centred, safe and effective care.

Performance Indicators:

- 1.1 A manual of policies and procedures should be developed by the management as a practical guideline for the staff working with children.
- 1.2 Appropriate action should be taken by the management to comply with regulatory standards and ensure recommendations are implemented.
- 1.3 Staff should understand the regulations, policies and standards for the care and welfare of the children.
- 1.4 Staff should understand and implement the manual of policies and procedures of the residential home with the aim to safeguard children.
- 1.5 The caregivers should be provided with ongoing training, development and support in order to provide the best possible care to children in care.

Standard 8: Service Quality Management

Quality Indicator 2

2.0 Quality Indicator: The care givers should be recruited through a transparent recruitment plan so as to ensure that children are provided with the best care possible.

Performance Indicators:

2.1 The management should ensure that staff is selected and assigned to its job after a thorough recruitment process which includes:

- 2.1.1 Verification of identity;
- 2.1.2 Verification of qualifications;
- 2.1.3 Verification of conduct certificate;
- 2.1.4 Verification of protection of minor's certificate;
- 2.1.5 Registration in professional registers and professional associations where applicable;
- 2.1.6 Valid certification in food handling for staff responsible for handling food;
- 2.1.7 Valid first aid certification;
- 2.1.8 Valid mental health aid certification.

2.2 Care givers should have the opportunity to participate in ongoing professional training.

Annex 1: Manual of Policies and Procedures

The service provider is to develop comprehensive policies and procedures that cover all areas of alternative care for children. The below is a non-exhaustive list of policies and procedures that should be included in the manual.

1.0 Privacy and Confidentiality Policy

- 1.1 Informing the child
- 1.2 Disclosing information
- 1.3 Privacy around the home
- 1.4 Privacy in the bedrooms
- 1.5 Confidentiality

2.0 Admission Policy

- 2.1 Planned admission
- 2.2 Unplanned (emergency admissions)
- 2.3 Smooth transition

3.0 Crises Intervention Policy

- 3.1 Critical incidents
- 3.2 Child protection

4.0 Medical Care Policy

- 4.1 Dealing with injuries
- 4.2 Injuries to workers
- 4.3 Administration of medicine
- 4.4 Storage of medicine
- 4.5 Medical records
- 4.6 Policy on First-Aid
- 4.7 Medical attention
- 4.8 Handling of illicit substances

5.0 Emergency Procedures

- 5.1 Emergency management and evacuation
- 5.2 Fire management
- 5.3 Medical emergency

6.0 Policies for Staff

- 6.1 Staff behaviour
- 6.2 Dress code
- 6.3 Disciplinary procedures
- 6.4 Policy on students
- 6.5 Voluntary workers
- 6.6 Proper use of technology

7.0 Behavioural Management Policy

- 7.1 Dealing with aggressive behaviour
- 7.2 Addiction
- 7.3 Occupational health and safety

8.0 Evaluation of Service

- 8.1 Quality of care & support
- 8.2 Quality of environment
- 8.3 Quality and staffing
- 8.4 Quality of management and leadership
- 8.5 Staff and management meetings
- 8.6 Complaints procedures
- 8.7 Staff turnover